# Exploring the antecedents of organizational identification: the role of job dimensions, individual characteristics and job involvement

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**Exploring the antecedents of organizational identification: the role of job dimensions, individual characteristics and job involvement**

*Aim* This study aims to identify the antecedents of organizational identification such as job involvement and job dimensions in a health care setting.
*Background* Organizational identification is an important work attitude that affects nurses' performance and job satisfaction. Hence, exploring antecedents of organizational identification in a health care setting is vital in understanding the role of organizational identification in nurse- and patient-related outcomes.
*Method* A research model, which incorporates job design, individual characteristics, job involvement and organizational identification, was developed and tested. The research was conducted via a survey in a hospital setting in Turkey ($n = 148$).
*Results* The results revealed that job involvement, which is the degree of importance of one's job to one's self-image, is related to organizational identification. Among job dimensions, task identity and autonomy explained a significant proportion of variance in job involvement.
*Conclusion* Although job dimensions are not directly related to organizational identification, they have effects on job involvement, which is also an important construct.
*Implications for nursing management* The results suggest that nurses' jobs should be designed with higher levels of task autonomy and task identity to increase their job involvement and in turn their organizational identification.

*Keywords*: job design, job involvement, organizational identification

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## Introduction

Recently, organizations are facing stronger competition and the challenges of globalization. Hence, customer satisfaction is more vital for them than ever. The situation is similar for health care organizations. With the trend of privatization (Yildirim & Yildirim 2004), the health care sector is also experiencing similar challenges. For example, in Turkey between 1995 and 2000, the number of beds in private hospitals increased by 90%, whereas the number of beds in public hospitals increased by only 13% (Belek 2007). As the nurses' performance has direct effects on patient satisfaction (Newman *et al.* 2001, Tzeng *et al.* 2002, Vahey *et al.* 2004), hiring and retaining high-quality nurses is crucial for the success of health care organizations. Therefore,

identifying employee attitudes and other situational and personal factors is important for health care organizations.

Organizational identification is an important employee attitude that influences employee behaviours in the workplace (Lee 1971). It is defined as an extent that an individual identifies him/herself with an organization; the organization provides the individual with a sense of identity (Ashforth & Mael 1989). As organizational identification is highly correlated with job satisfaction (O'Reilly & Chatman 1986) and employee performance (Lee 1971, Benkhoff 1997), identifying its antecedents is crucial. Based on this presumption, in this study we developed a model to identify possible antecedents to organizational identification in the health care industry, specifically for nurses. Job dimensions, which are determined by Hackman and Oldham (1980) as building blocks of job design and job involvement, which reflects the level of employee participation in their work, are included as antecedents of organizational identification within the context of the model. Job involvement is considered an internal factor, based on the individual himself/herself, whereas job dimensions are considered as external factors as they rely on the design of the relevant job. Hence, involving both internal and external factors, the aim of this study is to identify job dimensions and job involvement as possible antecedents to organizational identification.

## Theoretical background

Organizational identification is seen as a specific form of social identification (Gautam *et al.* 2004). It is defined as the extent to which an individual identifies him/herself with an organization; the organization provides the individual with a sense of identity (Ashforth & Mael 1989). Organizational members are said to identify themselves with the organization when they define themselves as part of the organization. Although organizational identification may be confused with organizational commitment and person-organization fit, Kreiner and Ashforth (2004) and Mael and Tetrick (1992) showed that they are distinct concepts. Kreiner and Ashforth (2004, p. 2)explained the differences between organizational identification and organizational commitment and person-organization fit as follows: 'one identifies with a specific organization whereas one may discern good fit with a set of similar organizations and could come to feel committed to any of them'. The findings of the study conducted by Mael and Tetrick (1992) supported this claim and showed that organizational commitment and identification are

not the same concepts. When an employee identifies herself with her organization, she develops emotional ties with the organization as a result of the effects of loyalty, similarity and membership feelings (Patchen 1970). It is important for organizations as the more individuals identify themselves with their organization, the more likely they behave in accordance with the interests of the organization (Dutton *et al.* 1994).

As previous research suggested that organizational identification has a strong effect on vital organizational variables, it has positive effects on job satisfaction (O'Reilly & Chatman 1986) and negative effects on turnover (O'Reilly & Chatman 1986, Apker *et al.* 2003). Also, Benkhoff (1997) and Lee (1971) found that there is a negative relationship between organizational identification and absenteeism, while there is a positive relationship between organizational identification and employee motivation and performance. Therefore, scholars have attempted to identify the antecedents to organizational identification. Both external and internal factors are investigated with the belief that organizational identification is a complex function of external and internal variables (Lee 1971).

Among the internal factors, job involvement has been considered as one of the correlates of organizational identification (Riketta 2005). Job involvement implies a positive and relatively complete state of engagement of core aspects of the self in the job (Brown 1996). Hall *et al.* (1970) considers job involvement as one of the internal factors that affect organizational identification. Efraty *et al.* (1991) emphasized the effect of job involvement on organizational identification. They found that organizational identification is an increasing function of job involvement. As job involvement is highly correlated with self-esteem (Allport 1947, French & Kahn 1962, Siegel 1969, Chen *et al.* 2004) and the level of participation to the work (March & Simon 1975), it is expected that the greater job involvement of an individual, the greater likelihood that the organization will become a part of the individual's identity. Himmetoglu (1978) supports the above argument and claims that less involved individuals experience low organizational identification and job alienation becomes apparent.

On the other side, among the external factors, Hinrichs (1964) found that there is a positive association between tenure and organizational identification because of the fact that as tenure increases, individuals adapt to organizational values. Ashforth and Mael (1989) argued that the perceived prestige of the group or the organization affects the level of organizational identification. When individuals perceive the organization

as prestigious, they tend to identify themselves with their organization because they want to increase their self-esteem through the image/prestige of the organization. The findings for tenure and prestige are supported by Mael and Ashford (1992). Within the organization, support and appreciation of superiors, opportunity for career advancements and access to supervisory positions have a positive effect on organizational identification (Brown 1969, Lee 1971, Benkhoff 1997, Riketta 2005). Although the relationship between organizational identification and many organization-related factors are investigated, the relationship between job dimensions and organizational identification is not explored in the literature. Job dimensions, namely task autonomy, skill variety, task identity, task significance, feedback from the job itself, feedback from the agents and dealing with others are considered as core set of job characteristics that impact attitudes and behaviours in the work environment (Hackman & Oldham 1980).

Hackman and Oldham (1980) defined the job dimensions as follows: skill variety was defined as 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 was defined as the degree to which a job requires completion of a 'whole' and identifiable piece of work that is, doing a job from beginning to end with a visible outcome. Task significance was defined as 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 was defined as the degree to which the job provides substantial freedom, independence and discretion to the individual in scheduling the work and in determining the procedures to be used in carrying it out. Job feedback was defined as 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/her performance. This can be received from agents such as managers and colleagues or it can be received from the job itself, meaning that the employee is able to see the direct results of the completed job. Dealing with others was defined as the extent to which the job requires working with other people.

Previous research has demonstrated that job dimensions are related to both psychological and behavioural outcomes such as job satisfaction (Loher *et al.* 1985, Fried & Ferris 1987) and job performance (Fried & Ferris 1987). Among those outcomes, Hall *et al.* (1970) addressed only organizational identification by showing the positive relationship between organizational identification and autonomy. However, according to
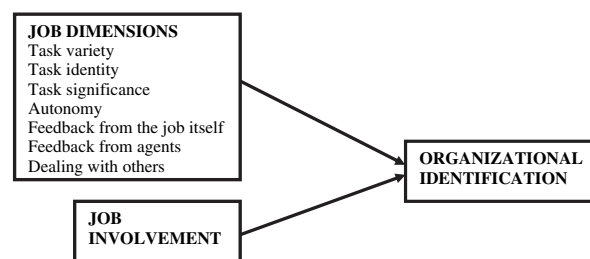


**Figure 1**
The research model.

Hackman and Oldham (1980), there are six more job dimensions. Therefore, it can be concluded that there is a gap in the literature in identifying the relationship between job dimensions and organizational identification. Within this framework, this study aims to identify job dimensions and job involvement as possible antecedents to organizational identification.

## Aim of the research

In this study, we developed a research model, which explains the antecedents of organizational identification. Job involvement and job dimensions are included in the model as the antecedents of organizational identification. Hence the aim of the study was to test the research model, which is shown in Figure 1. To conduct the research, a health care setting was preferred as a result of many important reasons, which were mentioned in the Introduction.

## Method

### Participants and data collection procedures

A survey was conducted with nurses working in a private general hospital. This hospital was established in 2002 with 121-beds capacity, 8 operating rooms and 21 separate intensive care units. Although the hospital is fairly new, it became one of the leading hospitals in the region in providing a service in almost every field of healthcare. Management of the hospital follows a hiring policy that is based on recruiting young nurses instead of experienced ones and training them according to their rules and procedures. Hence only the nurses at supervisory positions are experienced and older.

The research team developed a questionnaire that contained different scales described in the next section. This questionnaire was sent to the board of directors of the hospital for approval. After approval was received, each questionnaire was placed in an envelope and

distributed to the nurses. With a cover letter, they were assured that the data collected would be confidential and their identities would not be disclosed. Within the same letter, the nurses were asked to complete the questionnaires and return them in a sealed envelope. It took a period of 2 weeks to assure that all the nurses, a total of 148, were able to complete the questionnaire. Collected data were analysed using SPSS 10.0 (SPSS Inc., Chicago, IL, USA).

## Measures

### Job dimensions

A job diagnostic survey, developed by Hackman and Oldham (1980), assessed job dimensions for nurses. This scale was selected as it has been widely used and its validity is established (Anderson 1984, Loher *et al.* 1985, Fried & Ferris 1987, Landeweerd & Boumans 1994, Chiu & Chen 2005, DeVaro *et al.* 2007). The scale measures seven job dimensions: skill variety, task identity, task significance, autonomy, feedback from the job itself, feedback from agents and dealing with others. Each dimension was measured by three items using a seven-point Likert scale. The average scores of three items were calculated to represent each dimension.

### Job involvement

Among commonly used job involvement scales, the one developed by Kanungo (1982) was used. Brown (1996, p. 236) suggested, it is 'based on the clearest and most precise conceptualization of the construct'. This scale contains 10 items and a seven-point Likert scale version.

### Organizational identification

A six-item organizational identification scale developed by Mael and Ashford (1992) was used. Among the organizational identification scales, this scale was chosen because of the fact that it was found reliable by Riketta (2005) in a meta-analysis of the concept. Items were measured using a seven-point Likert scale. Besides the scales explained above, demographic variables including age, education, occupational experience, working type and type of unit were asked.

## Results

Demographic characteristics of the sample were analysed. Age of the sample was distributed in a range of 18–47 with an average of 27 and standard deviation of 4.35. Occupational experience of the sample ranged from 1 to 27 years with an average of 5 and standard

**Table 1**
Demographic characteristics of the sample

| Demographic characteristics | n | % |
|---|---|---|
| *Education* | | |
| High school graduates | 56 | 37.5 |
| Vocational school graduates | 14 | 9.5 |
| University graduates | 75 | 50.7 |
| Master degrees | 3 | 2.1 |
| Total | 148 | 100 |
| *Working Units* | | |
| Inpatient units | 49 | 33 |
| Intensive care units | 38 | 26 |
| Outpatient clinics | 49 | 33 |
| Nursing supervisors | 12 | 8 |
| Total | 148 | 100 |
| *Working type* | | |
| Works by shifts* | 22 | 15 |
| Works during daytime† | 33 | 22 |
| Works daytime and nights‡ | 93 | 63 |
| Total | 148 | 100 |

*Does not have a fixed work schedule. The schedule sometimes requires working at nights, which is depicted in the schedule determined by nurse supervisor.
†Working hours are during the daytime.
‡Their schedule is fixed compared with nurses working by shifts. They work at nights or day during the whole week.

deviation of 4.61. The distribution of demographic characteristics for education, working units and working types were shown in Table 1.

The relationship between organizational identification, job dimensions and job involvement was analysed using bivariate correlations. The results revealed that there is a significant relationship between organizational identification and job involvement [$r(127) = 0.420$, $P < 0.05$]. No significant relationship was found between organizational identification and job dimensions. Hence, instead of focusing on the job dimensions–organizational identification relationship, the relationship between job dimensions and job involvement was investigated.

Based on that result, stepwise-multiple-regression was used to analyse the relationship between different job dimensions and job involvement. Results indicated that task identity and autonomy explained a significant proportion of variance in job involvement [$R^2 = 0.16$, $F(2, 95) = 9.88$, $P < 0.05$] as seen in Table 2.

In addition to job dimensions, job involvement was analysed with respect to individual characteristics. Findings suggested that mean job involvement for different age groups and different levels of occupational experience differed significantly [$F(2, 131) = 3.418$, $P < 0.05$; $F(2, 131) = 3.359$, $P < 0.05$]. The mean job involvement for nurses who are less than 25 years old ($M = 4.57$) and more than 30 ($M = 4.84$)-years-old

**Table 2**
Stepwise regression analysis results for predicting job involvement

|  | *b* | *SE* | β |
|---|---|---|---|
| Task identity | 0.270 | 0.087 | 0.291* |
| Autonomy | 0.206 | 0.072 | 0.268* |

Adjusted $R^2$ = 0.16; *$P$ < 0.05.

was greater than the mean for nurses who are between 25 and 30 ($M$ = 4.30)-years-old. Similarly, the mean job involvement for nurses who have less than 1 year of occupational experience ($M$ = 5.30) and more than 5 years of experience ($M$ = 5.53) was greater than nurses who have between 1–5 years of experience ($M$ = 5.00). Therefore, hierarchical regressions were run to control for the effect of age and occupational experience on job involvement. The results depicted that task identity and autonomy were still able to predict a significant amount of the variance in job involvement when we controlled for the possible effect of age and occupational experience [$R^2$ change = 0.075, $F$ change (2, 116) = 4.897, $P$ < 0.05] as seen in Table 3.

## Discussion

This study offers an understanding of the antecedents to organizational identification of the nurses in the health care sector. Results of the study provide evidence for the assumption that organizational identification is related to job involvement, which is among the internal factors. However, no significant correlation was found between organizational identification and job dimensions, which are among external factors. Instead, closer examination of the relation between job involvement and the seven

job dimensions reveal that task identity and task autonomy significantly predict the variance in job involvement. Even when we control for age and occupational experience, these two variables maintain their predictive value. Hence, it can be concluded that job dimensions of task autonomy and task identity have direct effects on job involvement, in turn affecting organizational identification. Therefore, the resulting model, as shown in Figure 2, indicates job involvement is an intervening variable.

As job involvement is an important construct that is correlated with different work behaviours and outcomes such as performance, absenteeism and turnover (Brown 1996), in addition to organizational identification, health care organizations should pay close attention to the design of nursing jobs. Acceptable levels of task autonomy and task identity should be incorporated into the jobs of nurses in order to retain qualified nurses.

## The role of task autonomy on nurses' job involvement

As defined by Hackman and Oldham (1980), task autonomy refers to the degree to which a job provides substantial freedom, independence and discretion to the individual in scheduling the work and in determining the procedures to be used in carrying it out. As autonomy increases, individuals 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 (Hackman & Oldham 1980). As nurses have direct contact with patients, their performance is vital not only for patient well-being but also for patient satisfaction

**Table 3**
Regression analysis results for predicting job involvement when we control for age and occupational experience

| Model | Independent variable | *R* square | Adjusted *R* square | *R* square change | β | *F* | *F* change |
|---|---|---|---|---|---|---|---|
| 1 | Age | 0.034 | 0.017 | 0.034 | −0.058 | 2.052 | 2.052 |
|  | Occupational experience |  |  |  | 0.230 |  |  |
| 2 | Age | 0.109 | 0.078 | 0.075 | −0.063 | 3.542 | 4.897* |
|  | Occupational experience |  |  |  | 0.190 |  |  |
|  | Autonomy |  |  |  | 0.188* |  |  |
|  | Task identity |  |  |  | 0.185* |  |  |

*$P$ < 0.05.



| JOB DIMENSIONS<br>Task identity<br>Autonomy | → | JOB INVOLVEMENT | → | ORGANIZATIONAL IDENTIFICATION |
|---|---|---|---|---|

**Figure 2**
Resulting model.

(Unruh & Fottler 2006, Reeves 2007, Tourangeau *et al.* 2007). When nurses have opportunities to make independent decisions related to interventions that they use with patients, they develop emotional ties with patients and their work (Tonges 2005). Thus, incorporating autonomy to nurses' jobs and increasing their acceptance of responsibility and personal accountability may have direct effects on patient well-being. MacDonald (2002) argued that the first step in providing task autonomy was related to nurse selection. Nursing managers are advised to select candidates who have ability and willingness to take responsibility for their autonomous efforts. Also, MacDonald (2002) stated that another way of increasing nurse autonomy is to support nurses with ancillary personnel. They can take the responsibility for non-nursing tasks such as laundry and food tray pick up, giving nurses' additional time to provide direct-patient care. Also, nurse managers can increase task autonomy through empowerment by having a reasonable span of control and by providing nurses access to information, support and resources (Laschinger & Finegan 2005).

## The role of task identity on nurses' job involvement

Task identity refers to the degree to which a job requires completion of a whole and identifiable piece of work. The job is completed from beginning to end with a visible outcome. At higher levels of task identity, the job is seen as more meaningful and people care about their jobs more (Hackman & Oldham 1980). Jobs designed in this manner, would allow the nurse to complete a meaningful and identifiable piece of work, which produces a visible outcome. Hence, while dividing the job into many specific tasks to provide specialization and efficiency, managers are recommended to avoid over-specialization. Employees would then be allowed to complete an identifiable piece of work. For example, during a shift, a nurse should be assigned all nursing tasks for a few patients. She should monitor, record and report symptoms and changes in those patients' conditions, should prepare those patients for, and assist with, examinations and treatments, and should administer local, inhalation, intravenous and other anaesthetics instead of implementing one of those activities to many patients. Hall (2000) supported this argument by indicating that nurses prefer to complete a variety of activities for fewer patients by caring for them as individuals rather than completing a series of tasks for a large number of patients. Similarly, Tonges (2005) proposed that nurse assignments be arranged in a way that the nurse can care for the same patient from admission to discharge from the unit. Although it is not easy to implement this suggestion in today's acute healthcare environment, managers are advised to take these recommendations into consideration when designing nurses' jobs so that nurses will have greater task identity.

## Other remarks concerning task identity and autonomy

Although the research findings support the view that increasing autonomy and task identity would increase nurses' job involvement. It does not mean that certain consequences of these actions be overlooked. For instance, Tonges (2005) stressed that as levels of autonomy and task identity are increased, nurses may bear higher levels of required interaction, role conflict, overload and ambiguity which in turn are linked to negative outcomes such as burnout and perceived stress.

Task identity and autonomy were discussed in the context of nurses working as individuals in the above sections. However, the fact that nurses generally work in teams should be taken into consideration. In teams, we expect members to share responsibilities but we also expect a team to perform a certain task together. In this sense, teams act similar to individuals. Hence, nurse supervisors should induce task identity for team tasks and seek ways to increase autonomy of the team as well.

## Limitations and future research

This study has some limitations. First of all, a sample of the study represented a young generation of nurses, who may not represent the whole nursing population. Therefore, to test the generalizability of the findings of this study, a future study should be conducted with a different sample. Also, the findings of the study did not support the original model. Although a relationship between job dimensions and organizational identification had been proposed, the findings did not support this proposition. Only the relationship between job involvement and organizational identification was found to be significant. This finding requires search for other antecedents of organizational identification, which are indirectly related to the job such as leadership behaviours.

The findings depict job involvement as an important construct and as a function of task autonomy and task identity. Although the regression model is significant, it can explain only 15.5% of the variance. Therefore, it can be concluded that besides job dimensions there are some

other factors that change job involvement. Those factors may be investigated in a future study in order to design a more comprehensive model for job involvement.

The results of this study have important implications for health care managers in retaining qualified nurses. It suggests that their jobs should be designed with higher levels of task autonomy and task identity in order to increase their job involvement and in turn their organizational identification. These findings may be extended to other professionals in the health care setting such as doctors, surgeons and support staff through future research.

## Conclusion

The results of this study show that job dimensions of task identity and autonomy play significant roles in nurses' job involvement. Also, results show that the higher the job involvement, the greater the level of organizational identification of nurses. Hence, nurse managers are recommended to consider these findings while designing jobs for nurses as individuals and as team members. This way, they can increase organizational identification levels of their members and decrease their turnovers which provide opportunities for retention of highly qualified nurses in the long run.

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