The effects of work alienation on organizational commitment, work effort and work-to-family enrichment

Dr. Lars Tummers[1] and Dr. Laura den Dulk[2]

To be cited as:

[1] Assistant professor, Department of Public Administration, Erasmus University Rotterdam, the Netherlands

[2] Associate professor, Department of Public Administration, Erasmus University Rotterdam, the Netherlands

Corresponding author:

Dr. Lars Tummers

Dept. of Public Administration

Erasmus University Rotterdam

P.O. Box 1738

NL-3000 DR Rotterdam

Tummers@fsw.eur.nl

Abstract

Aim

The aim of this study was to analyze the effects of work alienation on organizational commitment, work effort and work-to-family enrichment.

Background

There is substantial research on the effects of work alienation on passive job performance, such as organizational commitment. However, studies analyzing work alienation on active performance, such as work effort, and outside work, such as work-to-family enrichment, are scarce.

Method

Two dimensions of work alienation are considered: powerlessness and meaninglessness. Hypotheses are tested using surveys collected among a national sample of midwives in the Netherlands (respondents: 790, response rate 61%).

Results

Findings indicate that work alienation (powerlessness and meaninglessness) influence organizational commitment, work effort and – to a lesser extent - work-to-family enrichment. High work meaninglessness, in particular, has negative effects on these outcomes.

Conclusion

When people feel that they have no influence in their work (hence, when they feel 'powerless') and especially when the feel that their work is not worthwhile (when they feel 'meaningless'), this has substantial negative effects.

Implications for nursing management

Managers should increase the meaningfulness people attach to their work, thereby maintaining a high-quality workforce. Possible strategies include: 1.Improving person-job fit, 2. Developing high-quality relationships, 3. Better communicating the results people help deliver.

Keywords

Introduction

This study analyzes the effects of two dimensions of work alienation – powerlessness and meaninglessness - among employees. It focuses especially on midwives. Midwifery is often described as a calling (Carolan & Kruger, 2010; Skinner et al., 2011; Ulrich, 2009). But what happens when midwives feel that their work has no meaning and that they are powerless while doing it? In the Netherlands midwifery is an independent autonomous occupation, which promotes home birth. However, recently the medicalization of birth has increased and the practice of home birth has been criticized within public and scientific debates challenging the autonomous position of midwives (Christiaens et al., 2013) and possibly the meaningfulness of their work.

To date, substantial research has focused on the effects of work alienation on passive job performance, such as job satisfaction and organizational commitment (Clark et al., 2010; Hirschfeld et al., 2000; McKinlay & Marceau, 2011; Sulu et al., 2010). Passive performance indicators aim primarily at the functioning of the organization as it is at that present moment, where tasks are given. Conversely, active job performance focuses on self-starting and proactive behavior, going beyond given tasks (for an overview of the differences between active and passive performance, see Frese & Fay, 2001). Passive performance indicators are only one aspect of performance. For instance, a passive performance indicator is job satisfaction. An employee can be very satisfied, but can do only what he or she is supposed to do, not 'going the extra mile'. The effects of work alienation on active performance - such as pro-activity or work effort - are understudied. This could be problematic, given that midwifery is often seen as a profession requiring high work effort and proactivity (Green, 2008). This study therefore explores the influence of work alienation among midwives on an active performance indicator: work effort.

Furthermore, this study could be valuable as it analyzes the impact of work alienation on midwives' family life. The relationship between work alienation and the work-family interface has not yet been studied. By taking into account the work-family interface it is acknowledged that work and family are no longer separate life domains, but are increasingly related (Appelbaum et al., 2005). The work-family interface can be important for midwives. Midwives are predominantly female, and often the primary caregivers for family members (Schluter et al., 2011; Warren et al., 2009). Skinner et al. (2011) argue that in particular for women working in healthcare boundaries between work and home are blurred because they provide care both at work and at home and often are on-call.

In sum, this article is one of the first to study work alienation among midwives. It focuses on the effects on a passive performance indicator, organizational commitment, an active performance indicator, work effort, and its impact outside work, work-to-family enrichment. Data from a national survey among 1,278 midwives in the Netherlands (respondents: 790, response rate 61%) is used. The article is structured as follows. In the theoretical framework, work alienation and its possible effects are discussed. Based hereon, three hypotheses are developed. Next, the method is discussed followed by a presentation of the findings. The article concludes with conclusions and discussion.

Theoretical framework

Background on work alienation and job design

In general, work alienation is considered a multidimensional concept (Seeman, 1991). In this article, two main dimensions of work alienation are taken into account: powerlessness and meaninglessness. Powerlessness at work is the feeling of the employee that he or she does not have control over the way things are done at work (McKinlay & Marceau, 2011; Suárez-Mendoza & Zoghbi-Manrique-de-Lara, 2008). Meaninglessness is the perception of employees that their work is not important or worthwhile, for instance because it has no value for society or for their own clients (Suárez-Mendoza & Zoghbi-Manrique-de-Lara, 2008).

These two dimensions are considered the key dimensions of alienation in a work context, as they have a strong impact on work outcomes, such as job satisfaction and organizational citizenship behavior (DeHart-Davis & Pandey, 2005; Sarros et al., 2002; Sulu et al., 2010; Suárez-Mendoza & Zoghbi-Manrique-de-Lara, 2008; Tummers, 2011). Validated measures of these dimensions exist (Mottaz, 1981) increasing the validity and reliability of this empirical study. Also, it seems interesting to analyze both powerlessness and meaninglessness, given that various job design theories focus exclusively on powerlessness (Self-determination theory: Deci & Ryan, 2004; Demand-Control-Support model: Karasek & Theorell, 2000), while others (Job Characteristics Model: Hackman & Oldham, 1980) argue that it is important to take into account the meaningfulness/meaninglessness dimension (see also May et al., 2004). This seems particularly relevant for midwives, given the nature of their work (Carolan & Kruger, 2010; Ulrich, 2009).

In their Job Characteristics model, Hackman & Oldham (1976) noted that autonomy, the inverse of powerlessness, is one of the core job dimensions, which enhances experienced responsibility for outcomes. In turn, this influences work outcomes, such as high internal motivation, low absenteeism and turnover. They further show that experienced work meaningfulness, the inverse of meaninglessness, is positively related to intrinsic work motivation. More recently, Arnold et al. (2007) found a negative relation between meaninglessness and job satisfaction, and work effort. The Job Demand-Control (JDC) model (Karasek, 1979) and the Related Job Demand-Control-support model (Johnson & Hall, 1988) place an even heavier emphasis on the role of decision latitude, which is highly related to powerlessness. A meta-analysis of 63 samples shows considerable support for the hypothesis that experiencing high job demands and low decision latitude results in severe job strain (Van der Doef & Maes, 1999). However, the JDC model does not take into account the role of work meaninglessness. Another important theory regarding human motivation is Self-Determination Theory (SDT) (Deci & Ryan, 2004). SDT argues that three psychological needs must be fulfilled to foster wellbeing and motivation: competence, relatedness and autonomy, inversely related to powerlessness. To conclude, while the notion of autonomy/powerlessness is prominent in this theory, the role of meaninglessness is largely overlooked.

We will now analyze the possible effects of powerlessness and meaninglessness on passive job performance (organizational commitment), active job performance (work effort) and outside work (work-to-family enrichment). During this discussion, we will rely primarily on work alienation literature.

However, this is supplemented by more general job design literature, given that work alienation literature has not analyzed all possible effects of work alienation.

Influences of work alienation on passive and active job performance

First, the relationship between work alienation and (affective) organizational commitment is analysed. Affective organizational commitment can be described as the emotional attachment of an employee towards the organization (Allen & Meyer, 1997:11). Employees who experience affective commitment stay with their organization because they identify with that organization. Affective organizational commitment can be considered important, given that it negatively influences intention to leave and positively influences employee health and well-being (Meyer et al., 2002).

Next, the influence of powerlessness and meaninglessness on an indicator of active job performance is considered: work effort. Work effort considers discretionary input of employees in their work, extending themselves beyond the written employment contract (Gould-Williams, 2004). It is related to similar concepts such as organizational citizenship behavior (Podsakoff et al., 2009) and extra-role behavior (Van Dyne et al., 1995). Examining work effort, McAllister (1995:33) notes that employees need to exert extra effort if higher levels of organizational performance are to be achieved.

It is expected that the two dimensions of work alienation, powerlessness and meaninglessness, are negatively related to organizational commitment and work effort. Studies showed that low job empowerment and leaders not enabling people to act, concepts closely related to powerlessness, are negatively associated with organization commitment and work effort (Chiok Foong Loke, 2001; Koberg et al., 1999; Laschinger & Grau, 2011). In fact, having control or power over the way work is done is viewed as an important job resource that not only enables people to deal with work demands, but also fulfills a basic human need for autonomy (Deci & Ryan, 2004). Having control or power over the way work is done has both an intrinsic as an extrinsic motivational role, which is likely to increase organization commitment and work effort (Bakker & Demerouti, 2008).

While powerlessness is widely researched in terms of job control, empowerment or autonomy, the dimension meaningfulness has received less attention in contemporary literature. The available studies in general report a negative relationship between meaninglessness and job performance. May et al. (2004) showed that experienced meaninglessness was negatively related to employees' engagement in their work. Arnold et al. (2007) reported a negative relation between meaninglessness and job satisfaction, and work effort. Based on this, it is expected that, when midwives feel that their job is meaningless, they show less organizational commitment and less work effort.

The above discussion amounts to the following two hypotheses:

H1: Work alienation will be negatively related to passive performance at work (organizational commitment).
H2: Work alienation will be negatively related to active performance at work (work effort).

Influences of work alienation outside work

This study also analyzes whether work alienation influences work-to-family enrichment. Most scholarly literature has analyzed the relation between work and family from a rather pejorative perspective: work and family can conflict with each other, they are sometimes incompatible and their dual existence generates stress and exhaustion (Amstad et al., 2011). The conflict approach (Frone et al., 2011) is based on the 'scarcity hypothesis': the idea that people have a finite amount of time and energy, and that work and family compete for these resources (for examples in nursing and midwifery studies, see Munir et al., 2011; Skinner et al., 2011) Recently, however, scholars emphasize that work and family can also have positive interdependencies. Success at work can increase someone's self-worth, which can increase the quality of life in other life domains (Greenhaus & Powell, 2006). This is known as work-to-family enrichment.

Two types of resources at work can be distinguished that can enrich family life: enabling resources (instrumental) and psychological rewards (affective) (Greenhaus & Powell, 2006; Voydanoff, 2004). Enabling resources are, for instance, skills and abilities learned at work. Psychological rewards are associated with feelings of esteemed and valued or meaningful work. This study focuses on the affective dimension of work-family enrichment defined as "when involvement in work results in a positive emotional state or attitude which helps the individual to be a better family member" (Carlson et al., 2006:140). Work alienation may create a negative emotional state and consequently decreases the likelihood that work-to-family enrichment occurs. This brings us to the third, and last, hypothesis:

H3: Work alienation will be negatively related to life outside work (work-to-family enrichment).

Method

The impact of work alienation on organizational commitment, work effort and work-to-family enrichment was tested using a survey of Dutch midwives. A sample of 1,278 midwives was used, based on the databases of the nationwide associations for midwives (KNOV) and midwife ultrasound specialists (BEN). The midwives were asked to respond to the survey using an introductory email and two reminders. Furthermore, a student-assistant contacted midwives via telephone to stimulate them to fill in the survey . Based on these efforts, 790 midwives returned the questionnaire, a 61% response rate. Midwives who did not complete the survey were asked for reasons (a non-response research). The most important reasons were current workload and the fact that they had already filled out several surveys.

Of the valid respondents, 3% were men and 97% women. This balance is consistent with Dutch averages for midwives, which can be considered a traditional female occupation. According to a yearly national survey, 98% of the workforce in this profession are women (Hingstman & Kenens, 2011). The respondents' average age was 40, which is comparable to the Dutch national average for this group being 37 (Hingstman & Kenens, 2011). On average, the respondents worked as a midwife for 15 years. Of the respondents, 32% followed a specialization for ultrasound specialist, meaning that they were able to conduct elaborate ultrasounds to examine the health of the child. Regarding the education level, very few had a degree below Higher Professional Education (1%), most of them

(88%) received a degree from Higher Professional Education, and some were trained at a University (11%). Lastly, 20% of the respondents had a managing position.

The large number of respondents, their characteristics in terms of gender and age and the results of the non-response research indicate that our respondents are quite a good representation of the population.

Measures

All items use five point Likert-scales, ranging from strongly disagree to strongly agree, unless stated otherwise.

Work alienation – Powerlessness

Work powerlessness was measured using the 7-item scale developed by Mottaz (1981). Sample items were "My daily tasks are largely determined by others" and "I have a good deal of freedom in the performance of my daily task" (R). The Cronbach's alpha was .77.

Work alienation – Meaninglessness

Work meaninglessness was measured using the 7-item meaninglessness scale of Mottaz (1981). Sample items were "Sometimes I am not sure I completely understand the purpose of what I'm doing", "I often wonder what the importance of my job really is" and "My work is really important and worthwhile" (R). In the current study, the Cronbach's alpha was .85.

Organizational commitment

The 8-item scale of affective organizational commitment, as developed by Allen and Meyer (1990) was used. Example items are "I would be happy to spend the rest of my career at my organization" and "I really feel as if this organization's problems are my own". The Cronbach's alpha was .85.

Work effort

In order to study work effort, we used the scale as developed by Gould-Williams (2004), who developed an 8-item measure to capture employee discretionary effort. Sample items are "I stay late if necessary to help out" and "I volunteer for things that are not part of the job". The scale's Cronbach's alpha was .76.

Work-to-family enrichment

(Affective) work-to-family enrichment was measured using the 3-item scale of Carlson (2006). Sample items are "My involvement in my work puts me in a good mood and this helps me be a better family member" and "My involvement in my work makes me cheerful and this helps me be a better family member". The Cronbach's alpha was .74.

Control variables

Alongside the variables described above, control variables were used: gender, age, children at home (yes/no), management position (yes/no) and level of education, where 1=elementary school,

2=secondary education, 3= intermediate vocational training (Dutch: MBO), 4= higher professional education (Dutch: HBO), 5=academic education (Dutch: WO) and 6=post academic education (PhD or specialization).

Furthermore, the analyses controlled for work pressure, as work pressure can be influential on the proposed outcome variables and could be related to work alienation (Blyton & Jenkins, 2007). By taking work pressure into account, we can be more confident that the effects of work alienation are really caused by work alienation. Work pressure was measured using the short, 'Swedish', version of the Demand Control Support (Karasek & Theorell, 2000). More specifically, the used work pressure measure concerns the demands dimension of the "job content questionnaire". The demands dimension consisted of five items. Sample items were "Do you have to work very hard?" and "Do you have enough time for your work tasks?" These were measured with response scales ranging from 1 (never), 2 (sometimes), 3 (often) to 4 (always). The Cronbach's alpha was .72.

Results

Descriptive statistics and correlations

Descriptive statistics and correlations of the variables are presented in Table 1:

Table 1 Descriptive statistics and correlations for the variables in the study

Variable	Mean / %	SD	1	2	3	4	5	6	7	8a	8b	8c	9	10	11
Work alienation and effects															
1. Work powerlessness	2.13	.52	1												
2. Work meaninglessness	1.75	.41	.42**	1											
3. Organizational commitment	3.78	.62	-.33**	-.45**	1										
4. Work effort	4.15	.45	-.26**	-.34**	.33**	1									
5. Work-to-family enrichment	3.61	.72	-.13**	-.26**	.22**	.16**	1								
Control variables															
6.Female (male=ref.cat)	97%	NA	-.02	-.00	-.05	.01	.04	1							
7.Age	40.10	10.92	.13**	.15**	-.03	-.00	-.06	-.14**	1						
8a.Education: Intermediate Vocational Education or secondary education	1%	NA	.01	.05	-.01	.05	-.04	-.08*	.07	1					
8b. Education: Higher Vocational Education	88%	NA	-.03	.03	.07	-.07*	-.04	.03	-.11**	NA	1				
8c. Education: Academic Education	11%	NA	.03	-.04	-.00	.06	.05	-.01	.09*	NA	NA	1			
9.Managing position (non-managing=ref. cat)	20%	NA	-.16**	-.12**	.12**	.23**	.04	-.01	.08*	.00	-.09*	.09**	1		
10. Children at home (no=ref.cat.)	64%	NA	.04	-.02	-.07	-.05	.10*	-.02	.01	-.08	-.02	.04	.02	1	
11. Work pressure	2.55	.47	.16**	.02	-.06	.08*	-.22**	-.00	-.11**	.05	-.01	-.00	.12**	.01	1

Note. * $p < .05$, ** $p < .01$.

Overall, respondents reported a low level of work meaninglessness and powerlessness, suggesting that midwives in our sample experience on average little work alienation, although there is variation amongst the scores. In general, midwives reported relatively high levels of work-to-family enrichment and work effort, and moderate levels of organizational commitment and work pressure. Furthermore, the Table shows that all bivariate correlations for the variables linked through the hypotheses were statistically significant and in the anticipated direction. For example, work meaninglessness was negatively related to work effort.

The effects of work alienation

Multiple regression analyses were conducted to examine hypotheses 1-3. The results are shown in Table 2. Hypothesis 1 states that work alienation will be negatively related to passive performance at work (organizational commitment). Work powerlessness and meaninglessness both have a significant negative influence on organizational commitment of employees (β=-.16, p<.01, respectively β=-.38, p<.01). This means that when midwives feel that their work is meaningless and have no power over their work, they will be less committed to the organization. More in general, it can be concluded that midwives in general do not feel alienated (based on the low average scores), but when they do, they will be less committed to their organization.

Hypothesis 2 states that the dimensions of work alienation will influence the degree of work effort. The data indeed shows that this is the case for both dimensions. When midwives feel that their work has no meaning, they are less inclined to put effort in their work (β=-.28, p<.01). In addition, when midwives feel powerless at work, they are also less inclined to put effort in their work (β=-.13, p<.01).

The third hypothesis examines the effects of work alienation on work-to-family enrichment. We expected that work alienation will negatively influence work-to-family enrichment. This proved to be the case for work meaninglessness. When the midwives felt that their work was not important and worthwhile, they experienced less positive spill-over effects from work to their family life (β=-.25, p<.01). No effect was found for work powerlessness.

Table 2 Regression analyses for effects of work alienation on organizational commitment, work effort and work-life enrichment (n=790)

	Effect 1 – Organizational commitment	Effect 2 – Work effort	Effect 3 – Work-to-family enrichment
Work alienation			
Work powerlessness	-.16**	-.13**	.03
Work meaninglessness	-.38**	-.28**	-.25**
Control variables			
Female (male=ref.cat.)	-.05	.02	.03
Age	.04	.05	-.05
Education: Intermediate Vocational Education or secondary education	.01	.05	-.01
Education: Higher Vocational Education	.02	-.04	-.03
Managing position (non-managing = ref. cat.)	.06	.16**	.05
Children at home (no=ref.cat.)	-.08	-.05	.10*
Work pressure	-.03	.09*	-.24**
Overall R^2	.24**	.18**	.13**

The following criteria are met for all three regression analyses (see Field, 2005):
Criterion of independent residuals (Durbin-Watson 1.9/2.1/2.0, 1<criterion<3). Criterion of no multicollinearity (no VIF values above 10 and average close to 1, for all regressions). No exclusion of influential outlying cases was required (using case wise diagnostics: 3,1%/ 2,5%/1,8% above standardized residual >|2|, Cook's distance max. .05/.11/.57 (criterion < 1). Criteria of homoscedasticity and normality met.

Note: Standardized beta coefficients are presented. * p < .05 ** p < .01.

Besides the influence of work alienation on active and passive work performance and work-to-family enrichment, other striking results were found. First, having a managerial position positively impacts the effort midwives put in their work (β=.16, p<.01). Secondly, work pressure positively impacts work effort. This suggests that the more work pressure midwives experience the more effort they put into their work (see also Bakker & Demerouti, 2008). Also in relation to work-to-family enrichment work pressure is a relevant factor: the more work pressure midwives experience the less work-to-family enrichment they report (see also Valcour, 2007). On the other hand, having children at home increases work-to-family enrichment, although the effect is small (β=.10, p<.05).

Conclusions and Discussion

The main goal of this article was to analyze the effects of work alienation among midwives on their a) passive job performance (organizational commitment), b) active job performance (work effort) and c) outside work (work-to-family enrichment). In this way, we could determine whether work alienation had strong effects on different levels and thereby underscore (or nuance) the usefulness of the work alienation concept.

Hypotheses were constructed for examining the effects of work alienation. These hypotheses were tested using a survey of 790 Dutch midwives. We showed that work meaninglessness in particular had a strong influence on organizational commitment, work effort and work-to-family enrichment.

The first conclusion is that work alienation could be a useful concept when studying the experiences of midwives within their work, especially given the strong effects of the meaninglessness dimensions on different outcome indicators. This is based on the results, where we found that when midwives feel alienated from their work, this negatively influences the effort they put into their work, their commitment to the organization and their work-to-family enrichment. Given the outcomes of this study, it can be argued that the concept of alienation remains an important concept in organization studies. Other studies confirm that the concept of alienation has the potential to help to understand why health care workers may feel less committed or discontent with their work (McKinlay & Marceau, 2011).

Secondly, apart from highlighting the usefulness of the alienation concept, we also urge scholars to conceptualize and measure different dimensions of alienation, as we found that the different dimensions can have different impacts (cf. Pandey & Scott, 2002). We found that in particular the dimension of work *meaninglessness* mattered among midwives. For every effect, the meaninglessness dimension was more important than the powerlessness dimension. For instance, when midwives experience that their work becomes more meaningless, this will have a far greater effect than when they experience more powerlessness (given that their standard deviations are approximately equal, which is the case). This finding emphasizes that for midwives a sense of meaning with their work is highly important. Many studies in HRM, organization studies and studies on working conditions of health care workers look at the degree of powerlessness, or autonomy, people have in the way they do their work or in general decision making (De Jonge & Schaufeli, 1998; Green, 2008; Spence Laschinger et al., 2001). However, given the results of this study, we urge scholars to center their attention on the perceived meaninglessness/meaningfulness of work, rather than to restrict their focus on power aspects.

When studying meaninglessness among health care workers, such as midwives, the question needs to be raised why midwives experience less meaning in their work. As noted in the introduction regarding the medicalization of health care, it could be the case that they think that their work should be done by more qualified people, such as gynecologists. This is especially relevant in the Netherlands, where historically midwives play a very dominant role in the guidance process of pregnancy and child delivery, as women predominantly give birth at home and midwives assist them in this process. Nowadays, the midwifery profession is continually discussed (Christiaens et al., 2013). For instance, there is debate about the risks of child delivery at home (Croonen, 2010). Gynaecologists point to these risks and prefer speedier referral to medical experts, with a hospital delivery. It could be the case that midwifes therefore feel their work is less meaningful, as it could involve more risks for the mother and child. Furthermore, Dutch midwives experience policy pressures as they have to implement a somewhat controversial policy known as 'structural ultrasound assessment'. When a woman is 20-22 weeks pregnant, she visits a midwife who, using ultrasound

techniques, examines the unborn child. The midwife examines the health of the child, especially its physical development. In this way, defects may be detected which sometimes can be treated before the child is born. Furthermore, in the Netherlands, parents can decide to have an abortion based on these ultrasound results. Some midwives experience this as a very negative aspect of the policy (Tummers, 2013). Hence, some factors could possibly explain the meaninglessness felt by midwives. It would be worthwhile for scholars to study this in depth, using both qualitative and quantitative techniques.

This brings us to the limitations and future research suggestions. An area for further research would be to test the proposed model in other professions, such as nurses or general practitioners. A comparative approach might work adequately, examining different professions in various countries. Furthermore, in this research the role of the practice environment (and more general, the organization) was not take into account. It could be worthwhile to include these contextual variables into account for explaining the relationship between work alienation and outcomes such as organizational commitment, engagement and work-to-family enrichment (see also Othman & Nasurdin, 2012; Utriainen & Kyngäs, 2009).

A second limitation concerns the chosen method. This study used cross-sectional quantitative analyses to examine the degree of work alienation, and its effects. A qualitative approach could also be applied, to increase the understanding of the context in which these public professionals work. This approach can be very beneficial when examining sociological/psychological phenomena such as subjective alienation. A sequential strategy can be used, where scholars start with a quantitative approach, which is followed by a qualitative approach to further understand and contextualize the feelings and perceptions of the midwives (see also Holloway & Wheeler, 2009:19).

In sum, this study shows that work alienation has important effects, and that the concept can be useful for analyzing the experiences of people with their work. Future studies could continue this line of research by analyzing various effects of work alienation, such as organizational citizenship behavior or engagement (Bakker & Demerouti, 2008; Organ & Ryan, 1995). Furthermore, antecedents of alienation can be analyzed, such as New Public Management, leadership behavior and workplace relationships (Hood & Peters, 2004; Tummers et al., 2009). All in all, embracing and further researching work alienation, including ways to reduce it, could be a valuable endeavor for both researchers and practitioners.

Implications for nursing management

Managers and leaders in healthcare organizations should take actions to increase the meaningfulness people attach to their work, thereby maintaining a high-quality workforce (Whitehead, 2006). Firstly, this can be done by giving employees positions which 'fit' with the values and beliefs of these employees, hence aiming for a good person-role fit (or broader: person-job or person-organization fit) (May et al., 2004). The values of some employees are better aligned with the position of a front-line healthcare professional than that of a manager. Promoting such employees to managerial positions – which means being in meetings most of the time (Arman et al., 2009) - might not be a good idea. Secondly, it has been shown that high-quality relationships with colleagues and managers increase meaningfulness at work (Kahn, 1990). Appreciation for each other's work, no personal harassment or

bullying in the workplace, and not focusing only on the work role but also the person behind it are therefore beneficial to increase meaningful work. Thirdly, managers and leaders can aim to better communicate the results employees help deliver, which becomes more important given the increased hyperspecialization in healthcare (Porter & Teisberg, 2007). When people know what they have helped to achieve (such as successful operations, or prevention of illnesses), they will find their work more meaningful. Metaphorically speaking, they are no longer only a 'cog in a machine' but also see the effects this machine delivers.

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Ethical approval

Permission for the study was granted by the nationwide association for midwives (KNOV) and midwife ultrasound specialists (BEN). Because the study did not involve patients, ethics committee approval was not needed.

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