CHAPTER 4

Findings and Discussion

The purpose of this study were to explore workplace bullying and job performance of nurses in tertiary hospitals in the People's Republic of China, and to examine the relationships between workplace bullying and task performance and contextual performance among nurses. This chapter comprises of two sections: the results of the study and discussion. The finding section presents descriptive data and correlation data among study variables. In the discussion section, the research questions, including prevalence of workplace bullying, levels of task performance and contextual performance, and relationships between workplace bullying and task performance and contextual performance of nurses in tertiary hospitals, the P. R. China are explained.

Findings

The findings of this research are presented in three parts: Part I shows the nurses' demographic data; Part II indicates the values of workplace bullying and job performance; Part III reveals the correlations among workplace bullying and task performance and contextual performance.

Part I: Demographic Data of the Subjects

The demographic characteristics of 359 samples are presented in Table 4-1.

Table 4-1

Demographic Data of the Samples (n = 359)

Demographic Characteristics	Frequency	Percentage
Age (years) (Range = 20-55, $\bar{X}$ = 30.72, SD = 6.90)		
20-30	231	64.3
31-40	95	26.5
41-50	21	5.9
Over 50	12	3.3
Gender		
Male	7	1.9
Female	352	98.1
Marital Status		
Single	83	23.1
Married	274	76.3
Separation or Widowed	2	0.6
Education level		
Diploma program	17	4.8
Associate degree	162	45.1
Bachelor degree	180	50.1
Professional title		
Junior Nurse	117	32.6
Senior Nurse	176	49.1
Nurse In-charge	56	15.6
Assistant Chief Senior Nurse	7	1.9
Chief Senior Nurse	3	0.8

Table 4-1 (continued)

Demographic Characteristics	Frequency	Percentage
Clinical Area		
Medical	121	33.7
Surgical	101	28.1
OB-GYN	32	8.9
Pediatrics	31	8.6
OR	23	6.4
ICU	25	7.1
ER	12	3.3
Out-patient	14	3.9
Working Experience (years)		
(Range = 1-35, $\bar{X}$ = 9.36, SD = 7.71)		
1-5	139	38.7
6-10	117	32.6
11-15	41	11.4
16-20	26	7.3
21-25	17	4.7
26-30	7	2.0
31-35	12	3.3
Employment type		
Temporary	245	68.2
Permanent	114	31.8

As shown in Table 4-1, among the 359 participants, the age ranged from 20 to 55 years old with an average age of 30.72 years (SD = 6.90). The majority of the respondents were female (98.1%) with more than half of participants (76.3%) were married. Approximately half (50.1%) of participants hold a bachelor degree of nursing qualification but none of the participants hold a master's degree. Most of the respondents were working as a senior nurse (49%), only three (0.8%) were working as a Chief Senior Nurse. Participants holding the junior nurse professional title composed of the large proportion (32.6%). The majority of participants worked in the medical (33.7%) and

surgical (28.1%) departments, a small proportion in the ER (3.3%) and out-patient (3.9%) departments. The length of working years ranged from 1 to 35 years with an average of 9.36 years (SD = 7.71). More than half (68.2%) of respondents worked in a temporary position and 31.8% worked in a permanent position.

Part II: Workplace Bullying and Job Performance of Nurses

This section describes the prevalence of workplace bullying and the levels of task performance and contextual performance of nurses in tertiary hospitals.

Table 4-2

Frequency and Percentage of Workplace Bullying as Perceived by Nurses (n = 359)

Workplace bullying group	Frequency	Percentage
Not bullied (Sum score ≤ 32)	209	58.5
Occasionally bullied (Sum score 33-44)	113	31.2
Victims of severe workplace bullying (Sum score ≥ 45)	37	10.3
Total workplace bullying	150	41.5

Through data analysis, the sum score mean of NAQ-R was 32.74 (SD = 9.27). As illustrated in Table 4-2, by using Notelaers and Einarsen's (2013) workplace bullying evaluate criteria, 58.5% (n = 209) of participants perceived that they were not bullied in their workplace. A total of 41.5% of the participants perceived workplace bullying, and of these, 31.2% (n = 113) of participants perceived being occasionally bullied and 10.3% (n = 37) of respondents perceived themselves as the victims of severe workplace bullying.

Table 4-3

Mean, Standard Deviation and the Level of Task and Contextual Performance Among Nurse Samples in Tertiary Hospitals (n = 359)

Domain of job performance	Range	$\bar{X}$	SD	level
Task performance				
Information support	12.00-49.00	39.89	7.44	High
Coordination of care	13.00-35.00	29.36	4.98	High
Technical care	5.00-35.00	28.65	5.33	High
Social support	7.00-42.00	32.23	7.31	High
Total score	50.00-161.00	130.13	21.91	High
Contextual performance				
Interpersonal support	14.00-42.00	33.34	6.25	High
Job-task support	6.00-42.00	28.17	8.91	Moderate
Compliance	5.00-21.00	18.53	3.11	High
Volunteering for additional duties	3.00-21.00	15.95	4.39	High
Total score	37.00-126.00	95.99	18.92	High

As demonstrated in Table 4-3, task performance of participants was at a high level with a mean score of 130.13 (SD = 21.91) and most contextual performance of nurse participants at a high level with a mean score of 95.99 (SD = 18.92). However, job-task support dimension was at a moderate level ($\bar{X}$ = 28.17, SD = 8.91).

Part III: The Correlation of Workplace Bullying and Task Performance and Contextual Performance Among Nurses in Tertiary Hospitals

The correlation results between workplace bullying and domains of job performance among nurses in tertiary hospitals are explained in this part.

Table 4-4

Relationships Between Workplace Bullying and Task Performance and Contextual Performance Among Nurses in Tertiary Hospitals (n = 359)

Job performance domains	Workplace bullying	Level of correlation
Task performance	-.120 *	Low
Contextual performance	-.141 **	Low

* p < .05. ** p < .01.

The correlation results between workplace bullying and domains of job performance of nurses in tertiary hospitals are shown in Table 4-4 is that there was a low level significant negative correlation between workplace bullying and task performance ($r = -.120$, $p < .05$) and contextual performance ($r = -.141$, $p < .01$).

Discussions

Discussions of research objectives are presented in three parts: Part I: workplace bullying of nurses in tertiary hospitals in the P. R. China; Part II: job performance of nurses in tertiary hospitals in the P. R. China; and Part III: relationship between workplace bullying and job performance of nurses in tertiary hospitals in the P. R. China.

Part I: Workplace Bullying of Nurses in Tertiary Hospitals, the P. R. China

In this part the results of workplace bullying are discussed and explained according to prevalence of workplace bullying and different dimensions of workplace bullying. Results of this study indicated that a total of 41.5% of participants perceived workplace bullying, and of these, 31.2% (n = 113) of participants were occasionally bullied and 10.3% (n = 37) were victims of severe workplace bullying (Table 2). These showed that workplace bullying existed among nurses in tertiary hospitals in China.

According to previous studies done in some European countries, 10% to 30.2% of participants reported that they perceived workplace bullying (Tambur & Vadi, 2009; Zapf et al., 2011). In the USA, several studies had prevalence rates of workplace bullying ranging from 28% to 57.9% (Berry et al., 2012; Lutgen-Sandvik et al., 2007; Simons, 2007). The prevalence rates of workplace bullying ranging from 33.5% to 50% were reported in Chinese studies (Qi & Li, 2015; Wang, 2013; Xun et al., 2013; Zheng & Zhang, 2015). Obviously, the prevalence rate of workplace bullying in this study were higher than in European countries, while, similar with some Chinese studies, this may related to different cultures, economies and social structures (Xun et al., 2013).

The asymmetrical power relationship plays an important role in the Chinese hospital systems. Nurses are a traditionally oppressed group which have been rendered powerless by the medical establishment (Lee & Saeed, 2003). Although the development of nursing profession is continuous, nurse stay in an inferior position compared with physician (Qiao & Wang, 2010). Nurses are used to following orders from the physicians and lack autonomy (Pu, 2010). Because of Chinese history and customs, the hierarchical system structure clearly exists in many organizations. Most Chinese people have the highest respect for authority are dependent on the collective, so naturally, managers have more power in the workplace (Yang & Yu, 1993). The power imbalance and high level of collectivist attitudes could trigger workplace bullying and lead employees to willingly endure bullying, lead to the escalation of bullying (Yang, 2001; Yang & Yu, 1993).

Besides the formal power imbalance from the hierarchical system, the effect of informal power imbalance is important for workplace bullying. Compared with junior nurses, senior nurses have more work experience, more competence and a higher professional title. Furthermore, the power of temporary nurses and permanent nurses was shown differently. All of these advantages could create an informal power imbalance. This asymmetrical power relationship leads to junior nurses having a higher instance of perceived workplace bullying than senior nurses; and temporary nurses also having a higher instance of perceived workplace bullying than permanent nurses (Wang, 2013; Xun et al., 2013). In this study, 32.6% (n = 117) of participants were junior nurses, 38.7% of respondents working in hospitals for less than five years and 64.3% (n = 231) of the participants were younger than 30 years old. Normally, these kinds of nurses have less

work experience, competence and communication skills than senior or nurses with a higher professional title, thus, it is easy for junior nurses to become the targets of workplace bullying. Furthermore, 68.2% (n = 245) of participants in this study were temporary nurses. Compared with permanent nurses, this temporary position leads to more instability of their work (Sun, Kang, Zhang, & Yang, 2002). The majority of temporary nurses are concerned about losing their jobs, so most of them chose to endure negative behaviors in order to maintain the relationship with others and maintain their jobs (Xun et al., 2013). These leads to workplace bullying in tertiary hospitals in China.

Another reason that workplace bullying among nurses in tertiary hospitals could be explained as the attitude of managers. In China, many managers have an inaccurate assumption that rigorous management even shouting, threatening or getting angry with employees will somehow lead to increased organizational efficiency and performance (Buon, 2016). This kind of manager misunderstand the meaning of rigorous management, they emphasize work efficiency and performance, while, ignore the feelings of employees. Forced to deal with a severe health care working environment and competition, nursing managers suffer prodigious stress from organization and patients. When nursing managers cope with stress inappropriately, the stress may be translated into abusive supervision to staff nurses (Zheng et al., 2015).

Additionally, attitude of a nurse individual and organizational attitude could affect the workplace bullying problem in China (Wang, 2013; Xun et al., 2012; Sun et al., 2014). Most nurses handle some negative behaviors of bullying as normal, they consider that these negative behaviors are a part of the work environment and bullying is an inherent as the climate or culture (Xun et.al, 2013). Especially for new nurses with less work experience and lack of communication skills, they endure negative behaviors frequently, some of them even believe that workplace bullying is one step for them succeed at work (Wang, 2013). However, some bullied nurses reported bullying to their organization in hopes of solving this problem. However, the organization showed an indifference or avoided to solve problems. Some organizational administrators believe that bullying behaviors could be used to reinforce rules and norms and to neutralize nurses who are challenging the status quo (Qi & Li, 2015). Workplace bullying was used as a tool to maintain order and to reinforce existing power structures in the nursing profession (Curtis

et al., 2007). Furthermore, there are no specific policy support to deal with this bullying problem in China.

Data analysis of each item of NAQ-R showed that mean score of each item was shown less than three, which indicated that the occurrence rate of single negative act was not high (Xun et al., 2013). Moreover, as illustrated in Appendix N, negative behaviors related to being exposed to an unmanageable workload (15.3%) perceived by the majority of nurses and other extensive negative acts experienced by nurses related to being ordered to do work below the level of competence (4.2%) and excessive monitoring of the work (2.8%). These results are consistent with previous studies in China (Xun et al., 2013; Zheng & Zhang, 2015). Nevertheless, studies which were conducted in European countries reported that most of the respondents experienced negative acts related to someone withholding information that could affect performance; being ordered to do work below level of competence; encounter excessive monitoring during working (Johnson & Rea, 2009; Karatza et al., 2016; Tambur & Vadi, 2009). These difference might be created by different social structures, economies, policy and customs of different countries (Xun et al., 2013).

On the whole, the result of this study revealed that nurses experienced more work-related bullying than other types of workplace bullying. This result consistent with previous studies (Xun et al., 2013; Yun, Kang, Lee, & Yi, 2014). The occurrence of negative behaviors correlated with nursing work environment (Yun et al., 2014). At present, number of patient increase quickly and the complexity of disease is higher than before. Although nursing profession has continuous development in recent years, it cannot satisfy with the demand of health care organization. Meanwhile, nurse shortage play an important role with these negative acts. The insufficient nurse and the huge number of patient lead to the high workload, so the majority of nurses perceived they were being exposed to an unmanageable workload.

Besides, specific nursing profession structure in China create a special nursing work environment. In Chinese hospitals, only registered nurses were allowed to execute nursing practice. There are no other professional employees could assist registered nurse take care patients in most hospitals. So beside daily technical care, registered nurse need do many different things for patients, such as help patient to eat, take a shower, and even

be the doorman. Likewise, following hospital guidelines, no matter what kind of educational level, all clinical nurses must do the same nursing care. Thus, many nurses may feel that they were being ordered to do work below the level of their competency, especially nurses who have higher educational level.

Part II: Job Performance of Nurses in Tertiary Hospitals, the P. R. China

In this part, the levels of task performance and contextual performance of nurses in tertiary hospitals, the P. R. China are explained and discussed.

The results of this study revealed that the average score of task performance and contextual performance were at a high level where the mean score of task performance was 130.13 (SD = 21.91), and the contextual performance was 95.99 (SD = 18.92), higher than those previous studies which were conducted in Kunming city (Lin, 2012; Pu, 2010). While, the finding of this study was consistent with result from Huang, Chen, and Yang (2017) in which job performance of nurses at a high level in China (Huang et al., 2017). Moreover, another study which was conducted in public hospitals reported similar result with this present study that all of the task performance and contextual performance of nurses were at a high level (Li, Meng, Huang, Yang, & Qi, 2017).

The nurses' perception of a high level of job performance is the achievement of years of effort. Previous studies reported nursing job performance in Kunming, Yunnan province at a moderate level (Lin, 2012; Pu, 2010), while, these studies were conducted five years ago, the rapid development of economy, social structure and nursing profession itself may bring great changes. Since 2010, high quality of nursing care as a beneficial health care program has been performed by Chinese hospitals which required nurses to provide comprehensive and humanistic care to patients (Deiaco, 2013). Following the healthcare reform, there has been much rapid development in the nursing profession. Nurses accept standardized training, could improve nurses' professional competence and enhance their senses of social responsibility and professional responsibility (Liu & Wu, 2016). The majority of nurse employees work hard to provide high quality nursing care to patients and hospital managers pay more attention to this in recent years. Furthermore, most of the previous studies considered that the nurse shortage and high workload were the main reasons that nurses cannot have sufficient job performance in China (Lin, 2012;

Wang et al., 2011). However, in the era of science and technology, there are many developments in many domains, including nursing which shows improved innovative behavior. Some previous studies demonstrated that before 2013, nurses' innovative behavior at a low or slightly low level (Bao, Zhang, Zhang, Bai, & Qian, 2013; Wang & Ding, 2012). While, most studies conducted after 2015 showed that nurses' innovative behavior at a moderate or higher level (Liu, Li, Fan, & Zheng, 2016; Zhang, Hu, Tang, Chen, & Liu, 2017). In the hospital, high-technology and innovation could help nurses execute nursing tasks simply and quickly and could promote the quality of nursing care efficiently. Additionally, as a specific occupation, nursing practice is closely associate with patient's life, so nurses must have powerful sense of responsibility (Kong, Zhang, & Wang, 2015).

In this study, the high level of nursing job performance as perceived by nurses could be explained with demographic data. About 61.1% (n = 220) of participants working in hospitals for more than six years, may have more work experience, be more proficient in nursing practice and could deal with emergencies very well. Additionally, 50.1% (n = 180) of participants have a bachelor degree and indicated that they have more professional knowledge and competence in nursing. So they could provide professional and skilled nursing services to patient, they are the main force of providing high quality nursing care. Furthermore, 68.2% (n = 245) of respondents were temporary nurses. Compared with permanent nurses, temporary nurses have a lower salary, so a big part of their income is associated with their job performance. Thus, most temporary nurses must work hard in order to maintain their work and gain more reward through improve their job performance.

According each domain of job performance, the discussions were as follows:

Task performance. Task performance domain included four dimensions of technical care, information support, social support and coordination of care that concerned the behaviors that directly contribute to the nursing technical core and directly targets the patients. Four dimensions of task performance were all at a high level in which the score of information support was 39.89 (SD = 7.44), of coordination of care was 29.36 (SD = 4.98), of technical care was 28.65 (SD = 5.33) and of social support was 32.23 (SD = 7.31).

Nursing is an extraordinary profession, everything a nurse does is related to life, all nurses have the responsibility for the patient's life (Fan & Yang, 2008). As shown in Table M2, participants perceived a high score of taking patient observations ($\bar{X}$ = 6.39, SD = 1.15). In recent years, administrators pay more attention to the nursing profession, and every nurse who works in a hospital must receive strict training before directly serving patient (Li et al., 2017). Nurses in China are proficient in nursing practice and could provide good technical care to patients (Lin, 2012).

The results of this study revealed that in task performance scale, the behaviors related to communicating to patients the purpose of nursing procedures ($\bar{X}$ = 6.23, SD = 1.10) and reporting the critical elements of patients' situations when turning over work shifts ($\bar{X}$ = 6.46, SD = 0.99) were perceived with high score by participants (Table M2). As we know, during this internet era, patients are not passive about their treatment, most of the patients actively by research their treatment on the internet. Patients and their families could get a lot of information related to disease and treatment, so it is required for doctors and nurses to exchange information with patients and have more communication with patients and their families to ensure that they obtain correct information and are willing to cooperate with doctors and nurses. Additionally, provide relevant information and have a good communication with patients and their families could indirectly prevent violence event which from patients and their families, thereby protect doctors and nurses (Mai et al., 2015). Thus, the majority of nurses could provide information and have better communication with patients and their families.

Social support, which refers to the provision of emotional support and comfort to patients and their families, was at a high level, possibly due to the awareness of psychological nursing. As the core part of holistic nursing, the main practice of psychological nursing is provide emotional support and comfort to patient and their families (Ao, Shen, & Liu, 2013). These embody the essence of humanized nursing care and the requirement of patients. In this study, the activities related to showing care and concern to patients was reported at a high score ($\bar{X}$ = 5.96, SD = 1.18). Furthermore, a study which was conducted in Qingdao demonstrated that Chinese nurses' awareness of clinical psychological nursing was at a high level and the execution of general psychological nursing was at a high level (Ao & Shen, 2013).

Contextual performance. In terms of each dimension of contextual performance, the results revealed that interpersonal support dimension ($\bar{X}$ = 33.34, SD = 6.25), compliance dimension ($\bar{X}$ = 18.53, SD = 3.11) and volunteering of additional duty dimension ($\bar{X}$ = 15.95, SD = 4.39) were at a high level; job-task support dimension ($\bar{X}$ = 28.17, SD = 8.91) was at a moderate level. Among these results, the moderate level of job-task support could be explained by the heavy workload in tertiary hospitals. Job-task support refers to some working behaviors that are beyond the job requirements to provide care for patients. The result of this study represented that the behavior related to taking extra time to respond to a family's needs perceived with a low score be participants ($\bar{X}$ = 4.22, SD = 1.89) (Table M3). Although nurses work hard to provide high quality nursing care to patients, the real heavy workload is a huge burden for nurses to fulfill all of their responsibilities, it is difficult for them to provide additional work beyond their job requirements (Wang, Zhao, & Gao, 2007).

Interpersonal support refers to behaviors that nurses assist their team members. The result of this study revealed that perception of interpersonal support by nurses was at a high level, may be explained by the increasing use of teamwork in Chinese hospitals. As a specialized profession, the characteristics of nursing are shown as heavy and complex that need very practical mind and strong physical fitness. Teamwork and cooperation among nurses is the way to achieve success for high quality of nursing care (Salimbene, 1999). As presented in Table M3, behavior related to helping nurses in the unit to catch up on their work perceived a high score by participants ($\bar{X}$ = 5.91, SD = 1.17). Moreover, Huang and colleague's study (Huang & Niu, 2017) stated that nursing teamwork was at a high level ($\bar{X}$ = 4.31) which indicated that nurses could assist their team members well and have good cooperation during work (Huang & Niu, 2017).

In addition, the importance of nursing work is becoming increasingly obvious, leaders of China point out that the government should financially support the development of health care policy (Xinhua News, 2016). Thus, the government provides more funding and resources to support the development of hospitals and more plans were executed to support nursing than ever before (Kong et al., 2015). Kong et al. (2015) showed that many nurses take advantage of more opportunities to continue their education and go to abroad to study, salary and reward of nurses shown obviously increase than

before. These could effectively increase the working enthusiasm of nurses and nurse staffs may present their compliance to hospital and volunteering of additional duty. Also, the results of this study showed that behaviors related to complying with hospital rules, regulations and procedures, even when no one is watching ($\bar{X}$ = 6.52, SD = 1.06); and making sure that materials and equipment are not wasted were perceived a high score by participants ($\bar{X}$ = 6.21, SD = 1.13) (Table M3).

Part III: Relationships Between Workplace Bullying and Job Performance of Nurses in Tertiary Hospitals, the P. R. China

In this part, the relationship between workplace bullying and job performance of nurses are explained and discussed.

This study found that there was a weak significant negative correlation between workplace bullying and task performance ($r = -.120$, $p < .05$) and contextual performance ($r = -.141$, $p < .01$) as perceived by nurses (Table 4-4). The finding supported conceptual framework, in that the negative relationship between workplace bullying and task performance and contextual performance, that is, as workplace bullying increased, task performance and contextual performance decreased. It was consistent with the prior studies of Einarsen et al. (2009), Nie et al. (2013), Ashraf and Khan (2014) and Mete and Sokmen (2016). However, the correlation between variables was in a low level association, there may have another factors which could relate to job performance of nurses.

Berry et al. (2012) presented that workplace bullying can create an interference and stressor, maintain a toxic work environment which impedes the ability of a nurse to concentrate on the complex tasks related to patient care, decrease nurses' work motivation resulting in absenteeism and errors. This toxic bullying environment may result in poor nursing job performance and a low quality of patient care in hospitals (Duddle & Boughton, 2007; Johnson, 2009; Johnston et al., 2010). One meta-analysis also showed that a higher level of workplace bullying was related to lower level of job performance, even though weakly associated (Bowling & Beehr, 2006).

Additionally, Schat and Frone (2011) developed a conceptual model of exposure to workplace aggression and job performance to test the relationship between job attitude, workplace aggression and job performance. Results of their study demonstrated that exposure to workplace aggression negatively related to both task performance and contextual performance, and that these relations were explained by a reduction in job attitude and health associated with exposure to workplace aggression. Likewise, Hutchinson et al. (2008) reported that workplace bullying could diminish the performance of the health care employees by reducing communication and cooperation among colleagues, co-workers and superiors. Sun et al. (2014) presented consistent results that workplace bullying could decrease nurses' organizational identification and accountability, negatively affect cooperation and relationships within the nursing team, restrain the communication then lead to poor nursing job performance.

Despite previous study findings demonstrating that bullying behavior in the workplace commonly takes subtle forms, studies have consistently reported that workplace bullying has adverse effects on the targets' personal and professional lives (Mikkelsen & Einarsen, 2001; Vega & Comer, 2005). However, literature presented limited conceptual and empirical research has been done to investigate whether incidents of bullying in the workplace influence the job performance of employees. Even though, some researchers have intuitively suggested that workplace bullying will likely lead to a lower level of job performance (Johnston et al., 2010; Vega & Comer, 2005); others have suggested that perpetrators may use bullying behaviors to increase the performance of their employee (D'Cruz & Noronha, 2011; Salin, 2003; Sidle, 2009).

Samnani and colleagues (2013) explained that the influence of workplace bullying on various forms of performance depending on the targets' attributional processes which were shaped by several key contextual factors that span across multiple levels within the organization (Samnani, Singh, & Ezzedeen, 2013). Also, taking emotion-centered model (Spector & Fox, 2002) into consideration, workplace bullying as a form of social stressor could influence the psychosocial work environment in ways that are harmful and overwhelming for both the employee and organization as any other form of job stressor (Hauge, Skogstad, & Einarsen, 2010). Hence, workplace bullying as a stressor probably

have an indirect effect on employee performance via emotion or affective-based variables, but it is possible for it to directly affect performance behaviors as well (Devonish, 2013).

In summary, workplace bullying could weaken the ability of nurses to work safely, which could lead to work injuries and illnesses. As noted above, there was considerable loss due to effects of workplace bullying on important organizational valued outcomes, particularly job performance. The results of this study supported conceptual framework in that, a negative relationship between workplace bullying and task performance and contextual performance; that is, as workplace bullying increased, nursing job performance decreased (Ashraf & Khan, 2014; Einarsen et al., 2009; Mete & Sokmen, 2016; Nie et al., 2013). In terms of the evaluation of job performance, the hospital can confirm the factors affecting job performance and work to mitigate these factors.