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## **Modeling the Relationship between Job Demands, Work Attitudes and Performance among Nurses in a Transition Economy**

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### **Abstract**

*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. This study based on data obtained from 228 nurses in general and specialist hospitals explores the link between various dimensions of nurses' job demand, job security and work attitude. Structural equation model analysis results indicate that work-family conflict and work pressures have implications for absenteeism; and that absenteeism is strongly linked with turnover while being a symptom of low job satisfaction. In addition, while job security negatively impact on absenteeism it has direct positive effect on both job satisfaction and commitment. This underlies the need for specific managerial countermeasures to balance work-family responsibilities as well as balance work load as measures to limit work pressures on nurses and hedge against absenteeism and turnover among nurses*

**Keywords:** Job Demand, Work Attitude, Job Security, Turnover, Absenteeism.

### **BACKGROUND**

An issue of concern in the Nigerian health system is the cost of health care. In addition, the ineffectiveness and inefficiency in health care delivery in most health facility at all tiers of the health system: primary, secondary and tertiary levels are common knowledge. Often these shortcomings are attributed to inadequate resources especially health care personnel and poor remunerations (Lambo, 1983, Peters, Chakraborty, Mahapatra & Steinhardt, 2010). Health workers remunerations, however, seem to be reflective of the difficult economic conditions obtained in the country and in most countries in the African continent. Consequently, the health sector has been characterized by incessant strikes over remunerations, and unsympathetic care procedure, demand for payment before care (Khemani, 2004; Abiodun, 2010). Besides, the health system is characterized by negligence in the public sub-sector of the system: health worker expect to be paid irrespective of contributions. According to Peters, et al, 2010, lack of adequate remunerations is the main grievance of health worker in low income countries

There is an additional dimension to the problem with reference to organizational structure of the Nigerian health system. The organizational structure shared responsibilities for health among

## CONCEPTUAL FRAMEWORK

### *Nurses Job demand*

Job demands, according to Bakker, Demerouti, Boer and Schaufeli (2003) encompass psychological, social as well as organizational aspects of job such as work pressure, role overload, environmental conditions that require sustained emotional and cognitive efforts. Nurses' job demands are somewhat unique with implications on individuals, organizational and better health and social outcomes. Their job roles involve oversight of life-saving treatments and provision of emotional support to patients which often involves significant exertion of physical labour, long and irregular work hours and inter personal relationship which may conflict with family and other social responsibilities.

The nature and characteristics of nurses' job and the work environment they confront exert significant influence and define the role performances for nurses. According to Bakker, et al (2003) the characteristics of this environment can be segregated into job demands and job resources. Job demands encompass the physical, social and organizational aspect of job requiring both physical and physiological efforts while job resources will include variables with which nurses cope job with demands. Nurses, by the nature of their assignments, are associated with emotional, cognitive and physical strains (Bakker, et al, 2000; Aikens, et al, 2001). The task structure and roles demand within and outside the organization requires coping strategies which might take the extreme form of organizational withdrawal (turnover) or job withdrawal (absenteeism). The coping strategies may be individualized due to variations in depth of work-family interface.

Nurses, however, are involved in 'life saving' care (Beatrice, et al, 2008). This often demand working long hours, in awkward positions, intense work load, shift work, overtime and work overload (Bakker et al, 2003, Yildirim, et al 2008) The challenging conditions of nurses job not only predisposed them to physical exhaustion but make them more prone to experience work-family conflict. Indeed, work and family life are not mutually exclusive such that combining the multiple roles on both domains may become a breeding ground for conflict. These become most pronounced in nursing which is somewhat a female dominated profession thus the need to combine the responsibilities of work and marriage engender family-work conflict. Therefore, it could be proposed that various dimensions of nurses job demand covaries with work attitude.

### *Job demands, Absenteeism and Turnover*

Nurses spend a significant portion of time in the work domain, however, their life as individuals are not completely defined by the job; consequently, it is also require that they function in other domains in life. Job demands that are incompatible with roles fulfillment in other domains, for example, family will strain behavior either at work or in other domains or in the two domains. Incompatibility in the domain may arise due to time involvement, strain or behavioural difficulties in switching between different roles (Greenhouse & Bentell, 1985). Work demands such as work hours, workload, shift work which, by nature, reduce time available for family activities is associated with work-family conflict (Burke, 2002, Higgin, et al 2000; Saltzstein et al, 2001)

Nurses' work involve direct interactions with patients, patients relations, colleagues, extended work hours, excessive work load which may be instrumental to the design of individual coping strategies. Coping strategies may involve elements designed to reduce the negative consequences

## MATERIALS AND METHODS

Data for this research were collected from practicing nurses from public hospitals in Lagos, Nigeria: two general hospitals and two specialists' hospitals. Based on national administrative structure, general hospitals are located at the secondary health care level while specialists' hospitals which provide care for specific disease and are usually referral institutions for secondary health care facilities and are positioned at the tertiary level. Functionally, both types of facilities provide curative services both clinical and diagnostic services. However, due to poor resource endowment at the primary level there is evident 'lack of faith' in the primary level facilities; consequently secondary care level facilities are often overcrowded with attendant roles and social pressure on both facilities and health workers.

In addition to logistic and cost considerations, the choice of Lagos, the commercial and economic nerve centre of Nigeria, as the setting for the study was motivated by the high concentration of economic activities, availability of diverse and sophisticated health facilities, difficult traffic conditions, and numbers of skilled married women in employment. In addition, the large population is indicative of potentials for high demand for health care services; a unique feature of the study context is the cultural environment which placed high premium on closely knit nuclear and extended family concepts with extensive roles for females to fill within the nuclear and extended family. This provides a somewhat ideal setting for weighing the effect of jobs and environmental demands on interpersonal and social roles performance.

Sample for the study comprised of 267 nurses with 228 responding to the research instruments with 206 or 90.4% of the respondents being females. Anonymity was ensured in the data gathering process with assurance through the rubrics on the copies of the research instrument explaining the purpose of the study and indicating to respondents that the data will be used for scientific purpose. The purpose was to secure responses that are honest and less fear induced or responses that are not tainted by possible negative reactions from hospital management. Therefore, data for the study was obtained using structured questionnaire. Most items in the research instrument were adapted with some modifications to suit the research context from the works of Staufienbiel & Konig, 2010; Sackey & Sanda, 2009, Yildirim & Ayca, 2008. Respondents responded to the survey research instrument which include both likert scale and demographic research items.

The research instrument sought to isolate, among others, issues of work-family conflict, pressure or stress experienced from work situations as consequence of work overload, job security, inter-relationship with colleagues (job climate) and work roles. Work attitude was operationalized along the dimensions of organizational withdrawal (absenteeism), job withdrawal (turnover), job satisfaction and organizational commitment; and self-rated performance. Generally, for these variables multi-item indices were used to measure each of the key variables in the study. In addition, for each of the key variables the mean response to scale items for each variable was considered as the respondents' score on that measure. Therefore, the scores for each key variable is a sum of the responses for the scale items divided by the number of items in the scale. These scores were further used as observed variables in the structural equation model. Consequently, data analysis procedure was done using both the SPSS 19.0 and AMOS 19.0. Typically, the responses were recorded in SPSS data format in the defined 7-point likert scale from the research instrument while structural equation modeling (SEM) was used to determine the causal

TABLE2. Means, Standard deviations and Inter-correlations of key variables

Variables	Mean	Std. Dev	1	2	3	4	5	6	7	8	9	10	
Commitment	5.41	1.09	1	-.20**	-.24**	.50**	.32**	.51**	-.02	.52**	.21**	.43**	
Turnover	3.43	1.34		1	-.32**	-.38**	-.08	-	.21**	-.16*	.33**	-.07	
Absenteeism	2.86	1.40			1	-.32**	-	-	.34**	-.13	.26**	-	
Job security	5.07	1.04				1	.30**	.36**				.18**	
Performance	2.36	0.99					1	.42**	.50**	-.09	.40**	-.04	.42**
Job satisfaction	5.53	1.15						1	.43**	-.05	.34**	.10	.38**
Work-family conflict	3.90	1.28							1	-.05	.38**	.002	.52**
Work roles	5.20	0.82								1	.06	.42**	.02
Pressure	4.49	0.89									1	.31**	.50**
Interrelationship	4.94	0.93										1	.23**

\*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed)

Source: Survey, 2013

### Model Testing

The test of the hypothesized relationship was done with structural equation model analysis (SEM). Results indicate the proposed measurement model which form the framework for testing of relationship in the model reasonably fit the data. Examination of the fit indices such as the CFI, NFI, IFI, CMIN and RMSEA showed an acceptable fit. All the fit indices are above the minimum threshold of 0.9 (Hu & Bentler, 1999; Tabachnick & Fidell, 2007) and an RMSEA value of 0.07. However, the Chi-square value was significant ( $X^2 = 35.252$ ,  $p = 0.002$ ) as against what is normally the acceptance norm for a structural equation model. This may not be a liability as such given that models with large sample are apt to have a significant Chi-square (Kremelberg, 2010). However, with the CMIN/df being 2.35 one can reasonably conclude the model as a good fit.

The model results show the causal relationship between work-family conflict, work load pressure and organizational withdrawal measures (absenteeism). Both work-family conflict with path coefficients of 0.17,  $p = .006$  and pressure arising from workload (0.18,  $p < 0.002$ ) have positive path coefficients as causative of absenteeism. The implication is that conflict between and work responsibilities and the pressure nurses experienced at work predisposed nurses to absenteeism. This result does not seem to be contrary to expectations given the cultural context of the study where nuclear and extended family concept is of much value with the care and concern of family members extending far beyond the nuclear settings. Consistent with Bakker, et al suggestions nurses absenteeism might serve nurses' personal purposes if it became instrumental for recuperating from pressures or stress experienced at work, therefore, the causative relationship of work pressure to absenteeism might be expected. Perhaps, if managed may serve useful organizational ends, specifically, if such absenteeism assist nurses to fulfill some family roles which could constitute much personal concern as to negatively affect role performances at work. This could be so if the family roles which have been sacrificed for work roles due to job demands improve nurses' health concern which had been consequence of work related pressures or stress.

The effect of job security on absenteeism is negative (path coefficient: -0.33,  $p < .001$ ). One would have considered that job security which increase nurses' self-confidence and sense of importance in the organization may encourage absenteeism due to reduced likelihood of involuntary separation from work, on the contrary evidence indicate that job security reduces

for interpersonal relationship in their work role performances may have accounted for overlooking disagreeable issues that gender dissatisfaction with their job. In addition, job security has direct effect on both job satisfaction (0.27) and commitment (0.23) while the mediating power of commitment between job satisfaction, job security, work roles, inter-relationship and performance indicate stronger positive link to performance while being negatively connected to turnover. Absenteeism is negatively related with job satisfaction among nurses. This aligns with research evidence that suggests that low job satisfaction will lead to absenteeism and high turnover (Furham, 2005). The causative effects of absenteeism on job satisfaction among nurses, which in negative, suggest that absenteeism is a symptom of low job satisfaction. Consequently, devoting attention to those variables that are causative of job satisfaction might serve a double edge purpose of improving job satisfaction and reducing absenteeism.

### MANAGERIAL IMPLICATIONS AND CONCLUSION

The present study should assist health policy administrators and nurses manager better understand the inter-relationship between nurses job demand dimensions, job security, job satisfaction, absenteeism, commitment, turnover and performance. In addition, it provides insight to mechanism for managing negative work attitude among nurses. The results from the study show that work-family conflict and work pressures have implications for absenteeism; and that absenteeism is strongly linked with turnover while being a symptom of low job satisfaction. This underlies the need for specific managerial countermeasures to balance work-family responsibilities and balance work load as measures to limit work pressures on health nurses. It seems such managerial measure have potentials for reducing negative work attitudes as absenteeism, voluntary turnover, and low job satisfaction among nurses. In addition, provision of job security i.e less likelihood of involuntary separation from job, and inter-relationship at work which create a supportive social environment at work should be considered as potent variables foe achieving improved work attitude in form of job satisfaction, commitment and performance. It might prove of benefit to specify for nurse managers and administrators skills for creation of managerial environment that is social supportive and that facilitates inter-relationship at work. Management of relationship or creation of conducive organizational climate might have implication for nurses' effective performance and commitment.

#### Key to variables included in structural equation model analysis in figure 1

<b>Family</b> ( <i>family-work conflict</i> )	<b>Pressure</b> ( <i>work overload</i> )
<b>Security</b> ( <i>Job security</i> )	<b>Climate</b> ( <i>Relationship among nurses at work</i> )
<b>Wroles</b> ( <i>work roles</i> )	<b>Absentism</b> ( <i>Absenteeism</i> )
<b>Satisfaction</b> ( <i>Job satisfaction</i> )	<b>Commitment</b> ( <i>organizational commitment</i> )
<b>Perform</b> ( <i>Performance</i> )	<b>Turnover</b> ( <i>Turnover</i> )

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