High Performance Work Systems that Promote Nurses' Job Performance at Main Mansoura University Hospital

Prof. Hala Gabr Mahmoud,
Nursing Administration, Faculty of Nursing, Mansoura University, Egypt

Prof. Neamat Mohamed El-Sayed,
Nursing Administration, Faculty of Nursing, Damanhour University, Egypt

Abstract:
Today, health care organizations live in a dynamic, ambiguous, and changeable environment. Due to these dynamics new challenges faces organizations to improve their performance through applying High Performance Work Systems (HPWS) and removing the obstacles in the direction of organizational effectiveness. However, on high-performance work systems define work environment as being comprised of a bundle of practices to engaged employees and positive individual, unit, and organizational outcomes. This bundle includes but extends beyond sufficient material resources and support for the work itself. It also encompasses managerial practices, such as an emphasis on worker discretion and participation in decision making; facilitation of communication and information sharing; and human resource management practices focused on developing workers' skills and recruiting and retaining qualified workers. Hence, the present explore the relationship between nurses' perception of high-performance work systems and their job performance in surgical units at Main Mansura University Hospital. The study subjects include 57nurses working in all inpatient surgical departments at Mansoura University Hospital. Three tools were used for data collection, namely; Observation Checklist of Nurses, Performance, High Performance Work Systems Scale, and Opinion Questionnaire Sheet. The study findings indicated there were significant relationship between high performance work systems and nurses' job performance. Furthermore, the hypothesis that there is some variable that effect on nurses performance which perceived by study subjects as physical working condition, workload, job security, nurses' job autonomy and role clarity. It is recommended to the developed high performance work system imposed by organizations should be included employment security; selective hiring; extensive training; self-managed teams and decentralized decision making; information sharing; transformational leadership; high-quality work and reduced status distinctions to improve nurses' job performance and organizational outcomes.
Keywords: High Performance Work Systems (HPWS), High Performance Work Practices (HPWPs), Human Resource Management (HRM), High Performance Work Environment, Nurses' job performance, Task performance and Contextual performance

Introduction

At the present time, health care organizations live in a dynamic, ambiguous, and changeable environment. Due to these dynamics new challenges faces organizations, the new orientation to improve their performance permanently to keep their competitive excellence; one of the most important factor to maintain, and attract new customers, is improving the organizational performance through applying High Performance Work Systems(HPWS) and removing the obstacles in the direction of organizational effectiveness[1,2].

From a quality improvement perspective, HPWS practices are similar to **Donabedian's**[3]structure dimension of the structure, process, or outcome model oftentimes used in health care. As such, HPWSs is defined as an integrated set of work practices that result in engaged employees and positive individual, unit, or organizational outcomes. Furthermore, collections of High Performance Work Practices (HPWPs) used together are often referred to as high-performance work systems or subsystems[4,5].

High-performance work systems can also be described as the systematic use of mutually reinforcing Human Resource Management (HRM) practices which have an emphasis on selecting the right employees, developing their skills, organizing work so that employees have the discretion to solve problems creatively, and the use of reward systems which motivate employees to work effectively in pursuit of organizational goals[2]. HPWS as a construct consisting of several practices, such as training, empowerment, and selective staffing[6].

However, on high-performance work systems defined work environment as being comprised of a bundle of practices designed to promote broader worker engagement and organizational commitment[7]. This bundle includes but extends beyond sufficient material resources and support for the work itself. It also encompasses managerial practices, such as an emphasis on worker discretion and participation in decision making; facilitation of communication and information sharing; and human resource management practices focused on developing workers' skills and recruiting and retaining qualified workers. This bundle of management practices comprises what we term a high-performance work environment[8].

Nurses are critical human resource input in the hospitals' functions of health promotion, curative and

preventive care and effective performance of their roles have implications for patients' health outcomes[9]. From the increasing interest in improving health care quality, comes the importance of enhancing nurses' performance as they involved in a large aspect of patient care[10]. Indeed, effective performance of their roles may have implication for patients' health outcomes. Thus, given the pivotal roles of nurses in determining the efficiency, effectiveness, and sustainability of healthcare system a study of nurse job demands and implications for work attitude seems worthy of research effort. Any defect and deficiency in their work can result in irreversible outcomes. Therefore, paying attention to the factors affecting their performance is very important[11].

Nurses' job performance is defined as actions that can be observed and measured against some standard [12]. Job performance contributes to improve several aspects in employees such as behavior, attitudes and traits which help to increase the productivity of an organization through fulfilling the expectations, regulations of an organization and needs of individual formal role when he is a member of the organization. Employees' behavior can be transformed into performance from just a thought to action[13]. Therefore, a complete view of performance can be achieved if the of job performance taken into account both behavior and outcomes. Job performance was categorized individual performance into two categories: task performance and contextual performance[14].

Task performance includes behaviors that contribute to the core transformation and maintenance activities in an organization including delivering services and managing subordinates. While contextual performance refers to behaviors that contribute to the culture and climate of the organization in the context of transformation and maintenance activities carried out such as helping subordinates, adhering to rules and procedures and providing full support towards the organization[15].

HPWS improve performance by enhancing nurses' knowledge, skills, abilities and commitment by providing them with the information and discretion necessary to capitalize on these skills to effectively perform their jobs. Therefore, there has been growing interest in the use of HPWS in health care[16,17], particularly in nursing [18]. Studies associated with 'magnet' hospitals have demonstrated a positive link between aspects of HPWS and clinical performance [19]. Nursing performance is regarded as an important part in the provision of quality care in the hospital setting. Failure in providing quality service to customers is the result of performance-based issues faced by the public service due to poor job performance [14].

Significance of the Study
Nurses constitute the largest human resource element in healthcare organizations, and have a great impact on quality of care and patient outcomes. And, for decades, researchers have been studying factors influencing nurses' performance in health organizations with emphasis on worker and work environment factors and define strategies to improve nurses' performance. In addition increasing evidence suggests that the systematic use of high performance work systems holds promise to improve organizational performance which including improved quality and efficiency in health care organizations. Providing quality health care has become a global phenomenon in the nursing organization, and to achieve safe, high quality and efficient health services, job performance of nurses' needs to be improved. Therefore, the present study seeks to provide a link between high performance work systems and nurses' job performance.

Research hypotheses
There is positive relationship between perceived HPW Sand nurses' job performance.

Aim of the study
The present study aims to explore the relationship between nurses' perception of high performance work systems and their job performance in surgical units at Main Mansura University Hospital

Subjects and Methods
Design:
Descriptive correlational design was utilized in the present study.

Setting
The study was carried out in four general surgical inpatient units at Mansoura University Hospital. The four inpatient units were selected to provide a representative variety of services for admission patients.

Subjects
All staff nurses working in the inpatient surgical units and available at the time of data collection were included in the study (n= 57), with at least one year experience were included in the study and oriented to work conditions to express their opinion about condition of work environment.

Tools of data collection

Three tools were used for data collection, namely; Observation Checklist of Nurses Performance (OCNP), High Performance Work Systems Scale, ,and Opinion Questionnaire Sheet.

I. Observation Checklist of Nurses Performance (OCNP): It was developed by the researchers based on literature review [21,22,23]. It was used to assess performance of staff nurses. It included (51) items categories under two main themes that constituted nurses job performance. The first theme: was labeled *task performance*, defined as the behaviors that contribute to the core transformation and maintenance activities in an organization. It includes three dimensions namely; Technical care (18 items), Social support (5 items), and Communication and information provision (9 items). The second theme was labeled *contextual performance*, to assess the behaviors that contribute to the culture and climate of the organization in the context of transformation and maintenance activities carried out. It includes three dimensions as, Interpersonal support (5 items), Job task support (5 items), and Organizational support (9 items). Observation checklist scored on the basis of yes, no and not applicable for each activity. "Yes" scored (one point), "no" scored (zero), and "not applicable" omitted from the calculation.

II. High Performance Work Systems Scale

This questionnaire divided into two parts:-

The first part: It was used to identifying demographic characteristics of the study nurses as, hospital, department, age, educational qualifications, and years of experience.

The second part: It includes 42 items related to the high performance systems in the workplace. It was developed by **Zacharatoset al.**[24]. The HPWS measure comprised of eight sub-scales including: employment security (2 items); selective hiring (8 items);extensive training(8items); self-managed teams and decentralized decision making(4 items);information sharing(7items); transformational leadership (8items); high-quality work (3items) and reduced status distinctions (2 items). Accordingly, each response was assigned a score from along a 5-point scale, varying from 1 (strongly agree) and 5 (strongly disagree).

III. Opinion Questionnaire Sheet. It was developed by the researcher guided by literature **Mehmet** [25] includes 24statement that used to organizational factors influencing nurses' job performance at the study units. It was categorized under five dimensions namely; Work Conditions and Characteristics (6 items), Employee Personal Rights / Job Security(6 items), Social Integration, and Disease Severity(3 items), Management and Leadership(5items), and Conditions of Work Environment(4 items). Responses were measured on a five-point Liker rating scale from (1= Never effective) to(5= Very effective).

Methods of Data Collection

1. A permission to conduct the study was obtained from the director of Main Mansoura University Hospital.

2. Tools of data collection were translated into Arabic and were tested for its content validity and relevance by a jury consisted of 3 academic staff in Nursing Administration Department and 9 staff nurses from different inpatient surgical units at Mansoura University Hospitals. The necessary modifications were performed.

3. The reliability for the tools were done using Cronbach's alpha, the internal consistency of high performance work system scale was 0.82

4. A pilot study was conducted on 15 of staff nurses (whom are not included in the study)working at Main Mansoura University Hospital in order to ascertain its clarity and feasibility.

5. The questionnaire was distributed to the study nurses to answer the questions. Each sheet took20-30 minutes to be answered. As regard to the first tool (observation checklist) which used to assess staff nurses' performance, the researchers completes it by observing each staff nurse As regard to the third tool (observation checklist) which used to assess staff nurses' performance, the researchers completes it by observing each staff nurse in the morning. Data collected in three months starting June 2015.

6. Ethical consideration; all participants interviewed for explaining the purposes and procedures of the study, and they have the right to withdrawal from the study any time during the study. Oral consent to participate was assumed by attendance of filling questionnaire sheet.

Statistical analysis

The collected data were organized, tabulated and statistically analyzed using SPSS software statistical computer package version 19. Data summarized using mean and standard deviation for numerical variables. For comparative purpose, score are presented as absolute values and as percentages from the maximum score of each topic. This maximum score depends on the number of items of each topic and comparison of means was done using t-test for independent samples. Correlation between variables was evaluated using Pearson's correlation coefficient. The threshold of significance was fixed at the 5% level for interpretation of results of tests of significance.

RESULTS

Table 1. Demographic characteristics of the study subjects (n=57).

Characteristics	No.	%
Age		
< 25	6	10.53
25- 30	19	33.33
>30	32	56.14
Mean $\pm$ S.D 29.982$\pm$6.1426		
Years of experience		
<10	7	12.28
10-	21	36.84
>20	29	50.88
Mean $\pm$ S.D 8.070$\pm$4.4233		
Qualifications		
Bachelor Degree	6	10.53
Diploma Degree	51	89.47
Marital status		
Single	17	29.82
Married	40	70.18

In **Table 1** depicts about one third of the study subjects were33.33% in the age group ranged from 25 to 30 years old. Almost all of nurses in the study (50.88%) had more than 20 years of experience and about 89.47% of them held a diploma nursing program and were married.

Table 2: Descriptive statistics of High Performance Work System as perceived by study subjects (n=57).

	Max.score	Study subjects (n=57)	
		Mean $\pm$ S.D	% *
Employment Security	10	6.66 $\pm$ 1.527	66.6
Selective Hiring	20	13.07 $\pm$1.998	65.35
Training	40	25.82$\pm$3.655	64.55
Teams and Decentralized Decision-making	40	24.03$\pm$3.923	60.07
Information Sharing	35	22.15$\pm$3.498	63.28
Management &Transformational Leadership	40	24.35$\pm$2.715	60.87
Job Quality	15	11.78$\pm$2.820	78.53
Reduced Status Distinctions	10	5.52$\pm$1.670	55.2
Total HPWS	**210**	**133.42$\pm$7.725**	**63.53**

Table 2 shows descriptive statistics of high performance work system perceived by study subjects. The total high performance work system mean scores was 133.42representing 63.53% of maximum score. The item of job quality had the highest mean score 78.53% of maximum and followed by employment security was 66.6%. While the least level of nurses' job reduced status distinctions was 55.2% of maximum score.

Table 3:Relationship between High Performance Work System dimensions and nurses' job performance in the selected settings (n= 57)

Dimensions of HPWS	Job performance						
	Technical care	Social support	Communication & information provision	Interpersonal support	Job task support	Organiz-ationalsupport	Total job performance
Employment Security	.680 .56	.311* .018	.306* .021	.343 .128	.981* .003	.196 .145	.524 .086
Selective Hiring	.494 .093	.523 .086	.674* .057	.634 -.064	.588 .073	.346 .127	.467 .098
Training	.239 .158	.462 -.099	.286 -.144	.790* -.036	.876* .022	-.270* .042	.702* .052
Teams &D.M Decentralized	.301 -.139	-.240 .072	.869 .022	.380 .119	.777* .038	.642 -.063	.577 .075
Information Sharing	-.227 0.090	.258 .152	.265* -.150	.883* .020	.451 -.102	.991* .001	.311* .018
Management&Transformational Leadership	.799* .034	.602 .071	.756 .42	.798* .035	.436 .105	.216 .107	.917* .014
Job Quality	.506 -.090	.661* .059	.284* .032	-.239 .074	.377 .119	.241 .071	.856* .025
Reduced Status Distinctions	.496 .092	.786* .037	.521 -.087	-.204 .127	.279 -.146	-.240 .072	.430 .107
Total HPWS	.634 -.064	.777* .038	.838* .028	.666* -.058	.921* .013	.864* .023	.283* .033

. Correlation is significant at the 0.05 level

Table 4shows relationship between high performance work system dimensions and nurses' job

performance in the selected settings. The results in this table revealed that these were a significant correlation between high performance work system and nurses' job performance in the selected settings($r= .283$, $p<0.05$). The table also shows most of the high performance work system were significantly correlated with job performance except employment security, selective hiring and teams and decentralized decision making were not significantly correlated with job performance.
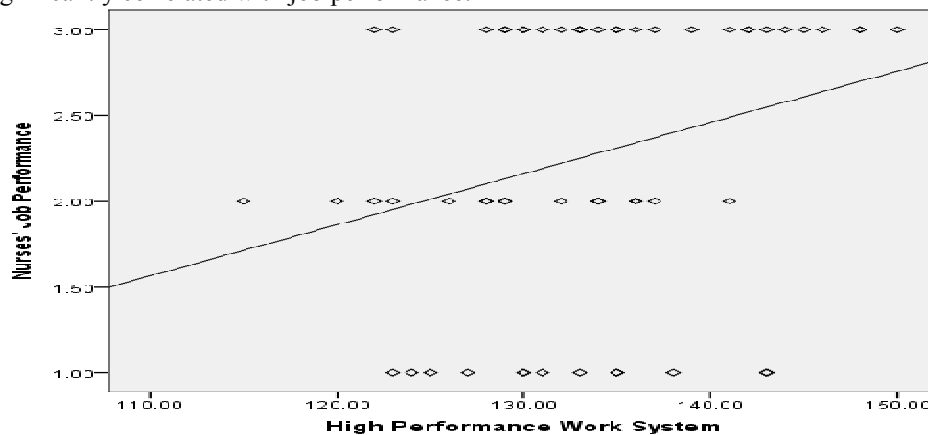

Figure1. Correlation between High Performance Work System and nurses' job performance

        Figure 1shows that there was statistically significant positive correlation between high performance work system and nurses' job performance. This indicates that increase in high performance work system dimensions scores as viewed by nurses resulted in better job performance.

Table (4) Number and percentage of nurses' agreements regarding organizational variables that influencing on their job performance (n= 57).

Work Conditions and Characteristics	Nurses' agreements	
	No.	%
Physical Work Conditions	22	38.6
Supplies and Equipment	18	31.6
Technology Support	16	28.1
Unit Size	21	36.8
Workloads	7	12.3
Stress	19	33.3
Employee Personal Rights / Job Security		
Promotional Opportunities	25	43.9
Compensation	20	35.1
Vacation System	16	28.07
Shift Work	19	33.3
Job Security	9	15.8
Malpractice Insurance Coverage	17	29.8
Social Integrationand Disease Severity		
Patient Severity (disease severity)	24	42.11
Social Interaction and Nurses	15	26.32
Role Clarity	26	45.61
Management and Leadership		
Clinical and Vocational Autonomy	9	15.8
Leadership and management Style	17	29.8
Job Autonomy	19	33.3
Nursing Care Delivery System	12	21.05
Support for Making Clinical Decisions	10	17.5
Conditions of Work Environment		
Continuing Education	19	33.3
Orientation Program	22	38.6
Nurse Job Performance Measurement& Evaluation	21	36.8
Support for Making Clinical Decisions	9	15.8

        Table (4) shows number and percentage of nurses' agreements regarding organizational variables that

influencing on their job performance. The majority of 99.13% nurses considers role clarity is most variable which can effect on their performance and followed by promotional opportunities and patient severity43.9 and 42.11 respectively. And 33.3% indicates Stress, shift work, job autonomy and continuing education as a variable can influence on their performance.

Discussion

High Performance Work Systems(HPWS) play a key role in the achievement of organizational goals and improved nurses and organizational effectiveness[6].Therefore, **McAlearney&Robbins**[7] considered executives are in a unique position to see the bigger picture of what is occurring across their organization, and their input should be helpful in understanding which high performance subsystems practices are most relevant for improving health-care quality and patient safety. HPWS as a construct consisting of several practices, such as training, empowerment, and selective staffing.

The results of the present study revealed there was statistically significant positive correlation between high performance work system and nurses' job performance. These results agree with results of **McAlearney& Robbins**[7]who concluded that using of high-performance work practices (HPWPs) to improve quality in health care. When executives understanding of high performance systems, helping to improve the work environment for nurses while also increasing quality of care. This is agreed with **McAlearney et al.**[5] who considered the applicability of high performance systems framework for improving quality of care in health care organizations known for innovative management practices. This is the same view of **Song et al.**[14] who emphasized the importance of high performance systems for improving quality and safety, and the explicit link between management practices and quality outcomes.

Furthermore, **Song et al.**[14] developed a model of how high performance systems could be applied in health care organizations. In this model, high performance systems are the practices within organizations that enhance organizational outcomes by improving the quality and effectiveness of nurses performance. It includes four major subsystems of practices namely; engaging employees to have a personal stake and awareness of their role in fulfilling the organization's mission; aligning leaders through clear incentives and support for development; developing the workforce through strategic recruitment and development initiatives; and lastly empowering the frontline by supporting staff efforts to improve quality and influence quality outcomes through strategic recruitment.

Again, high performance systems improve performance by enhancing nurses' knowledge, skills, abilities and commitment by providing them with the information and discretion necessary to capitalize on these skills to effectively perform their jobs[16]. Hence, in the present study use **Zacharatos et al.**[24] conceptualization of HPWS, which comprise job security, selective hiring, extensive training, teams and decentralized decision making, reduced status distinctions, information sharing, transformational leadership, and high-quality work. This is supported by prospective studies done by **Stanton et al.** [17]Who uses the same conceptualization framework of HPWS particularly in nursing and concluded that there is in positively influencing HPWS onemployee attitudes and behaviors in the healthcare sector.

Employment security encompasses policies and practices that support stable employment for staff who are performing acceptably[26].The finding of the present study indicated that positive correlation between staff security with social support, communication and information provision, and job task support. This means employment security facilitates employees adopting a long-term perspective, enhances affective commitment and loyalty to the organization and reduces job stress. This may be contributed to stronger employment safeguards may allow employees greater latitude to challenge the system because they will feel less risk of job loss. This is supported by **Bartram et al.**[19]who concluded low job security is associated with feelings of helplessness and powerlessness.

Again, job insecurity also influences sense of justices, empowerment and job redesign[27]. In the study done by **Suppaya (2010)**[28] who concluded the relationship between job insecurity, organizational commitment and job satisfaction. He emphasized the feelings of job insecurity occur when an employee becomes unable to accept the fact of what is being offered by the employer or if the methods used by the employer seemed to threaten the existence and security of an employee's job. This may be contributed to job insecurity is highly threatening to employees given the prospect of losing the positive material, social, and psychological benefits associated with employment.

The finding of the present study indicated positive correlation between selective hiring with communication and information provision. This is agree with different studies done by **Bartram et al**.[19]who argues the dimensions of HPWS, such as selective recruitment, extensive training, information sharing, teamwork, and decentralized decision-making influence employee attitudes and behaviors and ultimately their job performance. Although **Macky&Boxall**[26] concluded that high performance systems can reduce burnout and intention to leave. Work system might involve a subsystem focused on staff acquisition, which includes practices such as rigorous recruiting and selective hiring.

Findings of the present study revealed training and information sharing were positively correlate with nurses' job performance. This is in line with results of study done by **Dill et al.**[29] who concluded that extensive training involves greater than average investment in employee development, such as substantial support for external training or on-the-job learning. Extensive training is operationalized as the presence of tuition remission and educational release policies. However **Bartram et al**.[19] concluded high performance work systems related to career development and extensive training are positively related to higher perceived mobility among workers. Information sharing, including constructive feedback from the immediate manager, helps employees to do their work more effectively and improves communication between managers and subordinates.

Most visibly, the Magnet Recognition Program delineates standards for creating an excellent work environment for nurses through transformational leadership, structural empowerment, and innovative clinical practice[7]. Findings of the present study revealed management &transformational leadership and job quality were positively correlate with nurses' job performance. Finally, nursing leaders should develop clear and deliberate communication strategies to support successful high performance systems implementation. This is the same view of **Bakker &Demerouti**[30] who concluded high quality work associated with employee control may be crucial for nurses health and wellbeing because greater control is associated with more opportunities to cope with stressful situations.

Job performance of nurses is essential in the provision of quality health care [22]. The identification of factors influencing nursing performance in hospitals is very important, as the performance of individual healthcare workers is directly linked to the organizational performance of hospitals[31]. In different studies done by **Kheradmand et al.**[32] suggests the higher the employees' quality of work life (QWL), the greater job performance the employee will exhibit. They added there is statistically significant relationship between overall QWL and each dimension of QWL with task performance and contextual performance. The result of this study provides basic information for hospital administrators and nursing administrators regarding QWL and job performance of nurses.

As regard to organizational variables which effect on nurses' job performance in the present study was categorized into four groups(work condition, job security, social integration, and management and leadership). The findings of the present study related to work condition variables revealed that physical work condition, supplies & equipment, technology support, workload, unit size, and nurses' stress influences on their performance. This is agree with **Al-Makhaitaet al.**[10] who found many variables affecting its level, such as individual characteristics, work load, work satisfaction, personal competencies, recognition of achievements, social support, supportive communication and feedback, leadership behavior and organizational climate. Therefore**, Somet al.**[14] suggest once performance obstacles are identified the work system is to be redesigned in order to eliminate further consequences that can affect the effectiveness of the overall organization.

The second group related to job security variable. These variable includes promotional opportunities, compensation, shift work, malpractice insurance vocation system, and job security. This is harmony with **Mehmet** [25] who indicates some suggestions to the hospital management and the management of nursing services in the hospital. It is especially inevitable to apply some implementations and politics that reduce the work load of the hospital nurses. Additionally, the points such as management's being participatory and democratic, equal treatment of the staff, pro-vision of equal promotion opportunities, increasing the clinical autonomy of the nurses, increasing the in-service training, prevention violence at work, being fairer and more transparent in the applications of rotation and permit system can be suggested in order to increase nurses' job performance.

As regard to the third group related to social interaction variable. These variable includes patient severity, social interaction, and role clarity. In a health care setting, aspects that address social issues of concern to nurses who work in hospitals may include supervisory subordinate relationships, nurse-physician relationships, skill levels of employees, and workers' attitudes and expectations of the work environment. As a study done by **Azizollahet al.**[33] who concluded there was a negative correlation between job stress and performance.

The fourth group related to Management & Leadership variable. These variable includes job autonomy, leadership style, nursing care delivery system, and support for making clinical decision. Transformational leadership remains a significant predicator of staff motivation, satisfaction, attitude and performance[2]. However **Varjus et al.**[34] mentioned **s**ome factors enhance the autonomy of nurses in clinical practice such as supportive management, education, experience, lower workload and empowerment. In addition, supervisor support, work-group cohesion, promotional opportunities and distributive justice were important factors of job satisfaction. Thus, incorporating autonomy to nurses' jobs and increasing their acceptance of responsibility and personal accountability may have direct effects on patient well-being.

Again, **Moosazadeh et al.**[35] emphasized that increasing nurses' autonomy, tend to feel more personal responsibility for successes and failures that occur on the job and are more willing to accept personal accountability for the outcomes of their work. They recommended that lack of autonomy might have destructive effects for nurses whose need level for independencies high, at the same time it can be a good opportunity for managers to lead nurses energy toward organizational goals, which cannot be attained unless job design is

revised to give more autonomy to workers. Furthermore, **McAlearney&Robbins**[7] mentioned involvement and influence in decision-making is required to facilitate continuous change, improvement and growth for nursing profession and for serving it. For this to occur, appropriate structures and processes that provide and encourage involvement in decision-making are essential.

Recognizing the potential for HPWS to improve quality and efficiency in health care. Increasingly, health care organizations are turning their attention to research and experience that demonstrate the potential of management practices to improve organizational performance[5,14]. The systematic use of high-performance work systems (HPWSs) may be an effective strategy to improve quality of care in healthcare organizations. Organizations utilizing HPWPs aim to increase worker satisfaction and improve organizational performance through investment in human capital[36,29].

Conclusion and Recommendations

The present study confirms that the dimensions of high performance work systems are not only necessary to improve nurses' job performance and organizational outcomes but they also stimulate the nurses to perform better. Also. it can be concluded the dimension of training, information sharing, management and transformational, and job quality play a significant role which influencing nurses' job performance

Based on the findings of the present study, the following can be recommended:-

1. Managers and nurses should become aware and understanding of the which HPWSs practices are most relevant for improving quality of healthcare and work environment.
2. Developing high performance work systems at the nursing unit level, including selective hiring, extensive training, teams and decentralized decision-making, information sharing, transformational leadership, and quality work is an important step in laying the foundation for improving nursing performance.
3. Improve nurses' autonomy and decentralized decision-making was needed to promote their job performance.
4. Management of nursing services in the hospital is especially inevitable to apply some implementations and politics that reduce the work load of the hospital nurses.
5. Moreover, management's being participatory, provision of equal promotion opportunities, increasing of the clinical autonomy of the nurses' in-service training, and compensations can be suggested in order to increase nurses' job performance.
6. Intervention study of job performance improvement strategies should be carried out in future research.

References

1. Alshurideh, M. Alhadid, A. &Barween, A. The Effect of Internal Marketing on Organizational Citizenship Behavior an Applicable Study on the University of Jordan Employees, International Journal of Marketing Studies,2015; 7(1); ISSN 1918-719X E-ISSN 1918-7203 p:p138-145.

2. Aiyadh, A. Yusoff,R. AlSharqi, O. etal.,. Relationship between High Performance Work System and Patient Safety: Study on Saudi Arabia Public Hospitals, International Journal of Business and Management; 2015, 10(1); 115-123, ISSN 1833-3850 E-ISSN 1833-8119.

3.Donabedian, A. Evaluating the quality of medical care. Milbank Memorial Fund Quarterly. Health and Society, 1966,44,166–203.

4.Etchegaray,J., St. John,C.,&Thomas,E. Measures and measurement of high-performance work systems in health care settings: Propositions for improvement, Health Care Manage Rev, 2011, 36(1), 38-46.

5.McAlearney, A. S., Garman, A. N., Harrison, M. I., et al. High-performance work systems in healthcare management, Part 1: Development of an evidence informed model. Health Care Management Review,2011, 36(3),201Y213.

6.Etchegaray,J.&Thomas,E. Engaging Employees: The Importance of High-Performance Work Systems for Patient Safety, J Patient Saf,2014;00: 00Y00),1-7.

7.McAlearney,A.,&Robbins,J. Using High-Performance Work Practices in Health Care Organizations A Perspective for Nursing, Nurs Care Qual.2014, 29(2); E11–E20

8.Weinberg,D. Avgar,A. Sugrue,N.& Cooney-Miner,D. The Importance of a High-Performance Work Environment in Hospitals, Health Services Research,2013, 48:1,319-332

9.Abiodun, A Osibanjo,O. Adeniji, A. et al.Modelling the relationship between job demands, work attitudes and performance among nurses in a transition economy, International Journal of Healthcare Management,2014,7(4);257-264.

10.Al-Makhaita,H.M. Sabra,A.A.&Hafez,A.S.Job performance among nurses working in two different health care levels Estern Saudi Arabia: A comparative study,International Journal of Medical Science and Public Health,2014 , 3,Issue 7,832-837

11.Needleman J, Hassmiller S. The role of nurses in improving hospital quality and efficiency: real-world results. Health Aff (Millwood), 2009;28(4):w625-w633.

12.Mrayyan,M.& Al-Faouri,I. Nurses' Career Commitment and Job Performance: Differences across Hospitals,

Nursing Leadership,2008, 21 (2); Online Exclusive e101-e117.

13.Kalyani, L."An empirical investigation of the impact of organizational factors on the perceived job performance of shop floor employees of large scale garment industries in Sri Lanka," Sabaragamuwa University Journal,2006, 6, (1);82-92.

14.Som,R.Mustapha,R. Othman,A et al. Exploratory Factor Analysis: Conceptualization, Reliability and Validity of Job Performance, International Journal of Social Science and Humanity,2015, 5(5),440-444.

15.Johanim,J. "The structural relationships between organizational structure, job characteristics, work involvement, and job performance among public servants, in College of Business," Universiti Utara Malaysia: Universiti Utara Malaysia,2010, pp. 350.

16.Bonias D., Bartram T., Leggat S. & Stanton P. Does psychological empowerment mediate the relationship between between high performance works systems and quality of patient care in hospitals? Asia Pacific Journal of Human Resources,2010, 48(3),319–337.

17.Stanton P., Young S., Bartram T. &Leggat S. Singing the same song: translating HRM messages across management hierarchies in Australian hospitals. International Journal of Human Resource Management,2010, 21(4), 567–581.

18.Leggat S., Bartram T., Casimir G. & Stanton P. Nurse perceptions of the quality of patient care: confirming the importance of empowerment and job satisfaction. Healthcare Management Review,2010, 35(4), 355–364.

19.Bartramt. , Casimir G. , Djukovic N. , et al.Do perceived high performance work systems influence the relationshipbetween emotional labour, burnout and intention to leave? A study of Australiannurses. Journal of Advanced Nursing,2012, 68(7), 1567–1578. doi: 10.1111/j.1365-2648.2012.05968.x

20.Ravangard,R. Shokrpour,N. Sajjadnia,Z.&Farhadi,P. The Effects of Supervisors' Support and Mediating Factors on the Nurses' Job Performance Using Structural Equation Modeling A Case Study, The Health Care Manager,2015, 34(3); 265–276 Copyright # 2015 Wolters Kluwer Health, Inc.,265- 276.

21.Schwirian P.M. Evaluating the performance of nurses: A multidimensional approach. Nursing Research,1978; 27, 347–351.

22.Fathimath, S. Chontawan, R.&Chitpakdee,B. Quality of Work Life and Job Performance among Nurses in theTertiary Care Hospital, Maldives,Nursing Journal,2014, 41 (3);109-118.

23.Eisenberger, R., Huntington, R., Hutchison, S., Sowa, D. Perceived Organizational Support. American Psychological Association, Inc. : Journal of Applied Psychology, 1986; 71(3); 500-507.

24.Zacharatos, A., Barling, J., & Iverson, R. D. High-performance work systems and occupational safety. Journal of Applied Psychology,2005, 90(1); 77. http://dx.doi.org/10.1037/0021-9010.90.1.77.

25.Mehmet.T. Organizational Variables on Nurses' Job Performance in Turkey: Nursing Assessments, Iranian J Publ Health,2013, 42, (3);261-271.

26.Boxall, P., &Macky, K. Research and theory on high-performance work systems: progressing the high-involvement stream. Human Resource Management Journal, 2009,19, 3–23. ...in19http://dx.doi.org/10.1111/j.1748-8583.2008.00082.x

27. De Witte, H. Job insecurity: Review of the international literature on definitions, prevalence, antecedents and consequences. SA Journal of IndustrialPsychology,2005a,31(4), 1-6.

28. Suppaya,M.A.Effects of Job Insecurity on Job Satisfaction, Organizational Commitment and Turnover Intention,, Research report in partial fulfillment of the requirements for the degree of Master of Business Administration UNIVERSITI SAINS MALAYSIA,2010.

29.Dill,J.S. Morgan,JC.&Weiner,B. Frontline health care workers and perceived career mobility: Do high-performance work practices make a difference? Health Care Manage Rev, 2014, 39(4), 318Y328.

30.Bakker A.B. &DemeroutiE.The job demands-resources model: state of the art. Journal of Managerial Psychology,2007, 22(3),309–328.

31.LEE T.W. & KO Y.K. Effects of self-efficacy, affectivity and collective efficacy on nursing performance of hospital nurses. Journal of Advanced Nursing,2010, 66(4), 839–848. doi: 10.1111/j.1365-2648.2009.05244.x

32.Kheradmand, E.,Valilou, M., &Lotfi, A. The relationship between quality of work life and job performance. Middle-East journal of Scientific Research,2010, 6(4), 317-323.

33.Azizollah,A.Zaman,A. khaled,O.&Razieh,J.The relationship between Job stress and performance among the hospitals Nurses, World of Sciences Journal; 2013,(02),181-188. ISSN 2307-3071.

34.Varjus, L. et al. Professional autonomy of nurses in hospital settings – a review of the literature, Scand J Caring Sci,2011; 25: 201–207.

35.Moosazadeh' M. et al. Job diagnostic survey of the employees of teaching hospital affiliated with Mazandaran medical university, HealthMED,2011,5(2): 372-377.

36.McAlearney,A., Robbins,J., Garman,A.,&Song,P. Implementing High-Performance Work Practices in Healthcare Organizations: Qualitative and Conceptual EvidenceJournal of Healthcare Management, 58:6 November/December 2013,446-462