VU Research Portal

Understanding the autonomy–meaningful work relationship in nursing

Both-Nwabuwe, Jitske M.C.; Lips-Wiersma, Marjolein; Dijkstra, Maria T.M.; Beersma, Bianca

published in
Nursing Outlook
2020

DOI (link to publisher)
[10.1016/j.outlook.2019.05.008](https://doi.org/10.1016/j.outlook.2019.05.008)

document version
Publisher's PDF, also known as Version of record

document license
Article 25fa Dutch Copyright Act

[Link to publication in VU Research Portal](#)

citation for published version (APA)

Both-Nwabuwe, J. M. C., Lips-Wiersma, M., Dijkstra, M. T. M., & Beersma, B. (2020). Understanding the autonomy–meaningful work relationship in nursing: A theoretical framework. *Nursing Outlook*, 68(1), 104-113. <https://doi.org/10.1016/j.outlook.2019.05.008>

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal ?

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

E-mail address:
vuresearchportal.ub@vu.nl

Understanding the autonomy–meaningful work relationship in nursing: A theoretical framework

Jitske M.C. Both-Nwabuwe, MSc^{a,b,*}, Marjolein Lips-Wiersma, PhD^c,
Maria T.M. Dijkstra, PhD^a, Bianca Beersma, PhD^a

^aDepartment of Social Sciences FWS, Organization Sciences, VU University, Amsterdam the Netherlands

^bStichting Cordaan, Amsterdam, The Netherlands

^cAuckland University of Technology, Auckland, New Zealand

ARTICLE INFO

Article history:

Received 14 September 2018

Received in revised form

29 April 2019

Accepted 15 May 2019

Available online May 18, 2019

Keywords:

Meaningful work

Professional autonomy

Perceived group autonomy

Individual autonomy

Nursing

CMWS

ABSTRACT

Background: Within nursing literature, the value and contribution of autonomy to nurse work satisfaction has been consistently demonstrated. Given the current forms of work and today's technology, the scope of freedom a nurse has over and in work has expanded in many different ways. However, although autonomy is viewed as an important antecedent to meaningful work (MW), no formal theory exists attempting to explain the relationships between the various different forms of autonomy and MW. Such a theoretical framework would guide health care organizations to direct resources specifically toward those types of autonomy that are most likely to cultivate the MW and its associated outcomes such as job satisfaction.

Purpose: To address this important gap, this article introduces a theoretical, empirically testable model of autonomy–MW that is suitable for the contemporary work environment of nurses.

Method: Drawing from research and theory in nursing literature, organizational sciences, and business ethics on autonomy and MW, the model is presented in four parts: the proposed relationships between perceived (1) professional autonomy, (2) individual autonomy, (3) group autonomy with core dimensions of MW, and (4) the proposed relationships between these three forms of autonomy with the dimensions “inspiration” and “facing reality.”

Findings: By using a multidimensional MW construct, our model offers fine-tuned propositions regarding how different types of autonomy influence different dimensions of MW.

Discussion: The model proposes that the three forms of autonomy relate differently to the dimensions of MW. This model can be used as starting point for empirical research on autonomy–MW relationships.

Cite this article: Both-Nwabuwe, J.M.C., Lips-Wiersma, M., Dijkstra, M.T.M., & Beersma, B. (2020, January/February). Understanding the autonomy–meaningful work relationship in nursing: A theoretical framework. *Nurs Outlook*, 68(1), 104–113. <https://doi.org/10.1016/j.outlook.2019.05.008>.

* Corresponding author: Jitske M.C. Both-Nwabuwe, Department of Social Sciences FSW, VU University, De Boelelaan 1081, 1081 HV Amsterdam, the Netherlands.

E-mail address: j.m.c.both@vu.nl (J.M.C. Both-Nwabuwe).

0029-6554/\$ -see front matter © 2019 Elsevier Inc. All rights reserved.

<https://doi.org/10.1016/j.outlook.2019.05.008>

Within nursing literature, the value and contribution of autonomy to nurse work satisfaction has been consistently demonstrated (Aiken, Clark, Sloane, Lake, & Cheney, 2008; Finn, 2001; Lake & Friese, 2006). Given the current forms of work and today's technology, the scope of freedom a nurse has over work has expanded in many different ways (Langfred & Rockmann, 2016). Health care organizations have been experimenting with different forms of autonomy in a range of practices from personal empowerment to self-managing teams, with ambiguous results. For example, in some health care organizations, nurses working in self-managing teams indeed reported more motivation and happiness (Weerheim, Van Rossum & Ten Have, 2019). However, in other health care organizations, nurses working in self-managing teams reported to be more demotivated and unhappy (Skipr, 2016). In practice, we have also seen some organizations instigating more self-managed teams whereas others are stepping back from it. More insight into the various forms of autonomy can possibly explain these ambiguous work outcomes. Furthermore, this knowledge could guide health care organizations to direct resources specifically toward those types of autonomy that are most likely to contribute to work outcomes such as job satisfaction.

Three types of autonomy are distinguished in the contemporary nursing work environment: (1) professional autonomy, (2) individual task-based autonomy, and (3) group task-based autonomy. Regarding professional autonomy, we specifically focus on professional nurse autonomy as nurses are the subject of this particular study. Professional nurse autonomy relates to the scope of practice for which nurses are accountable, for example, acting in emergency situations to save a patient's life, triaging and coordination of care, and preventing harm or complications. Whereas, professional autonomy refers to the freedom to act in accordance with one's professional knowledge. Individual and group task-based autonomy refers to the freedom to control the work situation, such as pace of the work, work scheduling, or time spent on a work activity. Individual and group task-based autonomy require organizational knowledge and skills, whereas professional autonomy requires subject matter knowledge and skills (Kramer, Maguire, & Schmalenberg, 2006). These different forms of autonomy, while related to each other, have unique predictive validity on outcomes measures (Morgeson & Humprey, 2006).

The contribution of autonomy to nurse work satisfaction is argued to occur when work is experienced as meaningful (Humphrey, Nahrgang, & Morgeson, 2007). Meaningful work (MW) is the subjective experience of existential significance of work (Lips-Wiersma & Wright, 2012). While the MW literature has modelled and empirically confirmed that autonomy is an antecedent of MW (Bailey & Madden, 2017; Bowie, 1998; Fried & Ferris, 1987; Hackman & Oldham, 1976; Hodson, 2001; Humphrey, Nahrgang, & Morgeson, 2007; Isaksen, 2000; Michaelson, Pratt, Grant, & Dunn, 2014;

Michelson, 2005; Schwartz, 1982) none of this work makes a distinction between the three different forms of autonomy. It is therefore not clear if forms of autonomy differ in their importance for MFW and if so, which form of autonomy is most significant for cultivating MW. Furthermore, MW has also been found to be a multidimensional construct (Both-Nwabuwe, Dijkstra, & Beersma, 2017; Lips-Wiersma & Morris, 2009; Morgeson & Humprey, 2006). The implications of this multidimensionality have not been studied in any depth. However, it is increasingly recognized that a combination of multiple elements might make up the MW experience (Both-Nwabuwe, Dijkstra, & Beersma, 2017). For example, Pratt, Pradies, and Lepisto (2013) refer to MW as composed of craftsmanship (using skill and expertise); doing good (serving beneficiaries) and kinship (the quality of relationships one experiences or creates in one's work). At the same time, the few studies currently available show that antecedents such as responsible leadership are positively related to the MW dimension of "unity with others" but not to the dimension of "integrity with self." Thus, the scarce research that has compared the relative influence of antecedents on multiple dimensions of MW has indeed shown that the different dimensions of MW were impacted differently by different antecedents, emphasizing the importance of exploring MW as a multidimensional construct (Lips-Wiersma, Haar, & Wright, 2018).

The recognition of MW as a multidimensional construct and dimensions being differently influenced by various antecedents is not yet reflected in the measures used to assess MW. Recent reviews show that Spreitzer, G. M. (1995) three-item scale is the most widely used scale in the MW literature (Bailey, Yeoman, Madden, Thompson, & Kerridge I., 2016; Wang & Xu, 2017). This scale does not recognize the multidimensionality of MW since the three items in the scale are: "my job activities are personally meaningful to me," "the work I do is very important to me," and "the work I do is meaningful to me." The wide range of possible interpretations of what is important, meaningful, or significant allow hinders of a more nuanced analysis of the mechanisms that cultivate MW (Lips-Wiersma et al., 2018).

The fact that there are multiple types of autonomy, and that MW is a multidimensional construct, could mean that some types of autonomy relate to some dimensions of MW, but not or negatively, to other dimensions. However, currently, no formal theory exists that attempts to explain the relationships between the various forms of autonomy in the contemporary nursing work environment and the different dimensions of MW. Developing a sound theoretical framework that specifies which types of autonomy are most likely to increase multiple dimensions of MW could contribute to cultivating the MW experience, by guiding health care organizations to direct resources specifically toward those types of autonomy that are most likely to contribute to nurses experience of MW

(and its associated positive work outcomes such as job satisfaction). At a time where different health care organizations seem to be unsure about how to best meet the nurses' need for autonomy a framework also helps to think through the different practical options.

In this article, we therefore formulate a theoretical framework of autonomy—MW relationships in nursing. The model in this article is unique in depicting how three forms of autonomy, present in the contemporary nursing work environment, are associated to different dimensions of MW. This offers an integrative perspective intended to paint a more complete picture on how autonomy leads to MW. We begin by conceptualization the MW construct. Next, we propose a model that explains how individual, group, and professional autonomy are related to different dimensions of MW and can serve as a basis for further empirical exploration of these relationships.

Conceptualization of MW

Although the current consensus within the literature is that work becomes meaningful when multiple dimensions are fulfilled, there is, however, no consensus on what these dimensions of MW are. A recent literature review on MW based on 72 scientific articles in which MW is regarded as a multidimensional construct (Both-Nwabuwe et al., 2017) showed that there are currently as much as 10 different multidimensional models that identify dimensions of MW. There is some overlap in the dimensions within these models, for example, “pursuing a higher goal or making contributions to others or the world” and “authenticity” are reflected in multiple models. The Map of Meaning is the only model that mentions the complex dynamics between the different dimensions of MW. This offers the most refined insight into how the experience of MW can be created under the influence of a combination of factors in the work or an organization (Both-Nwabuwe et al., 2017; Lips-Wiersma et al., 2018). We, therefore, use the Map of Meaning to conceptualize MW, as it provides a means to explain how organizational practices, such as autonomy, cultivate MW in a dynamic interplay of multiple dimensions (Both-Nwabuwe et al., 2017). The Map of Meaning identifies seven dimensions of MW, divided into three components: (1) core dimensions, (2) balancing tensions between the core dimensions, and (3) inspiration and facing reality (Figure 1).

The four core dimensions of MW are “integrity with self,” “unity with others,” “service to others,” and “expressing full potential” (Figure 1). The dimension “integrity with self” refers to being true to oneself, moral development, and being authentic (Lips-Wiersma & Wright, 2012). The dimension “expressing full potential” refers to meaningfulness that comes from expressing one's talents, displaying creativity, and experiencing a sense of achievement. The dimension

Figure 1 – Map of Meaning (Lips-Wiersma & Wright, 2012).

“unity with others” refers to the meaningfulness experienced in working together with other people when mutual support, a sense of belonging and a sense of shared values is experienced. The dimension “service to others” refers to the meaningfulness one draws from a sense of contribution to the well-being of others or to the common good.

The second component of the model (i.e., “balancing tensions”) refers to the need to, over time, experience and balance all dimensions in order to experience the maximum of MW. The second component is depicted in Figure 1 along the x and y axis of the model. The x axis depicts the tension between self and others. The y axis depicts the tension between being and doing.

The third component comprises the dimensions “inspiration” and “facing reality.” It refers to work that is hopeful and aligned to some form of ideal but at the same time to work that is grounded in reality (rather than being utopian). Employees experience their work as more significant when multiple dimensions of meaning are experienced and less meaningful when this is not the case. The third component is depicted in Figure 1 in the inner and outer circle of the model (Lips-Wiersma & Wright, 2012).

Theoretical Propositions

With this conceptualization of MW in mind, we now turn to discussing the key propositions concerning relationships between the three forms of autonomy and the seven dimensions of MW. In this theory, we focus on individual perceptions of the three forms of autonomy in the work; thus, the freedom, independence, and discretion perceived by those performing the work. The propositions are presented in four parts: the proposed relationships between perceived (1) professional

autonomy, (2) individual autonomy, (3) group autonomy with core dimensions of MW, and (4) the proposed relationships between these three forms of autonomy with the dimensions “inspiration” and “facing reality.” First we will state the proposition, followed by the theoretical arguments for this proposition.

Perceived Professional Autonomy and MW

Professional nurse autonomy is defined as the perceived freedom to make independent decisions that exceed standard nursing practice and are in the best interest of the patient. Freedom means without fear, not unduly inhibited by bureaucratic rules, and not having to get consent, orders, or permission (Kramer & Schmalenberg, 2004). There is yet no theory of professional autonomy and its relationship to MW (Lee, 2015). Building on normative ethics and nursing literature, we propose:

Proposition 1. Perceived professional autonomy is positively related to the core dimensions of integrity with self, expressing full potential, unity with others, and serving others and also with the dimension balancing tensions.

Integrity With Self

From the nursing literature, professional autonomy seems to be negatively related to moral distress and positively related to a feeling of being true to oneself. Papathanassoglou et al. (2012) found—in their study on levels of autonomy among European critical care nurses and potential associations of autonomy with nurse–physician collaboration, moral distress, and nurses’ characteristics—an inverse relationship between professional autonomy and moral distress. Moral distress is a painful feeling that occurs when, for example, because of institutional constraints, the nurse cannot do what he or she perceives to be what is needed. Limited autonomy may inhibit nurses’ ability to apply personal and professional moral reasoning, a situation that may lead to moral distress (Papathanassoglou et al., 2012). Sarkoohijabalbarezi, Ghodousi, and Davaridolatabadi (2017) found, however—in a study on professional autonomy and moral distress among nurses working in children’s units and pediatric intensive care wards—that there was a significant positive relationship between professional autonomy and moral distress. Sarkoohijabalbarezi et al. (2017) argue that it is possible that when professional autonomy is increased, without adequate support from relevant authorities, moral distress occurs. If professional autonomy is not supported by authorities, however, it may be argued that professionals do not really have professional autonomy. Professional autonomy is the freedom to act on one’s knowledge base without the need for permission of some authority. Professional autonomy, which includes using one’s own judgment, impacts the extent to which one experiences integrity with self as a certain measure of autonomy is required to be able to be responsible for one’s actions. As such, we expect that professional

autonomy will be positively related to “integrity with self.”

Expressing Full Potential

As described above, having professional autonomy means having the freedom to act on one’s own professional expertise. Professional autonomy provides the opportunity for nurses to fully use their skill set. Professional autonomy is therefore likely to contribute to “expressing full potential” and will be positively related to “expressing full potential.”

Unity With Others

Several studies have found a positive relationship between higher levels of professional nurse autonomy and higher levels of team work (i.e., nurses’ working relationships with others) (Poghosyan & Liu 2016; Rafferty, Ball, & Aiken, 2001). Team working may be most effective when the staff involved have professional autonomy as they feel their practice is not restricted. Teamwork is improved by professional autonomy because individual team members can make their own professional expert contribution to the team and are therefore more engaged in teamwork (Poghosyan & Liu, 2016). The more team members are aware of each other’s contribution to the teamwork, in this case patient care, the more they experience that when working together more can be achieved. Through working together, a sense of belonging is experienced, as such meaningfulness is experienced through “unity with others.” Thus, perceived professional autonomy is likely to be positively related to “unity with others.”

Service to Others

Although empirical evidence demonstrating the relationship between professional nurse autonomy and patient outcomes is limited, a recent study by Rao, Kumar, and McHugh (2017)—on the relationship between nurse autonomy and 30-day mortality and failure to rescue in a hospitalized surgical population—show that there is a positive relationship between professional nurse autonomy and quality of patient care. As quality of patient care improves, the experience of the impact of the work increases. In line with these findings, we propose that perceived professional autonomy will be positively related to “service to others.”

Balancing Tensions

As stated above, we expect that professional autonomy has positive relationships with all four core dimensions of MW. As such, all the dimensions are experienced and there is balance between self and others and being and doing. Therefore, we expect that professional autonomy has a positive relationship with “balancing tensions” as well.

Perceived Individual Autonomy and MW

Individual task-based autonomy is the perceived “freedom, independence and discretion in scheduling

the work and in determining the procedures to be used in carrying out the individual task” (Hackman & Oldham, 1976, p. 258). Practically, individual task-based autonomy concerns decision authority of nurses to plan their work, decide when to take a break, and having the freedom to take a variety of approaches to different tasks.

Building on organization sciences, normative ethics and nursing literature, we propose the following relationships for individual autonomy:

Proposition 2. Perceived individual task-based autonomy is positively related to the core dimensions of integrity with self, expressing full potential and service to others.

Integrity With Self

As nurses have freedom in scheduling the work and decision authority over the procedures used, they have the opportunity to choose certain modes of acting over other ones. When these modes of acting are in accordance with their interests and values, they will experience self-concordance (i.e., the degree to which people believe they are behaving consistently with their interests and values; Rosso et al., 2010). The experience of self-concordance is thought to promote feelings of deep and authentic connection to oneself (Bono & Judge, 2003). As such, it is likely that perceived individual task-based autonomy will be positively related to the experience of “integrity with self.”

Expressing Full Potential

Individual task-based autonomy is based on the principle of allowing greater control over implementation of the work (Langfred & Rockmann, 2016). From a normative ethics perspective, granting autonomy to employees means organizing the work so that people can exercise skills in occupational life. When work supports autonomous agency the work itself permits opportunities for carrying out projects, exercising forethought and judgment, making decisions, taking responsibilities, planning methods, and so forth (Veltman, 2016, p. 82). De Groot, Maurits and Francke (2018) found, in their study on the attractiveness of working in home care, that work autonomy—in the sense of being able to schedule the activities and set priorities—made their work positively challenging because such autonomy requires making decisions and planning (De Groot et al., 2017). As individual autonomy provides the opportunity to take responsibility for scheduling the work and determining the best procedures to be used in carrying out the work to the best of one’s ability, it promotes creativity, maximum use of talents and a sense of achievement of a job well done. As such, we expect perceived individual task-based autonomy to be positively related to “expressing full potential.”

Service to Others

From a normative ethics perspective, work can provide a sense of purposefulness as it is through work a person can have an impact on the lives and needs of

others (Veltman, 2016, p.7). Through individual task-based autonomy, nurses are able to match tasks to the specific needs of patients, rather than, for example, applying a specific procedure at a specific time, because protocol dictates so. Because nurses are more likely to have more impact on the client, individual autonomy is expected to be positively related to “service to others.”

Despite all the positive relationships of individual autonomy with core dimensions of the Map of Meaning, the concept of autonomy is entangled with the concept of independence (Veltman, 2016). This association between perceived individual task-based autonomy and individualism or focus on oneself lead us to propose:

Proposition 3. Perceived individual autonomy is negatively related to the core dimension of unity with others and to the component of balancing tensions.

Unity With Others

In his study on the relationship between individual and group autonomy and group cohesiveness, Langfred (2000) found that individual autonomy negatively influences group cohesiveness. Individual autonomy focuses the attention on the individual, thereby decreasing perceived group identity and membership (Langfred, 2000). Thus, individual autonomy is likely to be negatively related to the experience of “unity with others.”

Balancing Tensions

As high individual autonomy induces employees to focus on themselves, such focus on self may not necessarily be balanced with a focus on the needs of the group and this creates a tension between meeting the needs of individual team members (i.e., self) as well as those of the group (i.e., others). Thus, individual autonomy will also likely be negatively related to “balancing tensions” between the self- and other-directed dimensions of MW.

Perceived Group Autonomy and MW

Whereas individual autonomy refers to the individual freedom to control the work situation, group autonomy refers to the freedom of the group to control the work situation. Group autonomy occurs when task-based autonomy is granted to work groups. For example, organizations can provide their workers group task-based autonomy through the means of autonomous work groups or self-managing teams (Langfred & Rockmann, 2016). Group task-based autonomy does not necessarily mean individual task-based autonomy. As Barker (1993) illustrated, some self-managing work groups can actually end up being very restrictive and even coercive in terms of the control they exert over individual workers. Thus, an organization granting group task-based autonomy does not necessarily mean that individuals will experience individual task-based autonomy (Langfred & Rockmann, 2016).

Group task-based autonomy is the extent to which the group has the freedom, independence, and discretion in scheduling the work and in determining the procedures to be used in carrying out team tasks (Van Mierlo, Rutte, Vermunt, Kompier, & Doorewaard, 2006). Perceived group task-based autonomy, which refers to group task-based autonomy *perceived* by group members, is therefore defined as the freedom, independence, and discretion of the team *perceived* by group members in scheduling the work and in determining the procedures to be used in carrying out team tasks (Van Mierlo et al., 2006). Building on organization sciences and normative ethics, we propose the following relationships for perceived group autonomy:

Proposition 4. Perceived group autonomy is positively related to the core dimensions of expressing full potential and unity with others.

Expressing Full Potential

Group autonomy provides its team members the opportunity to take on extra responsibilities (Van Mierlo et al., 2006). The opportunity to take on extra responsibilities increases the opportunity for task variety. Task variety challenges the skills and abilities of workers (Hackman & Oldham, 1976). If work provides opportunities for the development of job-specific skills as well as general problem-solving skills, social skills, and decision-making skills, it contributes to people flourishing even outside of work (Veltman, 2016, p. 5). Weerheim, Van Rossum, and Ten Have (2019), in their study on implementation of self-managing nursing teams, found that in self-managing nursing teams, nurses have several learning experiences in solving problems, decision-making, and communication. As a result, perceived group autonomy may be positively related to “expressing full potential.”

Unity With Others

Group autonomy may provide team members the opportunity to belong to a collective. Langfred (2000), in the earlier mentioned study on the relationship between individual and group autonomy and group cohesiveness, found that group autonomy positively relates to group cohesiveness. Group autonomy is likely to focus the attention of group members on the group as a unit, thereby increasing perceived group identity and membership (Langfred, 2000). This is also found by Weerheim et al. (2018), who reported that within self-managing nursing teams, perceived group identification is found. Thus, we expect that perceived group autonomy will be positively related to “unity with others.”

Despite all the proposed positive relationships of perceived group autonomy with the core dimensions of the map of meaning, negative effects of group autonomy have been reported mainly where the needs of the individual are in tension with those of the group. We therefore propose:

Proposition 5. Perceived group autonomy is negatively related to the core dimensions of integrity with self and to the component of balancing tensions.

Integrity With Self

Research has shown that autonomous work teams develop their own system of norms and rules, and peers within the team enforce the coercive control system on each other (Barker, 1993; Wright & Barker, 2000). Team members may feel the pressure to conform to this system, thereby violating their feeling of authenticity and reducing their moral sensibility for the work. Such forms of normative control would, from an existential perspective, destroy rather than enhance MW. Even if they did make the person feel good about their work (through for example having a sense of belonging), they would not be free because one's identity would be managed by others (Bailey et al., 2017). Perceived group autonomy therefore could be negatively related to “integrity with self.”

Balancing Tensions

Minssen (1994) proposes on the basis of case material that individual workload may increase as a result of increasing demands (more tasks and more responsibilities) due to group autonomy. Weerheim et al. (2018) have reported that increased workload is experienced after implementation of self-managing nursing teams due to the increase in supporting tasks that self-management entails. As high group autonomy focuses on the group, there is a tension between meeting the needs of the group (i.e., others) and meeting the needs of individual team members (i.e., self). Thus, perceived group autonomy will also likely be negatively related to “balancing tensions between the needs of self and those of others.”

Autonomy and “Inspiration” and “Facing Reality”

“Inspiration” and “facing reality” are related to each other, because for one to experience meaningfulness one needs to combine the inspiration of a positive vision of the ultimate purpose of one's work with the acceptance of the reality that a meaningful life is never lived under perfect conditions. These conditions can therefore not be ignored if the individual wants to experience meaningfulness. It is measured by items such as “we recognise that life is messy and that's ok” (Lips-Wiersma & Wright, 2012). Based on existing literature, we expect all three forms of autonomy to be positively related to inspiration and “facing reality.” We therefore propose:

Proposition 6. Perceived professional autonomy, individual autonomy, and group autonomy are positively related to inspiration.

Proposition 7. Perceived professional autonomy, individual autonomy, and group autonomy are positively related to facing reality.

Inspiration

Inspiration within the context of health care and of this research, is related to health care organizations' reason of existence, as expressed in their organizational vision, which is essentially about the delivery of quality care to patients. As such, in order for inspiration to be experienced, there needs to be a clear linkage between the work nurses do and the vision of the organization. If certain organizational meanings are, however, forced on the individual, for example, if everyone has to adopt a meaning of the organization being "a happy family" (Casey, 1995) this results in existential acting—which leads to exhaustion, depersonalization, and intent to quit rather than MW (Bailey et al., 2017). In this context, Bailey et al. (2017, p. 419) refers to "the dark side of managing meaningfulness" where meaning is used instrumentally to enhance motivation, performance, and commitment. Autonomy is the opposite of management of meaningfulness as it provides individuals the freedom to choose for themselves to connect to the organization's vision. Therefore, we expect that all the three forms of autonomy have a positive relationship with "inspiration."

Facing Reality

"Facing reality" means coming to terms with an imperfect self in an imperfect world (Lips-Wiersma & Morris, 2009). Rather than pretending that one can completely live up to one's inspiration, work is experienced as

more meaningful when one places this experience in the context of one's own reality which usually falls short of the ideal (in terms of having a lack of time, resources, personal skills or virtues such as patience). In organizations, this often translates into having conversations of doing the best we can with the constraints we have rather than talking or planning as if such constraints do not exist. Granting autonomy means that employees have the freedom to effectively manage their own activities, environment and its shortcomings. It allows the employees to freely question whether results can be reached with the available resources. Autonomy within the nursing context means that nurses themselves can discuss and make decisions about how to use available resources to provide good quality of care. For example, they can decide, when they are short of staff, not to admit more patients to keep the quality of care high instead of being directed by those in formal positions of authority. Meaning is lost when those in formal positions of authority claim that perfect results can be reached when employees perceive that the resources, or means to achieve this, are simply not available. The very nature of autonomy is that one does not depend on a leader, but rather is able to adjust goals in light of reality. We therefore expect that all three forms of autonomy will lead to the ability of employees to face, and work with, reality and all its shortcomings. Figure 2 shows the theoretical model with all the above stated propositions.

Figure 2 – Theoretical model. Notes: Dashed lines indicate proposed negative associations. The numbers refer to propositions.

Research Agenda and Implications for Science and Practice

Our major thesis in this paper is that currently three types of autonomy are enacted. We propose that these different types of autonomy, while related to each other, uniquely influence different dimensions of MW. The theoretical framework provided in this article explains the autonomy–MW relationship and offers health care organizations a roadmap in granting specific forms of autonomy to cultivate the MW experience (and its associated positive work outcomes such as job satisfaction). The theoretical framework is informed by a substantial body of existing literature that until this point has accumulated within different scientific fields (i.e., nursing literature, organization science, and business ethics) without being guided by an overarching theoretical framework.

Having proposed a theoretical framework on autonomy–MW relationships, the next step is to empirically test the seven propositions, because they are currently supported by varying levels of existing evidence. The most important potential contribution of the model is to inform research that tests these propositions and, based on this research, adapt the model accordingly.

Besides contributing to the scientific literature, the autonomy–MW model is intended to inform policy-makers and managers working within the health care field. The model indicates that, while autonomous teamwork seems to be gaining popularity and is generally assumed to increase workers' meaningfulness in work, health care organizations need to prioritize professional autonomy over individual and group autonomy. Professional autonomy would relate to the whole MW experience (as experienced through seven different dimensions). Thus to achieve MW, it is very important to put practices in place where individuals feel free to take risks, where they can get on with the job rather than getting permission for every single action, where they can use their own professional judgment and where they have to deal with bureaucratic interference as little as possible. These practical recommendations based on the model should be considered with caution for two reasons. First, as stated earlier, empirical testing of the model is needed to examine support for the model's propositions. Ideally, empirical studies that test the model should examine different nursing work environments (e.g., hospitals, community care, and home care). Second, not all nurses aim to find MW. Although more employees are looking for meaning in their work, there will also be employees who will not (Wrzesniewski, McCauley, Rozin, & Schwartz, 1997). These employees regard their work just as a job, and research should examine how different forms of autonomy affect employees who are not interested in meaningfulness.

Conclusion

Given the current forms of work and today's technology, the scope of freedom a nurse has over and in work has expanded in many different ways. As a result, organizations can grant different types of autonomy to their nurses. Health care organizations have been experimenting with different forms of autonomy in a range of practices from personal empowerment to self-managing teams. A theoretical framework that specifies which types of autonomy are related to which dimensions of MW would help health care organizations to prioritize autonomy practices that cultivate MW. Our model suggests that health care organizations should devote energy and resources to enhance professional autonomy to affect multiple dimensions of MW through which workers can experience MW and its associated positive work outcomes.

Acknowledgment

The authors thank Rosa van Baal, Marleen Ruitenbeek, and Mariëlle Boogmans for data collection assistance.

Funding

This study was conducted as part of a PhD in Organizational Science and was financed by Cordaan. Cordaan is a health care institute in the Netherlands with 5,500 employees and 20,000 patients. This funding does not interfere with the research program or results obtained.

REFERENCES

- Aiken, L. H., Clark, S. P., Sloane, D. M., Lake, E. T., & Cheney, T. (2008). Effects of hospital care environment on patient mortality and nurse outcomes. *Journal of Nursing Administration*, 38, 223–229.
- Bailey, C., Madden, A., Alfes, K., Shantz, A., & Soane, E. (2017). The mismanaged soul: Existential labor and the erosion of meaningful work. *Human Resource Management Review*, 27(3), 416–430.
- Bailey, C., & Madden, A. (2017). Time reclaimed: Temporality and the experience of MW. *Work, Employment and Society*, 31(1), 3–18.
- Bailey K., Yeoman R., Madden R., Thompson M., & Kerridge G., (2016). A narrative evidence synthesis of meaningful work: Progress and research agenda. In *Academy of Management Proceedings* (Vol. 2016, No. 1, p. 10608). Briarcliff Manor, NY 10510: Academy of Management.
- Barker, J. (1993). Tightening the iron cage: Concertive control in self-managing teams. *Administrative Science Quarterly*, 38(3), 408–437.

- Bono, J. E., & Judge, T. A. (2003). Self-concordance at work: Toward understanding the motivational effects of transformational leaders. *Academy of Management Journal*, 46(5), 554–571.
- Both-Nwabuwe, J. M. C., Dijkstra, M. T. M., & Beersma, B. (2017). Sweeping the floor or putting a man on the moon: How to define and measure MW. *Frontiers in Psychology*, 8, 1658.
- Bowie, N. E. (1998). A Kantian theory of MW. *Journal of Business Ethics*, 17(9–10), 1083–1092.
- Casey, C. (1995). *Work, self and society: After industrialism*. London: Routledge.
- De Groot, K., Maurits, E. E., & Francke, A. L. (2018). Attractiveness of working in home care: An online focus group study among nurses. *Health & Social Care in the Community*, 26(1), e94–e101.
- Finn, C. P. (2001). Autonomy: An important component for nurses' job satisfaction. *International Journal of Nursing Studies*, 38(3), 349–357.
- Fried, Y., & Ferris, G. R. (1987). The validity of the job characteristics model: A review and Meta-analysis. *Personnel Psychology*, 40(2), 287–322.
- Hackman, J. R., & Oldham, G. R. (1976). Motivation through the design of work: Test of a theory. *Organizational Behavior and Human Performance*, 16(2), 250–279.
- Humphrey, S. E., Nahrgang, J. D., & Morgeson, F. P. (2007). Integrating motivational, social, and contextual work design features: A meta-analytic summary and theoretical extension of the work design literature. *Journal of Applied Psychology*, 92(5), 1332–1356.
- Hodson, R. (2001). *Dignity at Work*. Cambridge University Press.
- Isaksen, J. (2000). Constructing meaning despite the drudgery of repetitive work. *Journal of Humanistic Psychology*, 40(3), 84–107.
- Kramer, M., & Schmalenberg, C. (2004). Development and evaluation of essentials of magnetism tool. *Journal of Nursing Administration*, 34(7–8), 365–378.
- Kramer, M., Maguire, P., & Schmalenberg, C. E. (2006). Excellence through evidence: The what, when, and where of clinical autonomy. *Journal of Nursing Administration*, 36(10), 479–491.
- Lake, E. T., & Friese, C. R. (2006). Variations in nurse practice environments: Relation to staffing and hospital characteristics. *Nursing Research*, 55, 1–9.
- Langfred, C. (2000). The paradox of self-management: Individual and group autonomy in work groups. *Journal of Organizational Behavior*, 21(5), 563–585.
- Langfred, C. W., & Rockmann, K. W. (2016). The push and pull of autonomy: The tension between individual autonomy and organizational control in knowledge work. *Group & Organization Management*, 41(5), 629–657.
- Lee, S. H. (2015). *Meaning in Work in Nursing as a Positive Personal Attribute*. Retrieved from the library of University of Michigan Doctoral dissertation.
- Lips-Wiersma, M., & Morris, L. (2009). Discriminating between 'meaningful work' and the 'management of meaning'. *Journal of Business Ethics*, 88(3), 491–511.
- Lips-Wiersma, M., & Wright, S. (2012). Measuring the meaning of MW: Development and validation of the comprehensive MW scale (CMWS). *Group & Organization Management*, 37(5), 655–685.
- Lips-Wiersma, M., Haar, J., & Wright, S. (2018). The effect of fairness, responsible leadership and worthy work on multiple dimensions of meaningful work. *Journal of Business Ethics*, doi:10.1007/s10551-018-3967-2 Online first.
- Michaelson, C. (2005). Meaningful motivation for work motivation theory. *Academy of Management Review*, 30(2), 235–238.
- Michaelson, C., Pratt, M. G., Grant, A. M., & Dunn, C. P. (2014). MW: Connecting business ethics and organization studies. *Journal of Business Ethics*, 121(1), 77–90.
- Minssen, H. (1994). Risks of group work in manufacturing [Risiken von Gruppenarbeit in der Fertigung]. *Angewandte Arbeitswissenschaft*, 142, 31–53.
- Morgeson, F. P., & Humphrey, S. E. (2006). The work design questionnaire (WDQ): Developing and validating a comprehensive measure for assessing job design and the nature of work. *Journal of Applied Psychology*, 91(6), 1321.
- Papathanassoglou, E. D., Karanikola, M. N., Kalafati, M., Giannakopoulou, M., Lemonidou, C., & Albarran, J. W. (2012). Professional autonomy, collaboration with physicians, and moral distress among European intensive care nurses. *American Journal of Critical Care*, 21(2), e41–e52.
- Poghossyan, L., & Liu, J. (2016). Nurse practitioner autonomy and relationships with leadership affect teamwork in primary care practices: A cross-sectional survey. *Journal of General Internal Medicine*, 31(7), 771–777.
- Pratt, M. G., Pradies, C., & Lepisto, D. A. (2013). Doing well, doing good, and doing with: Organizational practices for effectively cultivating meaningful work. *Purpose and meaning in the workplace*, 173–196.
- Rafferty, A. M., Ball, J., & Aiken, L. H. (2001). Are teamwork and professional autonomy compatible, and do they result in improved hospital care? *Quality and Safety in Health Care*, 10(Suppl 2), ii32–ii37.
- Rao, A. D., Kumar, A., & McHugh, M. (2017). Better nurse autonomy decreases the odds of 30-day mortality and failure to rescue. *Journal of Nursing Scholarship*, 49(1), 73–79.
- Rosso, B. D., Dekas, K. H., & Wrzesniewski, A. (2010). On the meaning of work: A theoretical integration and review. *Research in Organizational Behavior*, 30, 91–127.
- Sarkoohijabalbarez, Z., Ghodousi, A., & Davaridolatabadi, E. (2017). The relationship between professional autonomy and moral distress among nurses working in children's units and pediatric intensive care wards. *International Journal of Nursing Sciences*, 4(2), 117–121.
- Schwartz, A. (1982). MW. *Ethics*, 92(4), 634–646.
- Skipr. (2016). *Laurens brengt teamleiders terug in thuiszorg* [Healthcare organization Laurens brings back team-leader in home care]. Downloaded oktober 2018 Retrieved from <https://www.skipr.nl/actueel/id27349-laurens-brengt-teamleiders-terug-in-thuiszorg.html>
- Van Mierlo, H., Rutte, C. V., Vermunt, J. K., Kompier, M. A. J., & Doorewaard, J. A. M. C. (2006). Individual autonomy in work teams: The role of team autonomy, self-efficacy, and social support. *European Journal of Work and Organizational Psychology*, 15(3), 281–299.
- Veltman, A. (2016). *Meaningful Work*. Oxford University Press.
- Weerheim, W., Van Rossum, L., & Ten Have, W. D. (2019). Successful implementation of self-managing teams. *Leadership in Health Services*, 32(1), 113–128.
- Wang, Z., & Xu, H. (2017). When and for whom ethical leadership is more effective in eliciting work meaningfulness and positive attitudes: The moderating roles of core self-evaluation and perceived organizational support. *Journal of Business Ethics*, 1–22.

-
- Wrzesniewski, A., McCauley, C., Rozin, P., & Schwartz, B. (1997). Jobs, careers, and callings: People's relations to their work. *Journal of Research in Personality*, 31(1), 21-33.
- Wright, B., & Barker, J. (2000). Assessing concertive control in the term environment. *Journal of Occupational and Organizational Psychology*, 73(3), 345-361.
- Spreitzer, G. M. (1995). Psychological empowerment in the workplace: Dimensions, measurement, and validation. *Academy of management Journal*, 38(5), 1442-1465.