RESEARCH PAPER

Relationship between meaningful work and job performance in nurses

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Abstract

Aims: The present study was designed to determine the relationship between meaningful work and job performance, and the impact of meaningful work on nursing care quality.

Background: Meaningful work has been suggested as a significant factor affecting job performance, but the relationship has never been studied in nurses in China.

Design: A descriptive correlational study was designed to assess the level of meaningful work, tasks, and contextual performance as well as their relationships.

Methods: We used a stratified random-sampling approach to enrol nurses from hospitals. Multivariate regression analysis was applied to determine the relationship between meaningful work and their demographic data.

Results: There were significant, positive relationships between meaningful work and task performance and contextual performance. Education level, work unit, and employment type influenced meaningful work. The work motivation score of the nurses was lower than that of the other 2 dimensions, and a negative work motivation score negatively influenced job performance.

Conclusion: Improving meaningful work and providing more support and assistance could improve nurse performance, thereby improving the quality of nursing care.

KEYWORDS

job performance, meaningful work, nurses

SUMMARY STATEMENT

What is already known about this topic?

- Previous studies have researched meaningful work in other careers, but its linkage to task performance and contextual performance in nurses has not been fully understood.

- The relationship between meaningful work and job performance has never been studied in nurses in China.

What this paper adds?

- This study represents the first attempt to determine meaningful work and job performance and their relationship in nurses in China.

- There were significant, positive relationships between meaningful work and task performance and contextual performance.

- Work unit, education level, and employment type were significant influences on meaningful work and job performance.

The implications of this paper:

- Factors related to meaningful work and job performance provide pointers to improving job performance and the quality of nursing care: enhancing education and increasing salary among clinical nurse and overcoming nurse shortages.

1 | INTRODUCTION

Health care organizations are continuously developing and expanding to provide high-quality health care as their ultimate objective. As an integral part of the health care system, nursing plays an important role in improving the quality of patient care and public health service. Recently, increasing attention has been paid to nursing education and training as well as the quality and quantity of nurses in China, which have a significant impact on China's health care reform. A shortage of nurses and heavy workloads among practicing nurses are common in China, which may affect the performance of the entire health

care system. For example, in China, 46% of nurses work more than 11 hr/day, and 35% of nurses work more than 6 days a week (Meijuan, Ruiwei, & Ying, 2007). The World Health Organization suggests that the standard ratio of the number of nurses to the number of hospital beds should be 1:0.4 (Organization WH, 2006). However, in the Third Affiliated Hospital of Harbin Medical University, 1 nurse takes care of 15 patients during the day shift and 40 to 50 patients during the night shift (University TAHoHM, 2011). Such a workload may decrease the quality of nursing care, increase patient costs, and prolong the period of hospital stay. Researchers have found that improving job performance can increase quality of nursing care (Lee & Ko, 2010). Therefore, there is an urgent need to determine the performance of nurses in China as well as the factors that affect their performance.

Greenslade and Jimmieson (2007) developed a model of job performance based on Bonnan and Motowidlo (1993) model; it defines job performance as work behaviour that can be classified into 2 domains: task performance and contextual performance. Task performance refers to behaviours that directly contribute to the technical core of the organization, including activities that are commonly considered as part of the job. Contextual performance is defined as behaviours that sustain the social environment in which the technical core functions. It comprises intentional behaviours that help the hospital to operate. Greenslade and Jimmieson's (2007) initiative was introduced to job performance investigations in the nursing profession (Greenslade, 2008). Task performance includes 3 components: social support, information provision, and technical care; contextual performance also includes 3 components: interpersonal support, job-task support, and organizational support (Greenslade, 2008).

1.1 | Statement of the problem

Many factors have been found to be associated with job performance, including job satisfaction (Nabirye, Brown, Pryor, & Maples, 2011), job stress (Wang, Wipada, Petsunee, Zheng, & Wang, 2011), job characteristics, fatigue, years of experience, educational level, and emotional intelligence. Among the aforementioned factors, meaningful work is one of the most important components that predict job performance (Indradevi, 2012). Steger, Dik, and Duffy (2012) defined meaningful work as nurses' significant and positive perception towards their jobs. Moreover, meaningfulness has an emphasis on growth and purpose instead of pleasure. According to Steger et al. (2012), meaningful work is comprised of 3 subscales: (1) positive meaning, ie, a good feeling people perceive from their jobs, which are thought to be important, meaningful, significant, and purposeful; (2) meaning made through work, ie, how people see their jobs as helpful for others; they deeply understand themselves and their surrounding environment, and their work promotes personal and occupational growth that converges into a wider perception of a meaningful life; and (3) greater good motivations, ie, a positive attitude that the most meaningful work is believed to have a great impact on people.

The importance of meaningful work in job performance has been shown in several studies in various fields. For instance, Duchon and Plowman (2005) have suggested that organizations can expect a higher job performance if managers foster the meaningfulness of work. In addition, Tuuli and Rowlinson (2009) have proposed that job performance depends on the meaningful work of management-level staff in the company.

To date, there are no reports on the relationship between meaningful work and job performance among nurses in China. However, it has been reported that nurses in China have no time to provide extra care for patients because of a workforce shortage and heavy workloads (Peisch, 2011). In addition, a previous study found that nurses have no time to provide emotional support for their patients because most of their time and energy are spent on routine tasks. Routine tasks are the largest burden for nurses that often force them to work overtime. Hunt (2009) found that nurses find meaning through their work when it has an impact on people's lives and is valued and appreciated by others. Thus, meaningfulness does not come from work itself.

The present study was designed to examine meaningful work and job performance among nurses working at Harbin Medical University. Results from the present study are intended to provide a better understanding of meaningful work related to job performance among nurses in China as well as basic information for nursing administrators to organize efficient planning and effective strategies to recover meaningful work among nurses, which could improve their job performance.

2 | METHODS

2.1 | Sample and setting

The present study was conducted at the First, Second, Third, and Fourth Affiliated Hospitals of Harbin Medical University, Harbin, China. The samples were selected from nurses who graduated with a certificate of diploma degree or associate degree from an approved nursing education institution; had a registered nurse licence granted by the Ministry of Health, China; and had worked in the clinical departments of these hospitals for at least 1 year. The sample size, calculated using formula, was n = 361. Considering possible loss of subjects, 10% was added to the sample size. Consequently, the number of participants enrolled into the present study was n = 397; of these, 390 (98.24%) questionnaires were returned, and 389 (97.98%) were entered for analysis after 1 incomplete questionnaire was excluded.

2.2 | Ethical considerations

The study protocol was submitted to the research ethics committees of the aforementioned hospitals for review, and approval was obtained before the initiation of the study. Before data collection, a written informed-consent form was obtained from each of the participants. All the participants were informed about the purpose and method of the study: that participation in the study was voluntary and that they had a right to refuse, stop, or quit the study at any time without being punished or losing any benefits. A statement was attached with a cover letter to guarantee confidentiality for each respondent. The questionnaires were assigned code numbers for follow-up in case of incomplete response provided by the participant. The information provided by each participant was only used for the study, kept confidential, and then presented collectively.

2.3 | Data collection

The demographic data form consisted of questions about gender, age, marital status, education level, years of service, department/section, and employment type. In the present study, we used the Work and Meaning Inventory (WAMI), originally developed by Steger et al. (2012), which consisted of 10 items of meaningful work: positive meaning (items 1, 4, 5, and 8), meaning made through work (items 2, 7, and 9), and greater good motivations (items 3, 6, and 10). Each item was rated on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores indicated a higher perception of meaningful work. The mean scores were classified into 3 levels: low, moderate, and high. This questionnaire was translated into Chinese using the back-translation technique and checked by a language expert, who was not involved in the study, for equivalence in English to the original version (Steger et al., 2012). The internal consistency reliability of the WAMI was tested with 30 nurses from the First Affiliated Hospital of Harbin Medical University who met the same inclusion criteria as described above. The Cronbach alpha coefficient of the WAMI was .83.

The Chinese version of the Shortened Job Performance Scale, translated by Lin (2012), consisted of 25 items of job performance, including 11 items of task performance, 4 items of social support; 4 items of information provision; 3 items of technical care; and 14 items of contextual performance, including 5 items of interpersonal support, 4 items of job-task support, and 5 items of organizational support. The questions regarding task performance were answered on a 7-point Likert scale ranging from 1 (poor) to 7 (excellent). The items regarding contextual performance were answered on a 7-point Likert scale ranging from 1 (never) to 7 (often). Higher scores indicated a higher perception of task and contextual performance. The mean scores of task performance and contextual performance were classified into 3 levels: low, moderate, and high. The internal consistency reliability was tested with 30 nurses from the First Affiliated Hospital of Harbin Medical University who met the same inclusion criteria as described above. The Cronbach alpha coefficient of the Shortened Job Performance Scale was .86.

2.4 | Data analysis

Analysis of quantitative data from the pilot testing phase was undertaken using SAS9.2. The significance level was set at $P < .05$. The demographic data of the nurses were analysed according to frequency, percentage, mean, and standard deviation (SD), based on the variable. The levels of meaningful work and job performance were analysed using mean and SD. The Kolmogorov-Sminorv test was used to test the normal distribution of meaningful work and job performance. Pearson correlation analysis was used to examine the relationship between meaningful work and job performance. In the analysis of the relationships between 2 variables, mean < 0.3 was considered as a weak relationship, mean = 0.3 to 0.5 reflected a moderate relationship, and mean > 0.5 was regarded as a strong relationship (Burns & Grove, 2005). Multivariate linear regression analysis was applied to analyse meaningful work and demographic data. Independent variables were screened using stepwise logistic regression. The significance level was determined at $\alpha = .05$, $P < .05$.

3 | RESULTS

3.1 | Demographic data

In this study, 389 (97.98%) nurses from 7 units in 4 medical university hospitals were eligible for data analysis. The age of the subjects ranged from 20 to 52 years old, with an average age of 28.83 years old. Most of the subjects (65.30%) were between 20 and 30 years old, and about half of the subjects had never been married (52.70%). Approximately 60% of the subjects held a diploma degree. Most of the subjects (74.29%) had been working for 2 to 10 years, and the average years of service was 7.73 (SD = 6.18). Almost 70% were employees. Most of the subjects (15.94%) worked in medical departments.

3.2 | Meaningful work

Overall, the nurses perceived their work as meaningful at a moderate level (mean = 35.61, SD = 6.73). The 2 subscales of meaningful work, positive meaning and meaning made through work, were at high levels (mean = 14.40, SD = 3.23; mean = 11.38, SD = 1.96, respectively), and the subscale of greater good motivation was at a moderate level (mean = 9.83, SD = 2.32; Table 1).

3.3 | Job performance

The nurses perceived their overall task performance at a moderate level (mean = 48.73, SD = 7.71). Two components of task performance, social support and information provision, were at moderate levels (mean = 13.67, SD = 3.98; mean = 19.9, SD = 3.24, respectively), and the third component, technical care, was at a high level (mean = 15.12, SD = 2.75). The nurses perceived their overall contextual performance at a moderate level (mean = 60.4, SD = 10.25). The 3 components of contextual performance, interpersonal support, job-task support, and organizational support, were at moderate levels (mean SD) of 24.99 (3.83); 14.56 (3.96); and 20.88 (4.85), respectively (Table 2).

3.4 | Relationship between meaningful work and job performance

There was a significant, positive relationship between meaningful work and task performance as well as between meaningful work and contextual performance (r = 0.44 and 0.49, respectively; $P < .01$).

TABLE 1 Overall and subscale scores of meaningful work as perceived by participants (n = 389)

Meaningful Work	Range	Mean	SD	Level
Overall meaningful work	10-50	35.61	6.73	Moderate
Positive meaning	4-20	14.40	3.23	High
Meaning made through work	3-15	11.38	1.96	High
Greater good motivations	3-15	9.83	2.32	Moderate

TABLE 2 Level of task and contextual performance as perceived by participants (n = 389)

Job Performance	Range	Mean	SD	Level
Overall task performance	11-77	48.73	7.71	Moderate
Social support	4-28	13.67	3.98	Moderate
Information provision	4-28	19.95	3.24	Moderate
Technical care	3-21	15.12	2.75	High
Overall contextual performance	14-98	60.43	10.25	Moderate
Interpersonal support	5-35	24.99	3.83	Moderate
Job-task support	4-28	14.56	3.96	Moderate
Organizational support	5-35	20.88	4.85	Moderate

3.5 | Relationship between meaningful work and demographic data

Multivariate linear regression analysis was applied to analyse the relationships between meaningful work and demographic parameters such as hospital, work unit, age, marital status, education level, years of service, and employment type. The results showed that education level, work unit, and employment type were 3 factors retained in the regression model as independently significant for meaningful work scores ($F = 51.96$, $P ≤ .0001$) (Table 3).

4 | DISCUSSION

The results from the present study showed that the nurses working in the studied hospitals affiliated to Harbin Medical University perceived their work as moderately meaningful, indicating that the nurses believed their work mattered for them and was important for improving the patients' quality of life. Under these circumstances, work was likely experienced as motivating, satisfying, meaningful, and a rich part of their experience in life. Of note, some of the nurses enrolled in the present study did not perceive their jobs as meaningful, possibly because of a heavy workload, lack of opportunity for further study, and lack of appreciation from head nurses.

In the present study, the overall task performance perceived by the nurses surveyed was at a moderate level, indicating that the nurses sometimes might have provided patients with inadequate support and information. In clinical work, nurses might have focused more on technical care than social support, feeling that administering medications and treatments was more important compared with other activities such as emotional support and providing information on related clinical care. Therefore, the provision of emotional care by the nurses might not be sufficient for patients and their families, because most nurses do not give priority to social support in their

TABLE 3 Factors influencing meaningful work among nurses (n = 389)

Independent Variables	β	SE	t	P	Coefficient
Intercept	39.62712	1.50390	26.35	<.0001	0
Work unit	−0.48718	0.14953	−3.26	.0012	−0.14595
Education level	4.60859	0.61525	7.49	<.0001	0.33315
Employment type	−5.06577	0.62605	−8.09	<.0001	0.35092

clinical work. Instead, most of the nurses prioritized technical care, assuming that any technical error might produce a serious consequence; however, less emotional support might not result in any obvious negative impact on the clinical outcome. These results were essentially consistent with a previous study conducted in Kunming, China, by Lin (2012).

Additionally, the overall contextual performance perceived by the nurses surveyed in the present study was also at a moderate level, indicating that there was distrust among nurses and that they might pay much more attention to complete their tasks without seeking help from other counterparts. The nurses often could not meet the needs of patients in terms of additional requirements because of heavy workloads, and the nurses had no extra time to handle additional needs of their patients other than routine clinical care.

Our results from the present study showed that there was a significant, positive relationship between meaningful work and task performance, indicating that the provision of ideal tasks performed by the nurses was mainly influenced by their perception of the meaningfulness of their work. It has been reported that when nurses feel that their jobs are meaningful, it can have a positive effect on their individual and team dedication (Pavlish & Hunt, 2012), thereby devoting additional efforts to their job. The benefits from their efforts to the patients encourage them to work actively, providing emotional support and additional information to the patients and their families. It is also clear that when nurses have negative attitudes towards their job, it is unlikely that they will provide extra care to their patients and they may not even be aware of the real needs of their patients. This may reduce the quality of nursing care. Therefore, improving task performance and contextual performance will improve the quality of nursing care. Furthermore, nurses in clinical work usually follow the physicians' orders (Zhao, Zhang, & He, 2007), and the patients may have more trust and respect for their physicians than nurses, making the latter feeling unhappy with their clinical job. Previous studies have shown that nurses perform better when they are happy with their job (Zhao & Fan, 2016) and that a higher level of meaningful work produces a better feeling of recognition and pride offered by their patients and colleagues (Hunt, Pavlish, Brueshoff, & Cross, 2009). As a result, improving the level of meaningful work not only makes nursing work more pleasant but also improves nurses' job performance and the quality of nursing care. Since meaningful work can cause a positive impact on both task performance and contextual performance, nursing managers should provide nurses with better working conditions, more learning opportunities, and training courses, making them feel respected and meaningful when doing their job. Additionally, nursing managers should communicate more with nurses to set the goals of working and learning, help them develop an individual career plan, improve nursing skills and knowledge, and maintain a positive working atmosphere, thus improving job performance and quality of care.

As shown by our results, there were several factors influencing meaningful work among nurses. For instance, the meaningful work score was positively correlated with the education level, which was in agreement with the results from previous studies that have shown that a higher education level is related to a stronger nursing care ability (GY, 2011, XM & JM, 2007) and can strengthen knowledge and nursing

skills (Li, 2006). As a consequence, nurses with higher qualifications are often responsible for the main tasks in clinical units. Accordingly, nurses with a higher education level have a stronger feeling regarding the meaning of their work. Nursing education is the key for effective job performance (Xu, Qi, Chen, & Hou, 2011). Therefore, nursing managers should behave as role models for their team, improve their own knowledge, develop study plans, and put forth efforts to improve their own knowledge performance.

Meaningful work was also shown to be correlated to the work unit and employment type. Nurses working in the surgery department or the intensive care unit had lower scores, possibly because of the nature of their tasks, which are often complicated and hectic. The results were consistent with clinical observations. The contract nurses scored lower than government nurses. Contract nurses are an important part of the nursing team, but their wages, conditions, and social status are often lower than others in the organization, leading to frequent job-hopping and resignation among contract nurses. In addition, contract nurses are often offered fewer opportunities for promotion, further education, and study abroad than other nurses, which greatly impacts the enthusiasm of contract nurses and reduces the stability of the nursing team. It might also, to a degree, affect the quality of care at departmental and organizational levels (Hsu & Lin, 2008). Therefore, nursing managers should assign nursing personnel according to the needs of the department to ensure that the department is functioning smoothly and that stress is reduced among nurses. In addition, hospitals should consider increasing the remuneration of these nurses, which may help to improve the stability of the nursing team.

4.1 | Limitations

As this study was conducted in hospitals from one medical university, the results should be confirmed in other regions of China. Additional factors potentially influencing nurse job performance need to be studied in the future.

5 | CONCLUSIONS

The results of the present study demonstrated that attention can be focused to improving meaningful work and providing more support and assistance, with the intention of improving nursing performance and thereby the quality of nursing care. Our results indicated that nursing managers should encourage nurses to find meaning in their work by providing nurses with better working conditions, more learning opportunities, and training. In addition, nurse managers should also increase the number of nurses for routine work, and hospitals could consider increasing the remuneration of nurses.

5.1 | Implications

First, the results on meaningful work could provide new data for nursing managers to identify the underlying reasons for an only moderate level of meaningful work, to redesign nursing work. Encouragement and more educational opportunities offered by nursing administrators for nursing staffs could improve the perceived level of meaningful work.

Second, the results on job performance could allow hospital managers to acknowledge the performance of both core duties and additional duties. The moderate level of job performance perceived by nurses could provide information for nursing managers to identify problems at work and handle them in an effective way. Nurse administrators may reconsider nurse staffing plans and provide sufficient support to their nurses when needed, to reduce the workload and create a helpful and harmonious atmosphere that enhances interpersonal relationships and job performance among nurses.

The results from present study provide a better understanding of meaningful work related to job performance among nurses, which will help improve the quality of nursing care in China.

CONFLICT OF INTEREST

We declare that we have no conflict of interest.

AUTHORSHIP STATEMENT

The author conceived the study, is responsible for data management, study design and data analysis, and drafted and revised the manuscript.

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