

Work Meaningfulness as A Predictor Of Organizational Affective Commitment Among Nurses at Hospital A Bandar Lampung

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Abstract

Affective commitment is an integral part of nurses' performance in terms of service quality in hospitals. However, the majority of nurses still tend to lack emotional involvement or attachment to the hospital. Therefore, it is important to understand the meaningfulness of work as a predictor of affective commitment in nurses. This study aims to identify the meaningfulness of work as a predictor of affective commitment in nurses at Hospital A, Bandar Lampung. This study used a quantitative approach with a survey method. The study was conducted at Hospital A Bandar Lampung. 137 nurses were the subjects of the study. Accidental sampling was used as the data collection technique. The instruments used were a 10-item work meaningfulness scale and an 8-item affective commitment scale, both of which were tested for validity and reliability. The reliability test for work meaningfulness was 0.87 and for affective commitment was 0.93. The content validity for work meaningfulness was 1 and for affective commitment was 0.62. The hypothesis testing used in this study was a multiple regression test. The overall analysis results showed that meaningfulness of work significantly predicts affective commitment by 38.2%. The partial data analysis results found that: 1) the dimension of positive meaning in work (x1) is a predictor of affective commitment by providing an effective contribution of 12.99%; 2) the dimension of meaning making through work (x2) is a predictor of affective commitment by providing an effective contribution of 12.57%; and 3) the dimension of greater good motivation (x3) is a predictor of affective commitment by providing an effective contribution of 12.46%.

Keywords: Affective Commitment, Meaningfulness of Work, Nurses



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INTRODUCTION

Human resources (HR) are the most important asset in an organization, as the quality of HR significantly determines the organization's success in achieving its goals (Bartram, 2017). In the context of modern organizations, the role of humans is not only as implementers, but also as thinkers and prime movers. Many organizations have recognized that HR performance plays a crucial role in determining organizational success (Zheng, 2010). Therefore, it is important for every organization to have a strategy for recruiting and retaining the best quality employees (Ali, 2010). One important aspect in creating optimal HR performance is through strengthening employee commitment to the organization.

Organizational commitment, particularly affective commitment, is believed to be a factor that can encourage individuals to uphold organizational values, strive to achieve organizational goals, and maintain loyalty to the workplace (Yukongdi, 2020). Affective commitment itself refers to an individual's emotional attachment, identification, and involvement with their organization (Meyer & Allen, 1991). Individuals with high levels of affective commitment tend to demonstrate a desire to remain in the organization because they feel they are an important part of that entity (Robbins, 2017).

In the nursing profession, affective commitment is crucial because it directly relates to the quality of care provided to patients. Nurses not only perform technical tasks but also play a role in ensuring the continuity of holistic health services (Karami et al., 2017). However, the healthcare sector, including hospitals, still faces serious challenges related to low levels of affective commitment, which can impact performance, service efficiency, and even patient safety (Halter et al., 2017).

Hospital A in Lampung, a Type C hospital, also faces similar challenges. The majority of nurses lack a strong emotional bond with the hospital, although they still demonstrate loyalty through attendance and task completion. Several key factors contributing to weak affective commitment include high workloads, minimal performance appreciation, and weak management support. Furthermore, several nurses also reported limited career development opportunities and an inadequate reward system.

Furthermore, feelings of stagnation are exacerbated by weak organizational communication, a lack of participation in decision-making, and a misalignment with the organization's values. What should be a positive form of work engagement becomes a burden, especially when hospitals often assign additional responsibilities to nurses considered highly dedicated, without adequate support or compensation.

These findings indicate that challenges in nursing management are not only related to workload or role imbalance, but also involve a deeper psychological aspect, namely affective commitment. Affective commitment reflects the extent to which an individual feels emotionally attached to an organization, accepts its values, and feels proud to be part of the institution. Therefore, it is important to explore more deeply how work meaningfulness and other psychological factors may play a role in building and strengthening nurses' affective commitment to the organization.

Furthermore, problems are also found in the meaningfulness dimension of work, which is an individual's perception of the value and purpose of their work (Steger, 2012). When work is perceived as meaningful, individuals tend to be more motivated, feel valued, and demonstrate a higher level of commitment to their organization (Jiang & Johnson, 2018). However, in reality, many nurses feel their work is monotonous, are not systematically valued,

and experience a workload that is disproportionate to the compensation they receive. This affects their perception of the meaning of their work, ultimately resulting in low affective commitment.

Previous studies have yielded mixed results. Several studies, such as those by Faisal (2023) and Wingerden & der Stoep (2018), demonstrated a positive relationship between meaningfulness of work and affective commitment. However, studies by Rachmat (2018) and Tavakoli (2020) found a different result, finding no significant relationship between the two variables. Against this backdrop, it is crucial to further explore the relationship between meaningfulness of work and affective commitment, particularly in the context of the nursing profession. This study aims to analyze the meaningfulness of work as a predictor of affective commitment among nurses at Hospital A, Bandar Lampung. The results are expected to contribute to hospital managerial strategies in creating a supportive work environment, improving nurse welfare, and ultimately improving the overall quality of healthcare services.

RESEARCH METHOD

Research Design

This study uses a quantitative approach, using a survey research method. Researchers used questionnaires and interviews to collect data.

Research Target/Subject

The population used was all nurses working at Hospital A Bandar Lampung, totaling 210 nurses. The sampling technique used was accidental sampling. The sample in this study was 137 nurses.

Research Procedure

Data collection was carried out using a Likert scale consisting of five answer options, namely, Very Appropriate, Appropriate, Less Appropriate, Not Appropriate, Very Not Appropriate. The research was conducted from January to February 2025, with the research location at Hospital A located in Bandar Lampung.

Instruments, and Data Collection Techniques

Affective commitment

The variables were measured using the affective commitment scale developed by Meyer and Allen (1990), which consists of 8 items referring to three indicators: emotional attachment, involvement, and identification. The reliability test obtained a result of 0.93.

Meaningfulness of work

The variable of meaningfulness of work was measured using the Work and Meaning Inventory scale compiled by Steger, Michael, et al. in 2010, consisting of 10 items based on 3 dimensions: positive meaning, earning making, and greater good motivation. The reliability test obtained a result of 0.87.

Data Analysis Technique

The data analysis in this study used descriptive analysis and multiple regression analysis. In this study, descriptive analysis was used to obtain the categorization level of the affective commitment variable and the meaningfulness of work variable. After the descriptive analysis was conducted, it was analyzed using multiple linear regression. To ensure the feasibility of the multiple regression model used, several basic analysis assumptions were first tested, namely, normality test, linearity test, and heteroscedasticity test.

RESULTS

The following presents the results of data processing obtained from the questionnaire, which describes the influence of the meaningfulness of work variable on the affective commitment variable in this study.

Through descriptive analysis, it describes the variables of affective commitment and meaningfulness of work by looking at the hypothetical mean, standard deviation, maximum score and minimum score.

Table 1. Categorization of affective commitment.

Category	Score Interval	Frequency	Presentation
Very low	$X \leq 27.8$	6	4%
Low	$27.8 < X \leq 32.7$	35	26%
Currently	$32.7 < X \leq 37.6$	57	42%
Tall	$37.6 < X \leq 42.5$	26	19%
Very high	$X \geq 42.5$	13	9%

The level of affective commitment in this study was categorized into five categories, ranging from very low to very high. It can be concluded that 42% of the nurses who responded to this study fell into the moderate category on this dimension.

Table 2. Categorization of positive meaning dimensions.

Category	Score Interval	Frequency	Percentage
Very Low	$X \leq 9.6$	8	6%
Low	$9.6 < X \leq 11.9$	27	19%
Currently	$11.9 < X \leq 14.2$	64	47%
Tall	$14.2 < X \leq 16.5$	30	22%
Very high	$X \geq 16.5$	8	6%

From this table, it can be concluded that 47% of nurses who were respondents in this study were included in the moderate category in this dimension.

Table 3. Categorization of dimensions of meaning making through work

Category	Score Interval	Frequency	Percentage
Very Low	$X \leq 7$	11	8%
Low	$7 < X \leq 8.8$	32	24%
Currently	$8.8 < X \leq 10.6$	58	42%
Tall	$10.6 < X \leq 12.4$	26	19%
Very high	$X \geq 12.4$	10	7%

Based on the table above, it can be concluded that the nurses who were the subjects in this study had a medium dimension of meaning making through work, namely 42% of nurses.

Table 4. Categorization of greater good motivation dimensions

Category	Score Interval	Frequency	Percentage
Very Low	$X \leq 7.3$	9	8%
Low	$7.3 < X \leq 9.1$	24	21%
Currently	$9.1 < X \leq 10.9$	24	21%
Tall	$10.9 < X \leq 12.7$	41	37%

Very high	$X \geq 12.7$	14	13%
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Referring to the table above, it can be concluded that a number of nurses who were respondents in this study were included in the very high category on the greater good motivation dimension.

Table 5. Categorization meaningfulness of work

Category	Score Interval	Frequency	Percentage
Very Low	$X \leq 25$	5	4%
Low	$25 < X \leq 30.2$	41	30%
Currently	$30.2 < X \leq 35.4$	49	36%
Tall	$35.4 < X \leq 40.6$	28	20%
Very high	$X \geq 40.6$	14	10%

From this table, it can be concluded that some nurses show a moderate level of work meaningfulness, namely 36% of the total number of nurses.

Hypothesis testing involves testing the basic assumptions of the two variables under study. This test covers normality, linearity, and heteroscedasticity. The normality test in this study using Kolmogorov-Smirnov obtained a significance of $0.099 > 0.05$. This indicates that the data is normally distributed and suitable for further analysis. Furthermore, the results of the linearity test show a Linearity significance value of $0.000 < 0.05$, which means there is a significant linear relationship between variables X and Y. Meanwhile, the Deviation from Linearity value of $0.910 > 0.05$ indicates no significant deviation, so the linear model is declared suitable for use. The last test can be seen that the scatterplot results indicate no symptoms of heteroscedasticity, so the assumption of homoscedasticity in the regression is met. Thus, the data is declared suitable for use in further regression analysis.

Table 6. Results of the F test analysis

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression Residual Total	1249,687	1	1249,687	83,486	.000
	2020.780	135	14,969		
	3270.467	136			

The F table value is determined at a significance level of $\alpha = 0.05$ and the F table value is 3.060. Based on the table, the calculated F value is 83.486, which is greater than the F table ($83.486 > 3.060$), with a significance value of $0.000 (< 0.05)$. Thus, H_0 is rejected and H_1 is accepted. This shows that work meaningfulness simultaneously influences the affective commitment variable. Table 7 shows the results of the T test.

Table 7. T-test analysis results

Model	B	Std. Error	Beta	t	Sig.
(Constant)	16,058	2.124		7.562	.000
PM	.599	.199	.285	3.011	.003
MM	.628	.286	.236	2.197	.030
GG	.512	.237	.197	2.164	.032

Based on the table presented, it is known that each dimension of the meaningfulness of work variable shows different significance and t-count values. First, in the positive meaning in work dimension (x1), the calculated t-count is obtained $>$ t-table ($3.011 > 1.977$) and

significance <0.05 , so this dimension has a significant effect on affective commitment. Second, the meaning making through work dimension (x2) shows a calculated t-count of 2.197 and significance 0.030, so it is also stated to have a significant effect. Third, in the greater good motivation dimension (x3), the calculated t-count is 2.164 and significance 0.032, which means this dimension also has a partial significant effect on affective commitment. The significance value of all independent variables (x1, x2, x3) is <0.05 and the calculated t-count value is $>$ t-table. Therefore, H_0 is rejected and H_1 is accepted. This proves that each dimension of the independent variable partially has a significant effect on the dependent variable.

Table 8. Coefficient of Determination

Model Summary						
Model	R	R Square	Adjusted Square	R	Standard Error of the Estimate	
1	.618	.382	.378		3,869	

The R Square value of 0.382 indicates that 38.4% of the variation in the dependent variable is influenced by the independent variable, while the remaining 61.6% is explained by other variables outside the model.

DISCUSSION

Meaningfulness of work plays a crucial role in shaping nurses' emotional attachment to the organization (Steger et al., 2012). In the demanding physical and emotional nursing profession, meaningful work serves as a source of intrinsic motivation that sustains nurses' enthusiasm and dedication (Lysova et al., 2019). According to Steger et al. (2012), meaningful work consists of three dimensions: Positive Meaning, Meaning-Making through Work, and Greater Good Motivation. In the nursing context, the Positive Meaning dimension reflects the feeling that the work performed is important and aligned with personal values (Allan et al., 2019). Meaning-Making through Work is evident when nurses are able to create meaning in life through daily work experiences, such as witnessing a patient's recovery or providing support during a critical time (Steger et al., 2012). Meanwhile, Greater Good Motivation refers to the awareness that their work contributes to a greater social good (Pratt & Ashforth, 2003). These three dimensions support each other in forming the perception that the nursing profession is not just a routine, but a meaningful calling (Duffy et al., 2018).

Affective commitment itself is a form of emotional attachment shown by employees because they feel connected to the organization (Meyer & Allen, 1991). Meyer and Allen (1991) explained that affective commitment is formed when someone feels comfortable, proud, and emotionally attached to the organization where they work. In the world of nursing, affective commitment is very important because it can encourage prosocial behavior, improve performance, and reduce turnover rates, which have been a major challenge in healthcare (Solinger et al., 2008). Nurses with high affective commitment will demonstrate loyalty, a desire to continue developing within the institution, and a readiness to face work pressure with perseverance (Li et al., 2020).

Previous research also supports the relationship between meaningful work and affective commitment (Geldenhuis et al., 2014). Geldenhuis et al. (2014) found that meaningful work is a significant predictor of affective commitment, especially in service-based professions. A study by May, Gilson, and Harter (2004) added that high meaningful work is positively

correlated with employee affective commitment. The results of this study indicate that meaningfulness of work significantly influences the affective commitment of nurses at Adventist Hospital Bandar Lampung. This is supported by the results of multiple regression tests, which show that the three dimensions of meaningfulness of work—Positive Meaning (PM), Meaning Making (MM), and Greater Good Motivation (GG)—have significance values below 0.05. This indicates that, partially, these three dimensions contribute significantly to increasing affective commitment.

Furthermore, when reviewed from the results of the partial t-test on each dimension of work meaningfulness, Positive Meaning (PM), Meaning Making (MM), and Greater Good Motivation (GG) showed a significant influence on affective commitment, with significance values of 0.003, 0.030, and 0.032 (<0.05), respectively. This indicates that these three dimensions have a real contribution in forming nurses' emotional attachment to the organization. The Meaning Making dimension has the highest beta value, which means that the ability of nurses to build and find meaning in their work, especially in facing the pressure and complexity of the medical world, is very influential in fostering a sense of belonging to the hospital.

These findings indicate that meaningful work is not only an individual psychological element, but also an affective driver that strengthens nurses' loyalty and engagement (Geldenhuis et al., 2014). In their daily lives, nurses face challenging emotional situations, from witnessing patient suffering, facing death, to calming anxious families (Boyle, 2011). In this context, meaningful work protects nurses from emotional exhaustion, burnout, and work alienation (Rushton et al., 2015). Furthermore, meaningful work has also been shown to be the foundation for the emergence of professionalism and empathy, which are crucial in healthcare (Steger et al., 2012). When nurses feel that small actions such as touching a patient's hand, listening to their concerns, or calmly explaining a procedure can make a big difference for others, then work is no longer just an obligation, but becomes a highly valued form of self-actualization (Lysova et al., 2019).

This research also reinforces the importance of affective commitment in retaining nurses amidst the pressures of the medical workplace (Meyer & Allen, 1991). Affective commitment encourages nurses to remain not out of compulsion or employment contract, but rather out of emotional attachment, pride, and a genuine desire to contribute to the organization (Meyer & Herscovitch, 2001). This aligns with the findings of Meyer and Allen (1991), who emphasized that affective commitment is the most stable and profound form of commitment compared to normative and continuance commitment. The effective contribution of each dimension of meaningful work also illustrates the important role that must be considered in organizational interventions (Steger et al., 2012). For example, if Meaning-Making through Work is the dimension with the greatest influence, then reflective training, supportive supervision, and framing positive narratives in routine tasks are important strategies that can be implemented by hospital management (Lysova et al., 2019). Similarly, Greater Good Motivation can be cultivated through internal campaigns on the social impact of the nursing profession and the involvement of nurses in social activities or community service (Allan et al., 2019).

These findings are consistent with previous research such as that conducted by Steger et al. (2012), who developed a conceptual framework on meaningful work through its three main dimensions, and Geldenhuis et al. (2014), who stated that meaningful work plays a significant

role in increasing employee emotional engagement. These findings are also in line with Arnolds and Boshoff (2001), who stated that meaningful work contributes to employee satisfaction and retention, particularly in the service sector. Thus, it can be concluded that meaningful work is an inseparable foundation for the formation of affective commitment, especially in the context of work rich in human values such as nursing (Duffy et al., 2018). Healthcare organizations need to recognize that building meaningful work is not only a personal matter for each nurse, but is a structural responsibility that must be designed into the organizational culture and human resource management system (Lysova et al., 2019). Therefore, it is important for hospitals to create a work environment that supports the formation of meaningful work (Geldenhuis et al., 2014). Efforts such as providing relevant rewards, supportive communication, and reflective spaces to understand nurses' contributions to patients and society will help strengthen the perception of meaningful work (Steger et al., 2012). Meaningful work is not solely a personal factor, but also the result of experiences shaped by work systems, organizational culture, and interpersonal relationships within the institution (May et al., 2004).

CONCLUSION

Based on the research results, it can be concluded that meaningfulness of work plays a very important role in shaping nurses' affective commitment to the organization. The three dimensions of meaningful work Positive Meaning, Meaning Making through Work, and Greater Good Motivation were found to significantly influence nurses' emotional attachment to the hospital, as shown by the results of regression tests and partial t-tests. The Meaning Making dimension has the greatest influence, indicating that nurses' ability to find meaning through their daily work experiences is crucial in determining their loyalty and emotional engagement. This underscores that meaningful work is not only a source of intrinsic motivation but also a protector against emotional exhaustion and work alienation, as well as the foundation for professionalism and empathy in healthcare services. Therefore, healthcare organizations, particularly hospitals, need to design work systems and organizational cultures that support the creation of meaning in work, such as through reflective training, supportive communication, and strengthening the social contributions of the nursing profession. Thus, meaningful work is not only an individual responsibility but a structural responsibility that must be integrated into human resource management to create a work environment that supports emotional engagement and sustainable nurse retention. Future research is recommended to explore the role of other contextual factors that may moderate the relationship between meaningful work and affective commitment, such as transformational leadership, organizational culture, or demographic factors like age and years of work experience. Additionally, longitudinal studies could be conducted to examine how perceptions of work meaning and affective commitment evolve over time, especially in the face of workloads and health crises like pandemics. In depth qualitative studies could also serve as an alternative to comprehensively explore nurses' personal experiences in finding meaning in their work, thereby complementing quantitative data and providing more actionable insights for organizational policy development.

AUTHOR CONTRIBUTIONS

Author 1: Conceptualization; Project administration; Writing - review and editing; Methodology; Writing - original draft; Formal analysis; Investigation; Data curation.

Author 2: Conceptualization; Data curation; Validation; Supervision; Writing - original draft

CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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