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Which characteristics of working conditions affect employee recognition? Case study of a French teaching hospital.

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Abstract

In France, hospital employees have, for several years, denounced deteriorating working conditions resulting from budgetary restrictions, labour shortages and increased demands for quality of care. At the same time, many health professions ask for more recognition of their qualifications and activities. Can we highlight the link between working conditions and employee recognition?

The concept of workplace recognition has recently emerged in managerial literature. The work undertaken aims to clarify this multi-dimensional concept and to assess its impact on employee behaviour within the organisation. There are few studies that address factors in the need for recognition. Changes in working conditions have been addressed but are not based on empirical results. In this study, we explore four hypotheses on the relationships between certain aspects of workplace conditions and the forms of recognition. We processed 3112 questionnaires at a French university hospital in 2018. The findings indicate that doctors, health care personnel and medical technicians feel the most unrecognised. The primary deficiency is recognition of investment in labour. Executive management is not seen as a source of recognition. It also appears that working conditions exert a similar influence on all forms of recognition. Independence in the workplace, managerial support and resources to perform the work are characteristic of working conditions with the most positive influence on employee recognition.

Keywords: workplace recognition, working conditions, hospital, recognition practices

In France, working conditions in the public hospital sector have been the focus of the media for several months, but it has been several years since researchers have documented the gradual deterioration in working conditions, particularly for healthcare workers (Estryn-Béhar, 2008; Loriol, 2003; Acker, 2005; Durand et al., 2018). Since introducing activity-based pricing, which was explicitly intended to motivate hospitals to work more efficiently, many institutions face a financial climate forcing them to downsize, even as increased demands to improve the inpatient experience have created new administrative and reporting tasks for employees (Duhamel and Minvielle, 2009). At the same time, many categories of hospital employees regularly ask for greater acknowledgement of their qualifications and the difficulty of their work (nurses, midwives, interns, doctors, etc.). Can we highlight relationships between working conditions and employee recognition?

The concept of recognition at work has recently emerged in managerial literature. Drawing on the philosophical studies of Honneth (1992), who defines three types of recognition (loving, legal, cultural), management science researchers adopted a multi-dimensional approach to recognition that encompasses both the individual and the workplace (Guégen and Malochet, 2014). The first studies focussed on the concept of recognition, including Brun and Dugas (2005, 2008) who identified four dimensions and developed a questionnaire to assess the sense of, expectations of and sources of recognition. At the same time, the objective was to identify recognition or non-recognition practices, whether formal or informal, individual or collective, financial or non-financial (Picque-Kiraly and Ottmann, 2019). The research also addressed the impact of workplace recognition on job satisfaction, motivation, intention to leave, performance (Krishnaveni and Monica, 2018; Abualrub and Al-zaru, 2008; Laval, 2011), thus underscoring the positive impacts of recognition practices on organisations.

There are few studies addressing factors that lead to need of recognition. However, it is no coincidence that issues of workplace recognition arose after the 2000s, when globalised competition and the race for performance and innovation intensified. In this study, we examine the underlying factors behind the need for recognition, particularly the workplace conditions. Overall, workplace conditions are trending downward, not so much in terms of physical strain as in tightening standards and procedures, as well as an increase in behaviours considered hostile in the work environment (Becque and Mauroux, 2018). Consequently, it was necessary to conduct analyses linking identified and anticipated recognition practices with workplace conditions.

The first part presents the concept of recognition as suggested by Brun and Dugas (2005, 2008) and refers to the documentation to develop four hypotheses on the relationship between workplace conditions and employee recognition. The second part presents the methodology of the 2018 statistical study of employees at a French university hospital centre. In the third part, we present and discuss the findings, which indicate that managerial support in the face of challenges and the freedom to choose how to do the job are characteristic of workplace conditions with greatest impact on perceptions of recognition.

1. What characteristics of working conditions are likely to influence employee recognition?

For Brun and Dugas (2002, p.7), recognition is: "the unambiguous demonstration that our achievements, our work practices and our person are appreciated for their true value". This is based on their multi-dimensional approach, the most widely used in managerial literature. The four dimensions of recognition are:

-existential recognition: of the person as an individual, to whom respect is shown and to whom

the organisation provides the opportunity for self-expression,

-recognition of work practice: the skills and manner in which the person performs his or her

work,

- recognition of job dedication: the intensity of effort and energy expended,

-recognition of work outcome: contribution and usefulness of work performed.

This definition of recognition has the merit of transcending the individual approach to

recognition and including the question of work in the analysis. Too often equated with

existential recognition, recognition is understood in the entirety of the employee's daily routine,

as an individual, as an employee and as a team member.

In managerial literature, numerous factors were identified as contributing to the emerging need

for recognition, but without providing empirical results or details on these relationships. Based

on available literature, we offer several hypotheses on the relationship between workplace

conditions and some aspects of recognition.

Roche (2014) demonstrates that economic and financial pressures on organisations are causing

them to downsize the workforce and resources essential to job performance. To protest the loss

of resources, employees react by withdrawal (slow-downs, absenteeism, departure) but also by

speaking out (disputes, social conflict). When faced with this challenge, management has

attempted further control by strengthening procedures, prescribing and monitoring

performance, considered to be a non-recognition of skills. Referring to Roche (2014), we

formulated three hypotheses:

H1: the existence of work controls adversely affects recognition of work practice

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H2: work autonomy positively impacts recognition of work practice

H3: the scarcity of resources to perform one's work has a harmful impact on recognition of work practice and job dedication

For El Akremi et Al. (2009), increased intensity and complexity at work are factors in the need for recognition. With stiffer competition in the private sector and fiscal constraints in the public sector, there is an ever-increasing demand for job dedication. With an accelerated pace at work, employees seek recognition for their efforts. Therefore, we can formulate the fourth hypothesis: H4: Work intensification has a detrimental effect on recognition of job dedication

Finally, for Detchessahar et al. (2017) pressured by workload and time constraints, local management has drifted away from teams and on-the-ground realities. Managers has become entangled in reporting tasks and meetings with senior management (Clot 1999, Detchessahar and Grévin, 2009). There is insufficient time for teams to hold meetings. Social relations with management and between co-workers have diminished, creating a sense of non-recognition. Everyone is relegated to "isolation that is detrimental to everyone and the organisation" (Bourcier and Palobart, 1997, p. 2). Therefore, the questions of activity and work cannot be addressed and resolved. The hypothesis was formulated as follows:

H5: the availability of regular communication within the organisation has a favourable influence on existential recognition. This is divided into two sub-hypotheses:

H5a: Relationships with management have a favourable impact on existential recognition
H5b: Relationships with co-workers have a favourable impact on existential recognition
Few studies rely on extensive statistical surveys to pinpoint the links between various aspects of workplace conditions and, conversely, practices of recognition or non-recognition across the four aspects of recognition defined by Brun and Dugas (2008). This is the focus of this article.

2. Methodology

We first present the items selected to implement the variables and then present the study conducted in a French university hospital.

2.1 Implementation of variables

To evaluate workplace recognition, we used Brun and Dugas' (2002 and 2005) workplace recognition study. A measurement scale for workplace recognition was supplied by the authors at our request. To quantify workplace conditions, we used questions from the DARES¹ working conditions survey (Cf. Table 1). We have not discovered any similar studies on this topic in French research, aside from major statistical studies by the Ministry of Labour on employment conditions and psycho-social risks (Mauroux, 2016) where the question of recognition is only very briefly addressed.

We adapted questions by considering the specificities of the hospital environment and results from an exploratory study of 26 people who identified specific items and rendered irrelevant items on the original scale. There were several themes to the questionnaire: respondent characteristics, workplace organisation and conditions, recognition, satisfaction and intention to leave. This article refers only to the first three.

¹ https://dares.travail-emploi.gouv.fr/IMG/pdf/ct2017-2018 questionnaire.pdf

Table 1 – Hypotheses and Workplace condition variables

Hypotheses	Factors	Workplace condition variables
Н1	Availability of labour controls	Availability of scheduling controls Availability of specific quantified objectives
H2	Independence in the workplace	Freedom to choose how to do the work Necessity to take the initiative to do the work
НЗ	Insufficient resources to do the work	Sense of having sufficient resources for work performance Sense of having time to do the work properly
H4	Work intensification	Frequency of overtime Sense of excessive workload
Н5а	Relationship with management	Management support in case of difficulty Stressful situations with supervisor
H5b	Relationships with co-workers	Opportunity for scheduling arrangements with co-workers Co-worker support in case of difficulty Stressful situations with co-workers

2.2 Statistical survey of hospital employees

The partnership with the university hospital centre was crucial for implementation of the study among all personnel categories, which ensured that perceptions of recognition were realistic, regardless of position occupied.

The four forms of recognition derive from a key point regarding the occurrence of different forms of recognition for responding employees, on a graduated scale ranging from "absent" to "very present".

Table 2 - Questions referring to recognition dimensions

Recognition dimensions	Items
Existential	I am recognised as a person

Work practice	recognition of my personal qualitiesrecognition of my professional skillsrecognition of the quality of my work
Job Dedication	recognition for my efforts at workrecognition of my positive attitude
Results	 recognition of the value of my work recognition of my contribution to the effective performance of the team or department

For each of these items, the question focused for the first time on the perception of the present recognition and a second time on the expected recognition. These two questions determine discrepancies between existing recognition practices within the institutions and those expected by employees.

Some broader questions on recognition may assess the value of recognition for employees. In particular, a self-evaluation of the feeling of recognition achieved by the question: "I feel I am being recognised within the institution" offers perspective on the four forms of recognition, constructed from objective questions with self-assessment.

The study was conducted on-line for two months in 2018 for all employees of the institution, following a specific protocol for sending and reminding non-respondents. To avoid bias, as some categories of staff do not have access to computer workstations during working hours, hard-copy questionnaires were distributed at all sites, but few were completed by the staff (60). A total of 3112 employees completed a comprehensive questionnaire for a total of 17114 employees, representing an 18.2% response rate. The response rate ranged from 41% for administrative and management to 14% for healthcare personnel.

The data have been updated from the information in the original database of 17114 employees.

All statistical processes were done with STATA software.

3. Findings

We introduce the results in three stages: 1) employee recognition based on the four dimensions, 2) the nature of workplace conditions, 3) the relationship between workplace conditions and employee recognition.

3.1 A poor sense of recognition among medical and nursing staff

A preliminary approach to recognition is offered by responses to the broader question "I feel that I am being recognised within the institution". Only 26% of employees have a sense of recognition (see Table 3). Health care personnel feel the least valued, particularly doctors (16%), while administrative and educational personnel feel the most valued (35% and 36%). One might expect that physicians have the recognition of patients and care teams because of their expertise and are more likely to feel valued as a result.

Table 3 - Sense of recognition by professional category

	Within each category, the percentage of respondents who feel they are recognised within the institution
Administrative and management personnel	35%
Health care services personnel	23%
Medical personnel	16%
Medical technical staff	19%
Technical and support personnel	31%
Educational personnel	36%
Total	26%

To elaborate, when we asked respondents about the various aspects of recognition, we saw a sharp increase in the percentage of respondents who feel recognised on all four dimensions, as the percentages are between 40% and 58% of respondents who feel recognised on all four dimensions (Cf. Table 4). Once again, medical, medical technical and healthcare personnel feel the most unrecognised. With all categories combined, the sense of acknowledgement for job dedication is the most underdeveloped, with only 40% of employees who feel their job dedication is recognised, while 58% consider that the outcomes of their work are recognised.

Table 4- Sense of recognition by professional category in the four forms of recognition

	Existential recognition	Recognition of work practice	Recognition of outcome	Recognition job dedication
Administrative and management personnel	62%	64%	67%	53%
Health care services personnel	49%	57%	54%	40%
Medical personnel	49%	51%	54%	31%
Medical technical staff	49%	52%	54%	36%
Technical and support personnel	58%	64%	65%	47%
Educational personnel	63%	67%	76%	55%
Total	53%	57%	58%	40%

Co-workers and supervisors are key sources of recognition. Patients are also a source of recognition, especially of the usefulness of work. Management is not considered a source of recognition (see Table 5).

Table 5 - Sources of recognition by dimension of recognition

Recognition from	Management (%)	Co-workers (%)	Supervisors (%)	Patients (%)
Effort	5	35	29	25
Positive attitude	3	37	26	25
Personal qualities	3	39	28	21
Skills	5	34	34	20
Usefulness of work	6	30	29	26
Quality of work	5	32	32	23
Service contribution	5	38	35	11

3.2 Results on the nature of workplace conditions

Only 41% of staff consider that they have sufficient material resources to perform their work properly and 50% have the necessary time (see table 6). These proportions are even lower for physicians (33% for sufficient resources and 40% for time). 79% of physicians feel they frequently have to work past their scheduled hours. Overall, few employees say they receive support from management in the event of difficulty (32%), while 63% feel that they receive support from their co-workers. This creates opportunities for schedule arrangements with co-workers for 96% of employees. The freedom to make decisions expressed by 89% of

respondents and ability to take the initiative (75%) are positive aspects of hospital workplace conditions that are broadly underlined.

Table 6 - Workplace Condition Indicators by Personnel Category

Personnel category/Workplace condition indicator	Administrative and management personnel	Healthcare personnel	Medical personnel	Medical technicians	Technical and support	All categories
Availability of specific quantified objectives	31%	18%	19%	26%	32%	22%
Existence of scheduling controls	68%	70%	17%	81%	56%	71%
Necessity to take the initiative to do the work	67%	84%	93%	67%	84%	89%
Freedom to choose how to do the work	84%	71%	75%	65%	81%	75%
Sense of having the resources to do the job properly	49%	39%	33%	42%	38%	41%
Sense of having time to do the job properly	53%	50%	40%	50%	59%	50%
Sense of excessive workload	63%	65%	69%	65%	58%	64%
Frequency of overtime	41%	55%	79%	41%	60%	48%
Management support in case of difficulties	34%	30%	38%	28%	36%	32%
Existence of conflicts with immediate supervisor	28%	45%	46%	50%	43%	41%
Co-worker support in case of difficulties	51%	67%	70%	63%	51%	63%
Stressful situations with co-workers	34%	46%	39%	53%	39%	42%
Opportunity for scheduling arrangements with coworkers	97%	97%	99%	97%	97%	96%

It may be assumed that the excessive workload of doctors and healthcare employees is behind the sense of non-recognition of their job dedication as described above. 3.3 Identifying characteristics of workplace conditions impacting employee recognition

A first finding is that the different aspects of workplace conditions exert a similar influence on
the four forms of recognition. There are no characteristics that would only have a bearing on
one or two forms. This finding can be construed as the point that addressing working conditions
is a potent recognition vector as they influence all aspects of recognition.

Scheduling controls and existence of specific numerical targets do not influence perceived recognition, although 71% of employees reported the availability of scheduling controls. Hypothesis H1 is therefore not valid.

On the other hand, taking the lead and being empowered to decide how to perform one's work have a distinctly positive impact on the 4 dimensions of recognition. Hypothesis H2 is therefore valid. As these two characteristics are widespread in the institution and involve all categories of staff (see Table 6), there is little room for improvement. Conversely, they are likely to be the main vectors of the existing sense of recognition and it is recommended that they be preserved. Hypothesis H3 is also valid. Available resources and time to properly perform one's work favourably impacts perceived recognition. As comparatively few people consider they have sufficient time or resources (see Table 6), this implies that the specifics of these two workplace conditions are key factors in boosting employee recognition.

The feeling that the amount of work is excessive negatively influences recognition of job dedication, but the incidence of overtime has no bearing on recognition, regardless of its scale..

The H4 hypothesis is only partially validated.

Concerning hypothesis 5a, relationships with management as measured through support and absence of conflict with supervisors favourably impacts the sense of workplace recognition. This assumption is well-supported. Since only 32% of employees report having assistance of

their managers in difficult situations, here too, the margins for progress are high in order to improve the sense of recognition. The findings for hypothesis 5b are more nuanced. Only the possibility of scheduling arrangements with colleagues has a beneficial influence on perceived recognition. Support and stress do not have an impact. The hypothesis is therefore only partially validated.

Table 7 - Effect of workplace conditions on sense of recognition, Logit model estimates

Type of recognition/indicator of workplace conditions	Existential	Work practice	Work outcome	Job dedication
Availability of specific quantified objectives	ns	ns	ns	ns
Existence of scheduling controls	ns	ns	ns	ns
Freedom to choose how to do the work	++***	++***	++***	+++**
Necessity to take the initiative to do the work	++***	++***	++**	+*
Sense of having the resources to do the job properly	+***	+***	+***	+***
Sense of having time to do the job properly	+**	+**	+***	+***
Sense of excessive workload	ns	ns	ns	_**
Frequency of overtime	ns	ns	ns	ns
Management support in case of difficulties	+++**	++***	++**	+++**
Existence of conflicts with immediate supervisor	***	***	***	***
Co-worker support in case of difficulties	ns	ns	ns	ns
Existence of stressful situations with co-worker	ns	ns	ns	ns
Opportunity for scheduling arrangements with coworkers	+++**	++***	++***	+***

Workplace conditions are influential over all four aspects of work conditions. The objectives, schedule control and perceived excessive workload do not affect perceived recognition. The

freedom to choose how to do the job and support from superiors are the most influential characteristics of workplace conditions on perceived recognition. Having the time and means to do the work properly and having management support in challenging situations are three aspects of workplace conditions for which the room for improvement is critical in strengthening perceived recognition. This indicates that local supervision can play a key role in fostering recognition.

4. Discussion and recommendations

Analysis of the impact of workplace conditions on the potential for each form of recognition supports the hypothesis that workplace recognition depends on workplace conditions. However, this analysis does not provide any insight into what employees expect in order to achieve a greater sense of recognition. The cross-referencing of current and emerging recognition practices in the four dimensions of recognition indicates high expectations in all dimensions of recognition (see Table 8). Moreover, the percentage of employees who state that recognition practices are anticipated but non-existent is highest for recognition of job dedication (58%) and lowest for the two forms of recognition related to work practice (42%) and work outcomes (41%). In other words, there are more discrepancies in recognition of job dedication than acknowledgement of practice or work outcomes. Discrepancies between current and expected existential recognition practices are in between, as 47% of employees are identified as having a gap.

Table 8 sheds interesting light on availability of practices which are not expected by employees. This is particularly true for recognition practices based on work performance or work practice that are available but not anticipated by employees (penultimate line in Table 8). On one hand, one may wonder what this hospital might implement to improve employee recognition

regardless of dimension, and secondly, whether current practices are actually expected by employees.

Table 8 - Deviations between anticipated and current recognition, over the four dimensions of recognition

Wage share (%)	Existential recognition	Recognition of work practice	Recognition of work performance	Recognition of job dedication
Recognition that does not exist and is expected	47%	42%	41%	58%
Recognition that is non-existent and not expected	71%	62%	64%	99%
Recognition that exists and is expected	53%	58%	59%	42%
Recognition that exists and is not expected	29%	38%	36%	19%
Expected recognition	95%	97%	97%	96%

To guide information to the managerial recommendations we provide, we identified recognition practices expected by respondents who indicated poor perception of current recognition and the strongest expectations of recognition (see Table 9). This result indicates that having resources to perform one's job effectively is the most-anticipated practice (98%) along with autonomy (95%). It is therefore evident that hospital employees need improved working environments, in terms of both resources and autonomy as a practice of recognition. Not to be disregarded, acknowledgements and public recognition of the contribution are less expected.

Table 9 - Expected recognition practices identified as having a discrepancy between perceptions and expectations of recognition

% of population with perceived/expected gap who expect this practice

Having the resources to do my job effectively	98%
Workplace autonomy	95%
Ability to participate in training	92%
Ability to take days off whenever I want	92%
Ability to participate in discussions regarding organisational developments	92%
Support in case of personal difficulties	90%
Receive financial compensation	90%
Receive feedback about work performance	89%
Receive informal verbal acknowledgement	82%
Able to participate in problem- solving groups	81%
Able to participate in conferences	67%
My contributions are publicly acknowledged	42%
I am offered extra-professional activities	31%

Conclusion

While the effect of workplace conditions on employee recognition is still under-documented in managerial literature, data collected from 3112 French university hospital employees indicate clearly that certain aspects of work conditions influence recognition. These results complement and clarify previous research by Roche (2014), El Akremi et al. (2009) and Detchessahar et al. (2017). The most influential aspects over perceived workplace recognition are freedom to choose how to do one's work and management support in difficult situations. Another key finding is that workplace conditions similarly influence all four dimensions of recognition. Having the independence and the resources to perform your work effectively are the most highly valued recognition practices for healthcare professionals.

These findings are, however, limited to the public hospital sector; other areas of activity should be investigated in an effort to establish a more widespread influence of workplace conditions on perception and expectations for employee recognition. Other features of work conditions could also be considered.

Bibliography

ABUALRUB R.F., AL-ZARU I.M. 2008. Job stress, recognition, job performance and intention to stay at work among Jordanian hospital nurses, Journal of nursing management, vol 16, Issue 3, april, p. 227-236.

ACKER F., 2005. « Les reconfigurations du travail infirmier à l'hôpital », Revue Française des Affaires Sociales, mai, (1), p.161-181.

EL AKREMI A., SASSI N., BOUZIDI S. (2009). « Rôle de la reconnaissance dans la construction de l'identité au travail », Relations industrielles / Industrial Relations, vol. 64, n° 4, 2009, p. 662-684.

BECQUE M., MAUROUX A. (2018), "Conditions de travail : une autonomie en recul mais une ambiance de travail moins tendue. Enquête conditions de travail et risques psychosociaux 2016", BEH 12-13, p. 221-227.

BOURCIER, C., PALOBART, Y. (1997). La reconnaissance : un outil de motivation pour vos salariés, Paris, Les Éditions d'Organisation, 195 p. (Collection Audit).

BRUN, J.-P., DUGAS, N. (2002). La reconnaissance au travail : une pratique riche de sens, Chaire en gestion de la santé et de la sécurité au travail dans les organisations, Université Laval, 2002.

BRUN, J.-P., DUGAS, N. (2008). An analysis of employee recognition: Perspectives on human resources practices, The International Journal of Human Resource Management, Vol. 19, No. 4, April 2008, 716–730.

CLOT, Y. (1999). La fonction psychologique du travail, Presses Universitaires de France.

DURAND S., BARET C., KROHMER C. (2018), "La sociologie de la traduction comme grille de recherche- intervention : le cas d'un projet de prévention des risques psychosociaux dans un hôpital public", Revue Interdisciplinaire sur le Management et l'Humanisme, n°30 - Hiver, p.3-27.

DETCHESSAHAR M., GREVIN A. (2009). « Un organisme de santé...malade de « gestionnite », Gérer et comprendre, n°98, 27-37.

DETCHESSAHAR M, GENTIL S, GREVIN A., JOURNE B., (2017). « Entre cacophonie et silence organisationnel, concevoir le dialogue sur le travail. Le cas de projets de maintenance dans une industrie à risque », Gérer et comprendre, n° 130, décembre, p. 33-45

DUHAMEL G., MINVIELLE E. (2009). « Évaluer et améliorer la qualité des soins dans les établissements de santé », Traité d'économie et de gestion de la santé. Presses de Sciences Po (PFNSP), p.307-314.

ESTRYN BEHAR M.T. (2008). Santé et satisfaction des soignants au travail en France et en Europe, Presses EHESP, Rennes.

GUEGEN H., MALOCHET G. (2014). Les théories de la reconnaissance, La Découverte, Repères eds., 126p.

HONNETH, A. (1992). La lutte pour la reconnaissance. Paris, France : Editions du Cerf.

KRISHNAVENI R.; MONICA, R. (2018) <u>Factors influencing employee performance: the role of human resource management practices and work engagement.</u>

International Journal of Business Performance Management. 2018, Vol. 19 Issue 4, p.450-475. 26p.

LAVAL, C. (2011). « La reconnaissance, une question de culture? ». Gestion, 36(2),90-99.

LORIOL M. (2003). La construction sociale de la fatigue au travail : l'exemple du burn out des infirmières, Travail et Emploi, n°94, La Documentation française, p.65-73.

MAUROUX A. (2016). « Chiffres clés sur les conditions de travail et la santé au travail », Synthèsesstat, DARES, novembre.

PICQUE-KIRALY C., OTTMANN J.Y. (2019). « Organiser la reconnaissance des chercheurs dans les organisations et au-delà de leurs frontières", Relations Industrielles, 74-2, p.266-292.

ROCHE, A. (2014). « La recherche-intervention comme révélatrice des dimensions des pratiques de

Communication at the 20th EURAM conference, Dublin, Ireland, December 4-6, 2020	
reconnaissance dans les organisations », @GRH 2014/4 (n° 13), p. 11-42.	
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