

Selected Job Characteristics and Performance of Nursing Employees in National Referral Hospitals in Kenya.

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Abstract

As a nation's largest group of health professionals, nurses play an important role in the delivery of quality and cost effective health care. As a result of focusing on the need for nurses to work to their full potential, health care system efficiency should be optimized and so to retention of nurses. This study examines the effect of selected job characteristics (task identity and autonomy) on nurses' performance in the Moi Teaching and Referral Hospital (MTRH) in Eldoret, Kenya. This study is based on the goal setting and job characteristic theories. The main objective of this study was to determine the effects of task identity and autonomy on nurses' performance. The study was an explanatory survey which drew a sample of 320 nurses using simple random sampling techniques. A structured questionnaire consisting 5-point likert scale items was used to collect data which was later analyzed using descriptive (mean, standard deviation, skewness and kurtosis) and inferential statistics (Pearson Moment Correlation and multiple regression analysis). Two null hypotheses that there were no effects of task identify and autonomy on nurses' performance tested and based on the results were rejected. The results showed that autonomy had a higher significant effect on nurses' performance ($\beta_2 = 0.443$; $p = 0.000$) than task identify ($\beta_1 = 0.12$; $p = 0.024$). The paper recommends that the hospital management should embark on the nurses' job redesign as a strategy to enhance positive job outcomes through committed and satisfied nurses.

Keywords: Job Characteristics, Autonomy, Task Identity, Employee Performance. Nursing Employees

1. Introduction

Job design was the creation of tasks and work settings for specific tools. The best job design is always one that meets organizational requirements for high performance, offers a good fit with individual skills and needs, and provides opportunities for job satisfaction (Schermerhorn, Hunt, and Osborn, 2005). Job design by scientific management or job simplification standardizes work and employs people in clearly defined and specialized tasks. Previous studies have emphasized on the importance of job characteristics in improving employees' job performance. For instance, in redesigning job characteristics, the focus is always on improving job performance (Borman, 2004). Some argue that job characteristics improve workers' motivation and dedication to work which contribute efficiency within an organization. Empirical support for the influence of job characteristics on psychological well-being affirms what several theoretical models have postulated to be the causal ordering among job characteristics and work-related psychological well-being (de Jonge *et al.*, 2012).

Job characteristics do affect performance but not nearly as much as they affect satisfaction. Positive job characteristics affect performance more strongly for high-growth need than low-growth need individuals (Schermerhorn *et al.*, 2005). The affiliation is about the same with job satisfaction. It is also clear that job enrichment can fail when job requirements are increased beyond the level of individual capabilities or interests. In hospitals, nurses' perception of job characteristics often differs from measures taken by matrons and doctors. These perceptions are important and must be considered in the design of job characteristics. More often than not, hospital matrons and doctors will largely determine whether the nurses view their job as high or low in the core of characteristics which consequently affect their work outcomes (Schermerhorn *et al.*, 2005).

1.1 Problem Formulation

Healthcare personnel are the hearts and hands of healthcare (Friedman, 1990). Hearts need to work regularly, consistently, and smoothly for the body to function properly. Hands need to be synchronized and strong to function effectively. This study therefore, focuses on job characteristics and performance of nurses in a healthcare organization in Kenya. Most healthcare facilities in Kenya experience shortages of nurses due to the nature of the work environment that they are exposed to. Recent review of the empirical human factors and ergonomic literature specific to nursing performance, found that nurses work in generally poor environmental

conditions. De Lucia, Otto, and Palmier (2009) note that the profession of nursing as a whole is overloaded because there is a nursing shortage. Individual nurses are overloaded by the number of patients they attend to and the tasks they perform. More specifically, they work in environments with deficiencies such as medical devices that do not meet perceptual requirements (Morrow *et al.*, 2005), insufficient lighting, illegible handwriting in doctors' prescriptions, poor labeling designs, long work hours and patient handling demands, among others. In short, the nursing work system often exceeds the limits and capabilities of human performance. Most of the issues highlighted here relate to job characteristics. This paper therefore discusses the effect of nurses' selected job characteristic on their work performance. The two job characteristics focused on in this paper are task identify and autonomy.

2. Literature Review

2.1 Employee Performance

The concept and assessment of employee performance began in 1911 with the research of Taylor who stated that rewards like the earnings from a job, incentive payments, promotion, appreciation, and opportunities for growth could lead to increased employee performance (Aslan, 2001). According to Jones and Lockwood (2002) employee performance is a difficult concept to define, but principally it is to do with the application of effective effort. In organizational context, performance is usually defined as the extent to which an organizational member contributes to achievement of set the goals (Lansbury, 1988).

According to Wiener (1992) employee performance may be reflected in their attitude towards work-related conditions, or aspects of the job. Feinstein (2000) asserts that employee performance is more of a response to a specific job. It is an important element from organizational perspective as it leads to higher commitment of employees which consequently leads to overall organizational success and development.

Mosadeghard (2000) suggests that dimensions like nature of the job, management and supervision, task requirement, job security, recognition and promotion effect on employees' organizational commitment. Pensions and profit-sharing plans are also positively associated with employee performance (Bender and Heywood, 2006). Stephen (2005) suggests that it would be wrong to consider one single measure of employee performance. He further asserts that the job itself is the most satisfier while working conditions contributed the least to satisfaction. Job security is also a key determinant of employee performance. Penn *et al.* (1988) affirms that an opportunity for professional development is also a determinant of employee performance that differentiates satisfied from dissatisfied employees.

Employee performance has been found to be associated with organizational trust (Arnett *et al.*, 2002). Employee performance also serves as a significant predictor of organizational commitment and retention (Hartman and Yukl, 1996; Kim *et al.*, 2004; La Lopa, 1997). When employees are satisfied with their job, they are more willing to provide service that exceeds customers' expectations and positively influence patients' attitude towards their service. In contrast, employees who are dissatisfied with their jobs are likely to have more occupational stress and less productivity (Spinelli and Canavos, 2000). Thus, highly committed, high performing, and happy employees are valuable resources to the health sector. Overall, the degree to which employees like their job is influenced by a combination of job characteristics, the environment (opportunity), the job (routinization and distributive justice), and personality factors such as positive affectivity and work motivation.

2.2 Job Characteristics

The Job Characteristics Model (JCM) is the dominant paradigm in contemporary job design theory and research. Although generally well-supported, the JCM has limitations that constrain its usefulness: first, the Job Diagnostic Survey used to assess perceived characteristics does not indicate the specific aspects of activities that lead to these perceptions, and second, the JCM, based primarily on manufacturing research, does not include interpersonal job characteristics that seem important in human service jobs (Tonges, Carter, Kikiras, 1998).

The main theoretical approach is that of the characteristics of jobs which has been strongly influenced by the work of Hackman and Oldham (1980) and their Job Characteristics Model. They suggest that three psychological states are necessary for high levels of work performance and propose that five core job dimensions are instrumental in producing these psychological states. The Job characteristics theory (Hackman and Oldham, 1976, 1980) describes the relationship between job characteristics and individual responses to work. The theory specifies the task condition in which individuals are predicted to prosper in their work. It proposes five job dimensions prompting three psychological states that lead to some beneficial personal and work outcomes. The theory also includes individual difference variables as moderators of the relationship between the characteristics and the outcome variables. The theory defines the five job characteristics as follows:

Skill Variety: the degree to which a job requires a variety of different activities in carrying out the work, involving the use of a number of different skills and talents of the person.

Task Identity: the degree to which the job requires completion of a whole, identifiable piece of work: that is, doing a job from beginning to end with visible outcome.

Task Significance: the degree to which the job has a substantial impact on the lives of other people, whether those people are in the immediate organization or in the world at large.

Autonomy: the degree to which the job provides substantial freedom, independence, and discretion to the individual in scheduling the work and in determining the procedure to be used in carrying it out.

Job Feedback: the degree to which carrying out the work activities required by the job provides the individual with direct and clear information about the effectiveness of his or her performance.

Gelsema *et al.* (2005) examine the influence of organizational and environmental work conditions on the job characteristics of nurses and on their health and well-being. The direct influence of work conditions on outcomes was examined. Mediation of job characteristics in the relationships between work conditions and outcomes was tested and the results indicated that job characteristics, such as demands and control, mediated the relationship between work conditions, such as work agreements/rewards, and outcomes. The study concluded that by managing organizational and environmental conditions of work, job characteristics can be altered, and these in turn influence nurses' job satisfaction and distress.

Hackman *et al.* (1971) developed and tested a conceptual framework specifying the conditions under which jobs will facilitate the development of internal motivation for effective performance. The primary independent variables were: (a) a measure of strength of desire for the satisfaction of higher order needs (such as, obtaining feelings of accomplishment, personal growth); and (b) descriptions of jobs on 4 core dimensions (variety, autonomy, task identity, feedback). It was predicted and found that when jobs are high on the four core dimensions, employees who are desirous of higher order need satisfaction tend to have high motivation, have high job satisfaction, be absent from work infrequently, and be rated by supervisors as doing high quality work.

Kars, Booske and Sainfort (2007) examine whether job characteristics, the work environment, participation in quality improvement activities and facility quality improvement environment predicted employee commitment and job satisfaction in nursing homes, and whether those same predictors and commitment and satisfaction predicted turnover intention. They report that job and organizational factors predicted commitment and satisfaction while commitment and satisfaction predicted turnover intentions.

Koekemoer and Mostert (2006) sought to determine which job characteristics are associated with burnout and whether negative work-home interference (WHI) mediates the relationship between the two variables within a nursing environment. They report that the main job characteristics that predict exhaustion were pressure and a lack of autonomy, role clarity, colleague support and financial support. A lack of role clarity, colleague support and financial support were the main job characteristics that predict mental distance while negative WHI played a partially mediating role in the relationship between job characteristics and burnout.

As the healthcare system restructures, changes are being made that appear to influence nurses' job and satisfaction, yet little is known about effects existing between job characteristics and related outcomes. This paper singles out two job characteristics namely: task identify and autonomy and attempts to determine their effect on nurses' performance.

2.3 Task identity and Employee Performance

Task identity is achieved when there is an opportunity to complete a 'whole' piece of work in a job. It involves carrying out several tasks that eventually fit together to make a complete job. This gives the employee a feeling of doing a whole job from beginning to end and realizing a visible output. Consequently the employee attains a sense of achievement and satisfaction in a job. Task identity needs to be broadened to role identity in nursing jobs. Role identity has implications for nurses as it determines '*the role of each individual*' when collaborating with other health care providers.

Tonges (1998) asserts that role ambiguity is related to lack of clarity of job scope, responsibility and function of each team member, vague task definition, and inconsistent direction from supervisors. Furthermore, role conflict is associated with violation of principles accountability and unity of command. Needless to say, planning, coordinating and communicating are required to minimize role tension as well as clarifying accountability. Goal setting may be a strategy to integrate activities and to understand their relationship to the whole. Goal setting also has the potential to enhance role clarity and minimize role ambiguity through clarification of the goals of a job which consequently enhance nurses' understanding of the relationship between their role and the role of others (Umstot, Mitchell and Bell, 1978). Hence, this paper explores task identity-employee performance effects and suggests the following hypothesis:

H₀₁: Task identity has no significant effect on nurses' performance

2.4 Autonomy and Employee Performance

Hackman and Oldham (1980) define autonomy as having substantial control over aspects of one's work. It is the individual's control of his or her work. As much as possible, employees should have inputs on how their jobs are done, the order of tasks, the speed of work, among others and opportunities to participate in decisions which

affect them. Autonomy creates an opportunity for nurses to experience responsibility for patient outcomes and thus a feeling of significance and identity. However, studies have indicated that not all nurses desire autonomy in their jobs. Those with relatively low preference for autonomy have been found to have higher absenteeism. (Landeweerd and Boumans, 1994).

The literature is replete with definitions of nursing autonomy (Stewart, Stansfield and Tapp, 2004) and suggests that autonomy is influenced by role expectations, organizational culture, opportunities for independent decision making and opportunities to influence worklife factors such as scheduling. Stewart, Stansfield and Tapp (2004) suggests that autonomy as seen by nurses is not about independent practice and decision making but about providing a unique perspective and contribution to care that includes interdisciplinary co-ordination and collaboration. This paper attempts to establish autonomy-performance effects by testing the following hypothesis:

H₀₂: Autonomy has no significant effect on nurse performance

3. Research Design and Methodology

This paper is based on an explanatory survey with a sample of 320 nurses drawn from the Moi Teaching and Referral Hospital in Eldoret, Kenya using Cochran formula because the population size was below 10,000 and employing simple random sampling technique. Primary data was collected using questionnaires. Respondents were requested to indicate their degree of agreement or disagreement for each item in the questionnaire using five-Point Likert-type scale as given below: 1=Strongly Disagree 2=Disagree 3=Not Sure 4=Agree and 5 = Strongly Agree. The respondents were asked to indicate their level of agreement by choosing a value that corresponds to what they felt on job characteristics and their performance. Reliability of items was tested using Cronbach Alpha and results indicate acceptable values.

(Table 1).

The data was analyzed using descriptive and inferential statistics that include measures of central tendency such as mean and measures of dispersion standard deviation, and Pearson Product Moment correlation and Multiple Regression. Inferences were drawn from the findings to answer the key hypotheses of the study. The Regression equation was stated as follows:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \mu$$

Where β_0 is the intercept, β_1 and β_2 measures change in Y (Employee Performance) with respect to X_i (Task Identity) and X_2 (Autonomy) respectively, holding other factors constant while μ represent term error.

4. Results

4.1 Task Identify

In task identity, specification of job duties, tasks simplicity and complexity, job activity and time, using a number of complex skills on the job requiring one to work long hours were investigated. The results (Table 2) indicated that the nurses in MTRH are required to do only one task at a time. Results showed that nurses rarely used a number of complex skills in the job (60.7%) of the nurses disagreed that they use a number of complex skills on the job in MTRH. Further, most of the nurses generally disagreed that their job duties, requirements and goals are clear and specific (74.1%); and their job requires them to work for long hours (86.6%). Results also showed that a majority of the nurses carry out task that are simple and uncomplicated (73.1%); and that require them to do one activity at a time (67.2%). The average mean score (Mean = 3.82; SD = 0.452) for the job characteristics implies that the nurses are not more than indifferent as none of them contribute strongly to the task identity dimension.

(Table 2)

4.2 Autonomy

Autonomy in any organization is a degree of freedom and discretion allowed to an employee over his or her job as a general rule, jobs with high degree of autonomy provides a sense of responsibility and greater job satisfaction in the employees. The variables included having freedom in doing work, own decision making freedom over work, own decision making and having opportunity to develop work schedule for one's work. Results showed that except in opportunity to develop work schedules in their work, a majority of nurses were not less than neutral to reflect their positive feelings about the autonomy aspects of their job. This implies that they generally perceive low autonomy in their jobs (Mean = 3.23, SD = 0.666). However, they strongly perceive that their jobs provide them an opportunity to develop their work scheduled (Mean = 1.51; SD = 0.833) which may be arising from the common practice in the nursing profession to involve the nurses in scheduling for shift work.

(Table 3)

4.3 Employee Performance

Employee performance was investigated in terms of performance evaluation, job satisfaction, performance standards set for the job and job commitment. As shown in Table 4, 39.0% of respondents agreed that they were rated highly during evaluation of their job performance (mean 2.87). However, a majority of the nurses (82.3%) indicated that were not satisfied with their job delivery (mean 4.78); in spite always meeting performance standards set for their job (100%) and reporting commitment to perform better in their job (100%) respectively. A majority (89.7%) of the nurses strongly disagreed that they are not likely to quit their job soonest which implies the potential rate of labour turnover is very high. The average mean score (Mean = 3.23; SD = 0.912) of nurses' performance tends away from positive perception on performance indicators which implies an indifference in the performance scores.

(Table 4)

4.4 Correlation between Task identify, Autonomy and Employee Performance

Results of Pearson Moment Correlation analysis indicated that (Table 5) employee performance, task identity and autonomy are positively correlated at acceptable levels to allow for multiple regression analysis to be performed.

(Table)

4.5 Effects of Task Identify and Autonomy on Employee Performance

Results of multiple regression analysis (Table 6) do not support the hypotheses of the study that task identity and autonomy do not significantly affect nurses' performance. Thus, the results provide enough evidence to reject the hypotheses and infer that there are significant positive effects of task identity and autonomy on nurses' performance. An increase in task identity with one unit increases nurses' performance by 12%. While an increase in autonomy with one unit increase nurses' performance 44.3%. The results also indicate that there are other factors (constant) that affect the performance of nurses, other than the selected job characteristics.

(Table 6)

5. Conclusions and Implications

Task identify and autonomy are significant determinants of nurses' performance in the health sector. Autonomy in the job is a stronger predictor of employee performance. Autonomy provides employees the freedom and discretion over their jobs. Apart from involving nurses in developing work schedules, hospitals should provide more freedom in how they work, allowing them more discretion to make decisions. These results are consistent with Stewart, Stansfield and Tapp (2004) who suggest that autonomy from the nurses' perspective is not about independent practice and decision making but about providing a unique perspective and contribution to care that includes interdisciplinary co-ordination and collaboration. Hence all aspects of autonomy should be strengthened within the expectation of the nurses in order to cause higher performances and hence positive job outcomes.

Task identify is equally a significant predictor of nurses' performance. There is a general indifference in the perception of the strength of task identify in the nurses' job. All the indicators of task identify are below the expectations of the nurses which implies that there is so much unutilized employee potential owing to weak and inadequately designed task activities. A paradox emerges from the findings; that despite the nurses performing within the performance standards set, they report a low satisfaction in their job and a high likelihood to quit. This implies that they have unutilized potential which they would wish to achieve given better opportunities. This is a ground breaking finding particularly from the health sector where there is high turnover of nurses not only from the public to private sector, but repatriating for greener pasture abroad. They are seeking for better designed jobs that provide opportunities achievement and satisfaction.

6. Recommendations

Based on the findings of this study, task identity and autonomy are job characteristics that are critical to performance of nurses in the health sector and that should be incorporated in job redesign. Although there is much known about job redesign, it is not known what exactly works particularly in the health sector. However, this study provides significant insights that shed light of areas that require strengthening as regards to task identify and autonomy. Hence, the health sector should use job redesign as a strategy to optimize nurses' scope of practice in order to impact positively on performance of nurses and organizational outcomes in general. This strategy will address among other challenges the impending shortages of nurses arising from high turnover, the underutilization of nurses' knowledge and skills, and the system costs of nurses' absenteeism and overtime payment.

This paper recommends a further study to be undertaken to establish other personal (demographic factors such as age, gender among others) and organizational factors (such as leadership styles) that may moderate or mediate the effects of job characteristics on job outcomes of nurses.

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Table 1: Reliability Analysis

Variables	Alpha Value	Items
Employee Performance.	0.881	5
Task Identity	0.654	5
Autonomy	0.901	5

Table 2: Task Identity

1 = Strongly Agreed 2 = Agreed 3 = Neutral 4 = Disagreed 5 = Strongly Disagreed

	SA	A	N	D	SD	Mean	S.D	Skewness	Kurtosis
	%	%	%	%	%				
Job duties, requirements and goals are clear and specific	3	11.9	11.0	71.1	3	4.78	0.121	-4.296	1.81
Tasks I do on my job are simple and uncomplicated	3	70.1	17.9	3	6	2.65	0.456	-1.91	1.69
My job requires me to do one activity at a time	6	61.2	17.9	7.5	7.5	2.55	0.541	-1.365	1.33
Use of a number of complex skills on this job	10.4	16.4	13.4	47.8	11.9	4.57	0.601	0.743	-0.39
Job requires one to work for long hours	3	6	4.5	22.4	64.2	4.55	0.333	1.02	1.612
Average Mean for Task Identify						3.82	0.452	1.31	1.313

Table 3: Autonomy

	SA	A	N	D	SD	Mean	Standard Deviation	Skewness	Kurtosis
	%	%	%	%	%				
Freedom in doing my job	6	29.9	17.9	41.8	4.5	2.89	0.911	0.278	-1.099
Exercising full control over my job	3	13.4	14.9	61.2	7.5	4.40	1.002	1.087	0.761
Making of decisions	6	6	17.9	61.2	9	4.34	0.701	1.322	1.889
Opportunity developing work schedule	59.7	35.8	35.8	1.5	3	1.51	0.833	-1.604	0.653
Autonomy Mean						3.23	0.666	0.412	1.001

Table 4: Employee (Nurses') Performance

	S	A	N	D	SD	Mean	Standard Deviation	Skewness	Kurtosis
	%	%	%	%	%				
Was rated highly during evaluation of my performance	4	35	7	7	2.7	2.87	0.452	0.158	-0.701
I am satisfied with my job delivery	1.7	1.3	14.7	82.3	0	4.78	0.781	-0.002	1.279
I always meet performance standards set for my job	32	68	0	0	0	1.68	0.229	-0.776	-1.408
I am committed to perform better in my job	9.3	90.7	0	0	0	1.93	0.783	-0.29	1.883
I am not likely to quit my job soon	4	1.3	5	0	89.7	4.91	0.801	-0.81	1.936
Employee performance Average mean						3.23	0.912	0.771	1.221

Table 5: Correlation Statistics

	Employee Performance	Task identity	Autonomy
Employee performance	1		
Task identity	0.116*	1	
Autonomy	0.384**	0.216**	1

** Significant at 0.05 level of significance * Significant at 0.01 level of significance

Table 6: Effects of Task Identify and Autonomy on Nurses' Performance

	Unstandardized Coefficients		Standardized Coefficients			Collinearity	
	B	Std. Error	Beta	T	Sig.	Tolerance	VIF
(Constant)	3.774	0.275		13.702	0.000*	0.497	2.012
Tasks	0.169	0.074	0.120	2.273	0.024*	0.894	
Autonomy	0.526	0.061	0.443	8.574	0.000*	0.501	1.995
R Square	0.307						
Adjusted R Square	0.295						
F	25.925						
Sig.	0.000*						

Dependent Variable: Employee (Nurses') Performance

Predictors: (Constant), task identity, autonomy.

** Significant at 0.05 level of significance * Significant at 0.01 level of significance

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