

**THE ROLE OF TASKS, COMPOSITION, CONTEXT,
AND TRUST AS PREDICTORS OF NURSING TEAM
PERFORMANCE IN MALAYSIAN PUBLIC
HOSPITALS**

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HOSPITALS**

By

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LIST OF ABBREVIATIONS

AVE	Average Variance Extracted
CR	Composite Reliability
EM	Estimation Maximization
EPU	Economic Planning Unit
ETP	Economic Transformation Program
GoF	Goodness of Fit
MIDA	Malaysian Investment Development Authority
MOHE	Ministry of Higher Education Malaysia
MOHM	Ministry of Health Malaysia
NEAC	National Economic Advisory Council
NKEA	National Key Economic Areas
PBC	Public Complaint Bureau
PEMANDU	Performance Management and Delivery Unit
PLS	Partial Least Square
SET	Social Exchange Theory
SIT	Social Identity Theory
SPSS	Statistical Packages for Social Sciences
SRI	Strategic Reform Initiative
WHO	World Health Organization

**PERANAN TUGAS, KOMPOSISI, KONTEKS, DAN KEPERCAYAAN SEBAGAI
PERAMAL PRESTASI PASUKAN JURURAWAT DI HOSPITAL AWAM
MALAYSIA.**

ABSTRAK

Kajian ini bertujuan untuk (a) mengkaji hubungan langsung antara ciri-ciri pasukan (tugas pasukan, komposisi pasukan, dan konteks pasukan) dengan prestasi pasukan; dan (b) mengkaji hubungan tidak langsung antara ciri-ciri pasukan (tugas pasukan, komposisi pasukan, dan konteks pasukan) dengan prestasi pasukan melalui kepercayaan pasukan sebagai perantara. Prestasi pasukan terbahagi kepada dua dimensi, iaitu prestasi tugas dan prestasi konteks. Prestasi tugas berkisar tentang pengetahuan teknikal pasukan dan aktiviti teknikal yang menjadi teras kepada organisasi. Sementara itu, prestasi konteks ialah aktiviti-aktiviti yang melibatkan persekitaran sosial dan psikologi organisasi, seperti tingkah laku membantu, penerimaan terhadap cadangan atau kritikan, dan kerjasama ahli pasukan. Tiga peramal prestasi pasukan (tugas pasukan, komposisi pasukan, dan konteks pasukan) telah dikaji dalam kajian ini. Tugas pasukan termasuk identiti tugas, kepentingan tugas, dan kebergantungan tugas, manakala komposisi pasukan terdiri daripada ciri-ciri kepelbagaian dan kemahiran pasukan. Sementara itu, konteks pasukan terdiri daripada persepsi ahli terhadap sokongan pasukan dan gaya kepimpinan transformasi oleh ketua pasukan. Dengan kadar respons sebanyak 93%, kajian ini melibatkan 300 pasukan jururawat (1436 jururawat) daripada tujuh hospital negeri di Semenanjung Malaysia. Data dikumpulkan dengan menggunakan soal selidik yang diedarkan kepada 320 pasukan. Set soal selidik mengandungi dua set. Set pertama diberikan kepada ahli pasukan dan set kedua diserahkan kepada ketua pasukan untuk dijawab. Soal selidik yang lengkap telah digabungkan untuk mendapatkan skor akhir pasukan. Hipotesis telah dianalisis menggunakan analisis *Partial Least Squares*

dan keputusan menunjukkan bahwa sebahagian daripada tugas pasukan, komposisi pasukan, dan konteks pasukan berhubung secara langsung dan tidak langsung dengan prestasi pasukan (prestasi tugas dan prestasi konteks). Keputusan selanjutnya menunjukkan bahawa kepercayaan pasukan menjadi pengantara hubungan antara tugas pasukan, komposisi pasukan, dan prestasi pasukan konteks pasukan (prestasi tugas dan prestasi konteks). Berdasarkan penemuan ini, implikasi teori dan implikasi praktikal kajian, serta cadangan kajian telah dibincangkan.

**THE ROLE OF TASKS, COMPOSITION, CONTEXT, AND TRUST AS
PREDICTORS OF NURSING TEAM PERFORMANCE IN MALAYSIAN PUBLIC
HOSPITALS.**

ABSTRACT

This study was aimed to (a) examine the direct relationship between team characteristics (team task, team composition, and team context) and team performance; and (b) examine the indirect relationship between team characteristics (team task, team composition, and team context) and team performance via the mediating role of team trust. Team performance was operationalized as constituting of two dimensions which are: team task performance and team contextual performance. Team task performance revolved around the team's technical knowledge and the technical core activities of the organization. Meanwhile, team contextual performance involves activities that are affecting the organization's social and psychological environment, such as teammates' helping behavior, acceptance towards suggestions or criticisms, and cooperation. Three predictors of nursing team performance (team task characteristics, team composition characteristics, and team context characteristics) were examined in this study. Team task characteristics include task identity, task significance, and task interdependence. Whereas, team composition characteristics consisted of team diversity and team skills. Meanwhile, team context characteristics comprise perceived team support and transformational leadership style of the team leaders. With a response rate of 93%, this study involved a total of 300 nursing teams (1436 individual nurses) from seven state hospitals in Peninsular Malaysia. Data were collected using two sets of questionnaires which were distributed to 320 teams. One set was given to the team members and another set was given to the team leaders. Completed questionnaires (by team members and team leaders) were combined where data were then merged and aggregated to the team level to get the team's final score. Analysis of the

hypotheses were done using Partial Least Squares (PLS) and results indicated that some characteristics of team task, team composition, and team context related directly and indirectly to team performance (team task performance and team contextual performance). Further results indicated that team trust mediated the relationship between team task, team composition, and team context team performance (team task performance and team contextual performance). Based on these findings, theoretical and practical implications of the study, as well as suggestions for future research were discussed and deliberated.

CHAPTER 1

INTRODUCTION

1.1 Introduction

Successful service-oriented organizations are made of competent employees who are willing to give their best to achieve the organizations' objectives either as an individual or part of a team. The use of teams to accomplish tasks denotes that the members are more energetic, synergized, and active in collective surroundings (Salas, Cooke, & Rosen, 2008; Wageman, Gardner, & Mortensen, 2012). These teams must be nurtured and developed by their organizations in order to provide maximum satisfaction to internal and external clients.

In healthcare, high-performing teams are crucial because the tasks in this sector are highly interdependent, unpredictable, and dynamic (Bleakley, 2013). Clinical teams are often faced with challenges that are complex and difficult to coordinate, requiring the teams to align high levels of collaboration between tasks, members' attributes, and the overall team strategy. Nurses in particular, are highly dependent on teams because high-performing nursing teams will lead to a higher degree of members' satisfaction, decreased stress, increased quality of healthcare, reduced medical errors, and increased patient safety

(Kalisch, Weaver, & Salas, 2009). The urge for nurses to be coordinated in tasks signifies the importance of team performance in clinical settings, specifically nursing.

This chapter provides the background of study, problem statement, research objectives, and research questions. The significance of the research and the scope of the study will also be presented. Definitions of key research terms will be supplied towards the end of the chapter.

1.2 Background of the Study

Malaysia strives to become a developed nation by 2020 and the service sector is among the sectors prioritised for economic growth (Malaysian Investment Development Authority [MIDA], 2014). By 2015, the Malaysian service sector is expected to contribute 61% to the local gross domestic profit with an estimation of RM44.6 billion worth of investment (MIDA, 2014). The country's tenth and eleventh Malaysia Plan (2011-2020) have listed various development plans that directly increase the importance of the service sector. For instance, the Tenth Malaysia Plan outlined the New Economic Model, Government Transformation Plan, and Economic Transformation Program which are generally aimed to structurally transform the country's economy and its overall well-being. The subsequent Eleventh Malaysia Plan initialized the National Development Strategy (also known as MyNDS) to deliver high impact outcomes to the nation's economy (Economic Planning Unit [EPU], 2014; EPU, 2015).

The service sector plays an important role in the economy of Malaysia. In 2013, the sector contributed RM 457.1 billion to national gross domestic product (EPU, 2014; EPU,

2015) with a total investment of RM 153.4 million in 2014 (MIDA, 2015). Additionally, the number of labour force recorded in the service sector was estimated to be 12.8 million by 2013 (MIDA, 2015). The strength of labour force and the continuous contribution of the Malaysian service sector show that the service sector is vital to the Malaysian economy.

The service sector can be divided into two main segments: the public service sector and the private service sector. These two segments equally contributed to the overall achievements of the service sector. In an effort to strategically reform the public and private sectors under the country's Economic Transformation Program (ETP), the Malaysian government has introduced ten main cores under the Eleventh Malaysia Plan along with twelve National Key Economic Areas (NKEAs). These NKEAs, particularly, are complemented with six Strategic Reform Initiatives (SRIs) designed to strategically transform the Malaysian economy in line with the structural development of high income countries (PEMANDU 2011; 2013). The ten main cores, twelve NKEAs, and six SRIs are listed in Table 1.1.

Table 1.1

The Ten Main Cores under the Eleventh Malaysia Plan, National Key Economic Areas (NKEAs), and Strategic Reform Initiatives (SRIs)

The 10 Main Cores under the 11th Malaysia Plan	National Key Economic Areas (NKEAs)	Strategic Reform Initiatives (SRIs)
1. Anchoring growth on people 2. Strengthening macroeconomic resilience for sustained growth 3. Enhancing inclusiveness towards an equitable society 4. Improving wellbeing for all 5. Accelerating human capital development for an advanced nation 6. Pursuing green growth for sustainability and resilience 7. Strengthening infrastructure to support economic expansion 8. Re-engineering economic growth for greater prosperity 9. Transforming public service for productivity 10. Malaysia beyond 2020	1. Greater Kuala Lumpur/Klang Valley 2. Oil, Gas and Energy 3. Financial Services 4. Wholesale and Retail 5. Palm Oil and Rubber 6. Tourism 7. Electrical and Electronics 8. Business Services 9. Communications Content and Infrastructure 10. Education 11. Agriculture 12. Healthcare	1. Public Finance Reform 2. Reducing Government's Role in Business 3. Human Capital Development 4. Public Service Delivery 5. Competition, Standards and Liberalization 6. Narrowing Disparity

Source: Performance Management and Delivery Unit [PEMANDU], (2013) and EPU (2015).

Both the public and the private service sectors are directly involved with the implementation of government plans listed under the tenth and eleventh Malaysia Plan. In general, the Tenth Malaysia Plan discusses heavily on government's transformation efforts, and the Eleventh Malaysia Plan revolves substantially around the well-being of the people. One of the cores of the latter is the transformation of the public service towards a better productivity (EPU, 2015). The public service delivery, as outlined by the plan, is targeted to be improved and upgraded with more creativity and innovation. The government hence

has undertaken many efforts to transform the public services to ensure their greater performance. One of the efforts is by enhancing human resource programs that are intended to increase the competence of public employees.

Compared to the private sector, the public civil service sector received a greater pressure to reform the quality of its services due to raising public demands. To promote competitiveness, the Malaysian public civil service sector has been urged to be “better attuned” to public needs (NEAC, 2010). One of the areas emphasized is the reform of public service delivery. As shown in Table 1.1, one of the SRIs listed in Table 1.1 is the reform of public service delivery, which according to the Economic Transformation Program Report 2011 (ETP Report 2011), consists of two main initiatives. The first initiative was to promote government’s efforts to become a leaner, more efficient, and facilitative public civil service. The second initiative was to ensure that the public civil service is successfully transformed into a high-performing institution (PEMANDU, 2011). In the implementation of these two initiatives, the NKEAs were being observed thoroughly especially from the aspects of human capital. Ensuring effective human capital means that the government must ensure the availability of the best talents in civil service while maintaining a citizen-centered public service (PEMANDU, 2011). Capitalizing human talents for a citizen-centered public service is also mentioned extensively in the Eleventh Malaysia Plan (EPU, 2015).

Public service delivery has been gaining much attention in government’s initiatives to promote efficiency in the civil service. As the backbone of the public sector, a total of 1.4 million civil servants are responsible in performing public service delivery in the

country (PEMANDU, 2014). Despite the sizable sector, the quality of public service delivery continues to receive opposing feedbacks and negative perceptions due to inconsistent results and lack of comprehensive strategy (NEAC, 2010). To transform the public sector, the government has planned to expand the delivery of public services in order to accommodate higher public demands. Specifically, human capital development will be intensified, a good reward and compensation mechanism will be incorporated, and modern practices and systems will be applied (NEAC, 2010). The purpose of these enhancements was to ensure continuous improvement of governance and efficiency (Performance Management and Delivery Unit [PEMANDU], 2012).



Figure 1.1 Public Service Delivery Initiatives (PEMANDU, 2013)

Figure 1.1 illustrates the multiple initiatives implemented through the Economic Transformation Program (ETP), which are aimed towards improving the public service delivery (PEMANDU, 2013). These initiatives include citizen-centered public service, real-time performance monitoring, and enhancement of Public Complaint Bureau (PBC). Still, there are emerging needs for the public service to enhance its human capital because a better management of talent will reinforce the mechanism of public service delivery and escalate the global competitiveness of the nation (Adam, 2010).

One particular sector that demands an efficient and effective public service delivery is the healthcare sector. The healthcare sector, being an important area in the twelve NKEAs, has been striving to provide a comprehensive and responsive healthcare system to all Malaysians (PEMANDU, 2013). The sector can be divided into two categories: public healthcare and private healthcare. The public healthcare sector dominates Malaysian healthcare with 82% of its services intended for inpatient care (hospitals wards), whereas the private sector only caters for 18% of the total inpatient care services in the country (World Health Organization [WHO], 2013). As for the public healthcare, the Ministry of Health has aspired to incorporate a customer-centred health system that is efficient and of high quality, especially in terms of service delivery and medical facilities (Ministry of Health Malaysia [MOHM], 2011). There is also a profound emphasis on professionalism, quality of human contacts, and the value of teamwork (MOHM, 2011).

The public healthcare targets the whole population in general and provides cheaper if not free healthcare services (WHO, 2013; Azizan & Mohamed, 2013; The Borneo Post, 2011). In Malaysia, the public healthcare services are mostly provided by the Ministry of

Health with support from other ministries including the private sector and other nongovernmental organizations (Merican & Yon, 2002; WHO, 2013). The private sector and other nongovernmental organizations (also known as NGOs) are advocates to the nation's healthcare system especially in urban areas, particularly for patients who can afford to pay higher rates of medical fees (Merican & Yon, 2002). Six core areas of public healthcare activities are carried out largely by the Malaysian Ministry of Health, as listed in Table 1.2.

Table 1.2
Core Areas of Public Healthcare Activities

Core areas	Responsible units
1. Promoting health and equitable gain	Ministry of Health Malaysia and its specified divisions, local health authorities, non-governmental organizations (NGOs) and the private sector.
2. Health protection	
3. Combating threats to public health	
4. Injury prevention	
5. Disease control	
6. Food safety	

Source: WHO (2013).

As the primary source of healthcare, public hospitals are constantly overwhelmed by patients with different medical needs. The challenge is to continuously provide quality services while absorbing other issues such as shortage of medical professionals, which can increase workloads and hamper response time to patients (The Borneo Post, 2011). Increase in workloads among nurses and doctors have caused longer waiting time and less comfort for the patients, which affects the perceived quality of public hospitals' service delivery (The Borneo Post, 2011; Pillay et al., 2011). Merican and Yon (2002) hold the view that Malaysian public hospitals are over-utilized, and the scenario is worsened by

imbalance of human resources. Medical personnel in the public hospitals have had to struggle with greater number of patients in order to fulfill public hospital's mission to be the primary source of healthcare for the country (Merican & Yon, 2002).

The above challenges highly call for a strategic transformation plan. In public healthcare delivery particularly, the strategic transformation has been mentioned in multiple reports and national documents (EPU, 2010; MOHM, 2013). Transformation initiatives include streamlining of healthcare delivery so that the capacity of care, wellness, and disease prevention can be increased. Better provision of healthcare and successful delivery of health services are believed to escalate productivity among employees and are crucial to ensuring the well-being of family institutions (MOHM, 2013). In other words, the public healthcare delivery requires a transformation for a healthier nation while maximizing patients' experience and satisfaction.

Patients' satisfaction in Malaysian public hospitals can be divided into two dimensions: clinical and physical (Manaf, 2012; Manaf & Nooi, 2009). Patients are found to be more inclined towards clinical dimension, which includes medical services from nurses and doctors, patient management, and medication management (Manaf & Nooi, 2009). Azizan and Mohamed (2013) recommend that public hospitals ensure the functional aspects of healthcare delivery, such as nursing care, is maximized because patients often rely on this regard. Among the perceivable aspects are interactions and communications between medical staffs and patients. The human aspects of clinical dimension are also discussed by Pillay et al. (2011), who maintained that employees' attitude and inefficient work processes contribute largely to the problems in the delivery of public hospitals

services. According to Pillay et al. (2011), among the factors causing the lengthy waiting time in hospital services are lack of cooperation in handling tasks, poor commitment from medical staffs, lack of medical expertise, and poor work attitude from medical employees. Besides, the raising concerns on the shortage of medical staff have also given a negative impact on hospital services (Barnett, Namasivayam, & Narudin, 2010; Manaf, 2012; Manaf & Nooi, 2009; Pillay et al., 2011).

The weaknesses in medical management can lead to medical errors that are harmful to patients. Medical errors have been a continuous concern in the healthcare industry and most cases can be traced to poor performance of the medical personnel (Zhang, Patel, & Johnson, 2002; Sears, O'Brien, Pallas, Stevens, & Murphy, 2013). These shortcomings have triggered an urgent call for better performance especially in medical teams, which typically comprise nurses and doctors. Nurses in particular, play a critical role in managing patients and delivering safe care because they are the frontliners of healthcare (Miller, Riley, & Davis, 2009).

There is a need to increase the quality of human resources in healthcare for the interest of the nation as government healthcare facilities (such as public hospitals) have been receiving growing public demands. For instance, the number of patients' admissions in public hospitals has been growing since 2011. There were 2.14 million inpatient admissions in 2011 (MOHM, 2013), 2.6 million admissions in 2012 (Malaysian Medical Gazette [MMG], 2014), 2.2 million admissions in 2013 (MOHM, 2014), and 2.5 million admissions in 2014 (MOHM, 2015). Hence, nurses and doctors need to be more effective and competent to ensure safe delivery of care to patients. In delivering health outcomes,

some human resource challenges are inevitable. The challenges include increasing pressure on public healthcare system, increasing workload in government hospitals, and higher expectations of public on the quality of healthcare (EPU, 2010). Much pressure is given on medical staffs especially nurses, despite the fact that they have already been expanded to their full capacity (Barnett et al., 2010; Hooper, Craig, Janvrin, Wetsel, & Reimels, 2010).

In handling medical tasks, the use of teams has been proven to be an effective measure (Mohamed, Newton, & McKenna, 2014; Lee, Bunpitcha, & Ratanawadee, 2011; Salas et al., 2008). The nursing teams, for example, constantly rely on their team members to accomplish daily tasks. These tasks are patient-oriented, such as medication administration, patients' documentation, and medical rounds with assigned doctors (Farquharson et al., 2013; Leufer & Cleary-Holdforth, 2013). The tasks represent the core operations of medical services in which the nursing teams play a crucial role. Based on this significance, this study will focus on the performance of formal nursing work teams (hereafter labelled as nursing teams) in the Malaysian public hospitals.

1.3 Nursing Team Scenario in Malaysia

As the largest group of healthcare professionals in Malaysia (WHO, 2013), the nurses in Malaysia constitute 2 to 3% of the female workforce in the country (Barnett et al., 2010). The nursing profession is categorized into public nurses and private nurses, with public nurses serving public hospitals, and private nurses serving private hospitals respectively. Private nurses are subjected to private hospitals' objectives, which are more profit oriented and targeted for the urban society (WHO, 2013). These hospitals have their own structure, are privately owned, and their employment schemes differ from that of public hospitals.

In comparison, public hospitals are owned by the government and are targeted for the public society at large. In public hospitals, nurses are encouraged to work full time and they will normally retire when they reach 55 to 58 years of age (Public Service Department, 2014). There are more than 50,000 public nurses serving in over 3,000 government healthcare facilities in Malaysia (MOHM, 2013). The Malaysia Health System Review 2012 by WHO revealed that Malaysia has a ratio of 2.45 nurses to 1000 population and 2.10 nurses to 1 doctor (WHO, 2013). In Malaysian public hospitals, nurses are categorized into several grades, such as nurse leaders and nurse members. Nurse leaders, or "sisters" or "matrons", carry a higher grade than nurse members, who are the community nurses and registered nurses. The categorization of nurses in Malaysian public hospital is shown in Table 1.3.

Table 1.3
Categorization of Nurses

Nursing Grade	Nursing Position
U19	Community nurse
U29	Registered nurse (Staff Nurse)
U32	Nurse leader (Sister)
U36, U38, U40	Nurse supervisor (Matron)
U41, U42	Specialized nurse (Trainers, College Directors)

Source: Public Service Department (2014).

In public hospitals, nurses are the primary providers of healthcare because they deal with patients regularly (Azizan & Mohamed, 2013). The Nursing Division of the Ministry of Health Malaysia has produced a framework containing the core competencies that should be possessed by Malaysian nurses. The third element of the competency framework (Figure 1.2) promotes the development of an effective nursing workforce through leadership and teamwork with a critical aim for proficiency and professionalism (Nursing Division Ministry of Health Malaysia, 2012b). Key areas of responsibility include leadership, teamwork, partnership, and collaboration. Good partnership between nurse members and teamwork are encouraged towards improved care and quality of the nurses. This framework also addresses the elements of corporate culture, professionalism, caring, and teamwork to aid the attainment of core competency (Nursing Division Ministry of Health Malaysia, 2012a).

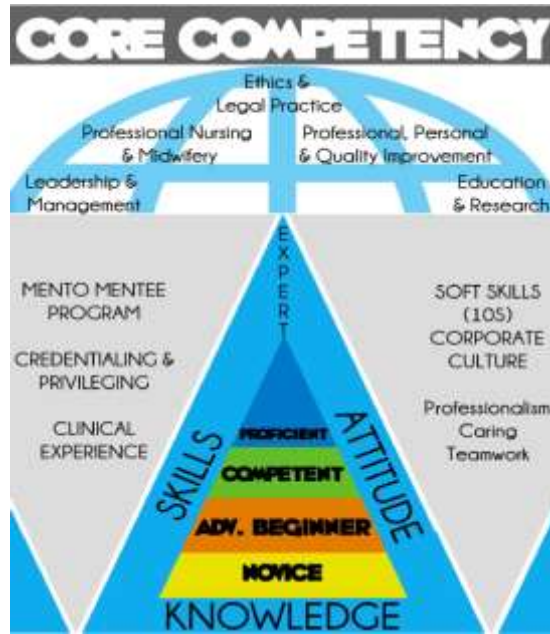


Figure 1.2 National Core Competency for Malaysian Nurses (Nursing Division Ministry of Health Malaysia, 2012b)

In their study on Malaysian nurses, Ahmad and Oranye (2010) asserted the need to re-engineer the healthcare services in the country due to shortage of nurses and increasing workloads. The nature of nursing care has evolved and work methods need to be improved in order to enhance the quality of nursing environment. Working in teams has been highly proven to increase the affection of team members and their sense of belonging (Lee et al., 2011). Teams provide the strength and premeditated means for individual members to work and connect effectively in assigned projects (Salas et al., 2008). Besides, teamwork values are also addressed as an emphasized mission of the Ministry of Health and the notion “working together” is summoned as their chartered vision (MOHM, 2011). This signifies the importance of teams in the nursing sector thus the importance of team performance in the sector's daily operations.

To perform effectively and efficiently, a nursing team requires effective collaboration among its members in order to reduce medical errors and increase patients' satisfaction (Miller et al., 2009). As pointed by Mayo and Duncan (2004), most medical errors go unreported because nurses fear the possible reactions from their teammates. In fact, these errors are more likely to happen when team performance is low (Leufer & Cleary-Holdforth, 2013; Mayo & Duncan, 2004). Therefore it is necessary to improve team performance among nurses because it will increase not only the team members' motivation and sense of belonging but also patients' satisfaction. In other words, patients' satisfaction with a healthcare service is largely triggered by the degree of teamwork among medical personnel such as nurses and doctors (Hayati, Azimatun, Rozita, Ezat, & Rizal, 2010). Patients' satisfaction is important to nursing care because it builds nurse-patient trust which ultimately eases treatment and medication (Maskor, Krauss, Muhamad, & Nik, 2013).

Nurses have the core responsibility to care for others, and as a team, they deliver safe care that affects not only patients' health but also patients' emotions (Shields, 2014). When nurse leaders and their team members walk around hospital wards to talk to patients and get feedback, patients' satisfaction increases and so does their loyalty towards the hospital services (Morton, Brekhus, Reynolds & Dykes, 2014). Public health nurses have become more specialized and qualified (Canakes & Drevdahl, 2014), and with the advancement of technology, nurses must be well-equipped with skills and knowledge to operate medical equipment that are highly technical (Tunlind, Granström, & Engström, 2014). To ensure smooth operation of everyday tasks, nursing teams must always respond effectively to recurring situations among which are medication administration, patients'

documentation, patients' health assessment, and team supervisions (Al-Kandari & Thomas, 2009; Farquharson et al., 2013; Leufer & Cleary-Holdforth, 2013).

Kalisch and Schoville (2012) purported that an effective nursing team produces greater quality of care, fewer errors, and more satisfied patients. The characteristics of nursing teams, as outlined by Kalisch and Schoville (2012), are collective orientation, leadership, mutual performance monitoring, and adaptability. Collective orientation signifies that a team holds shared responsibility and accountability, while leadership is important for team coordination and support. Mutual performance monitoring means that the team members must be aware of others' workload and that they must be ready to provide back-up. Finally, team members must be adaptive to their current workloads in case of last-minute changes in their duty chart.

In public hospitals, nursing teams confront everyday challenges that involve the public at large. Thus, to counter the challenges they have to be prepared and be equipped with skills, knowledge and a good work environment. For instance, in cases of public health emergencies such as natural disasters or bioterrorism attacks, a nursing team must be equipped with not only medical knowledge to treat patients but also the knowledge on how to handle their own fear, confusion, and stress (O'Boyle, Robertson, & Secor-Turner, 2006). Hence the team's performance in a public hospital is highly influenced by its task, skills, and members' support (Al-Homayan, Shamsudin, Subramaniam, & Islam, 2013).

The performance of a nursing team can be attributed to several factors, among which are team tasks, team composition, team context, and team process (Farquharson et al., 2013; Leufer & Cleary-Holdforth, 2013; Kalisch and Schoville, 2012; Kalisch, Lee &

Salas, 2010). Team tasks, for instance, promotes shared perceptions of team members and provides meaning to a nursing teamwork (Ortega, Sánchez-Manzanares, Gil, & Rico, 2013; Wildman, Thayer, Rosen, Salas, Mathieu, & Rayne, 2012). Meanwhile, a good team composition will allow the creation of valuable perspectives that can help a nursing team achieve greater performance (Mallik, Hall, & Howard, 2009). The context of a nursing team will inculcate a positive environment for the team members to work in, and it often includes team leadership and team support (Tuuli & Rowlinson, 2010; Hutchinson & Jackson, 2013). Team process allows for tasks to be carried out in an established order, often in an input-process-output framework (Schmutz & Manser, 2013).

In short, team tasks set the direction for a nursing team work, and a good blend of team composition and team context will create a good team surrounding. A team process will provide an order or sequence for the team to function. All these factors will influence the overall performance of the nursing team.

However, of all the above factors, team task, team composition and team context has been found to be the most critical factors that predict the performance of a nursing team (Hutchinson & Jackson, 2013; Ortega et al., 2013; Janss, Rispens, Segers, & Jehn; 2012; Mullarkey, Duffy, & Timmins, 2011; Savelsbergh, van der Heijden, & Poell, 2010; Halfhill, Sundstrom, Lahner, Calderone, & Nielsen, 2005). Therefore these three factors will be focused this study in accordance to their importance to the performance of Malaysian nursing teams.

1.4 Problem Statement

The Ministry of Health Malaysia [MOHM] (2010) reported that among the two most prevailing concerns in the country's public healthcare sector that eventually lead to poor service delivery is imbalance of human resources and lack of responsiveness from medical personnel. In the medical sector, team performance is a big part of human resource management because teams play a crucial role in ensuring an effective and safe care delivery to patients (Lee et al., 2011; Mohamed et al., 2014).

Team performance reflects the mutual understanding and cooperation between team members (Katzenbach & Smith, 1993). It represents the team's ability to make certain decisions collectively by integrating the knowledge and effort of the members (Salas et al., 2008). The use of teams in daily functioning increases organizational efficiency and innovativeness (Stock, 2004). Also, teams are mostly used for highly intricate tasks that demand interdependencies on others (Bedwell, Dietz, Keeton, Tani, Goodwin, & Smith-Jentsch, 2011).

In a medical field, nursing teams are worthy representations of effective medical teams. Nurses are not only involved in treatment and medication protocols but also accountable in providing assessment of health needs and implementation of care plan to patients (MOHE, 2010). Shiftwork, evolution of medicine, and patients' demands have increased the expectations on nurses, and nurses are expected to be actively involved in work teams and achieve greater competence through team performance (Ministry of Higher Education Malaysia [MOHE], 2010). In addition, Ahmad and Oranye (2010) and Barnett

et al. (2010) pointed out that shortage of staff and increasing workload of nurses are challenging the value of care towards patients and could jeopardize the quality of a nursing work environment. This calls for a practical and productive work strategy that demonstrates good cooperation and teamwork. Continuous aspiration for high team performance need to be inculcated to nursing team members because team performance is vital to ensuring the achievement of health objectives. These emerging conditions offer an opportunity for researchers to explore the importance of team performance in nursing teams.

Although studies on team performance are abundant, little has been conducted on nursing teams (Kalisch, Lee, & Salas, 2010; Kalisch et al., 2009). The studies on team performance in other areas, such as business and military, will not fully reflect the functioning of a nursing team because business and military environments differ from the nursing work environment. Nurses are medical agents who deal with patients, a responsibility that requires them to perform not only in an effective manner, but also in the most accurate way possible in order to ensure the well-being and safety of their patients. Given this point, more studies need to be done with medical practitioners as the focus (Bleakley, 2013). In other words, studies on team performance must focus on specific medical settings, such as nursing, because only in such conditions, the interdependencies of team members are high (Bedwell et al., 2011). In fact, most studies on the team performance in business and military settings only included students in their samples (for examples, see Driskell & Salas, 1991; Mathieu, Heffner, Goodwin, Salas, & Cannon-Bowers, 2000; Knight, Durham, & Locke, 2001; Beersma et al., 2003; West, Patera, & Carsten, 2009; Hannah, Walumbwa, & Fry, 2011; Schilpzand, Herold, & Shalley, 2011;

Solansky, 2011). This research intends to study team performance in natural work settings, as advocated by Salas et al. (2008), because the most salient behaviors of employees are projected when they are in their own natural work environment.

As mentioned, there is paucity of studies on team performance in nursing settings (Kalisch et al., 2010; Kalisch et al., 2009) and even more so in Malaysia. Most studies pertaining to Malaysian nurses only focused on individual performance (Alam & Mohammad, 2010; Arabi, Neill, & Hutton, 2012; Maskor et al., 2013; Mohamed et al., 2014; Othman & Nasurdin, 2013). Since the National Core Competency for Malaysian Nurses (Nursing Division Ministry of Health Malaysia, 2012b) highlighted teamwork as an important element, there is a need for more studies done on performance at the team level. This study attempts to address the paucity of the existing research.

Team performance is crucial to medical practitioners because it renders effective decisions, especially during critical times (Bleakley, 2013; Kalisch et al., 2009). Clinical teams, though complex and difficult to coordinate, are highly interdependent and dynamic (Bleakley, 2013). Nursing tasks particularly, are often unpredictable, thus necessitating an efficient integration and refinement of work methods. Nurses are highly dependent on teams because team performance will increase effective communication among nurses, which will further lessen medical errors, increase their sense of belonging in the workplace, elevate job satisfaction, reduce stress, maximize patients' safety, and eventually boost the overall quality of healthcare (Kalisch et al., 2009; Mohamed et al., 2014). These team members, according to Zhang et al. (2002), are directly liable for medical errors as most errors are caused by flaws in human actions. One of the contributory factors to poor medical

administration to patients is the lack of team performance among nurses, which can be traced to ineffective management of tasks (Sears et al., 2013). This is specifically true in the Malaysian context where medical errors have been speculated as possibly the number two killer in Malaysia (Tam, 2013). In 2012, 1855 cases of medical errors were reported and 991 reports involved patient beds falling in public hospitals (Utusan Malaysia, 2014). In Khoo et al.'s (2012) study on twelve public clinics in Malaysia, they found that medication errors is the most common medical error in public clinics. The errors include wrong dosage of medication, inappropriate medication, and use of non-evidence based drugs, all of which are forms of management errors that had affected 53.2% of all medical records. Other errors are documentation errors (98%) and diagnostic errors (3.6%). These percentages are alarming especially in public hospitals where the numbers of patients are constantly increasing. Nurses, as upheld by Leufer and Cleary-Holdforth (2013), contribute largely to medical error statistics, which resulted from poor team performance. These errors, such as mistakes in labelling and storing drugs, inaccurate prescription and documentation, could be caused by poor teamwork. All things considered, there is a need to further explore the critical role of team performance in nursing.

Notwithstanding, the nature of teamwork has evolved (Wageman et al., 2012). Modern teams have to perform beyond the traditional context and there is a need to look into current and updated practices of team functioning. For example, due to the continuous challenges in healthcare that involves the development of modern medical technologies and high epidemiological transitions of new diseases, medical employees including nurses must be able to coordinate care in an active and responsive way (Merican & Yon, 2002;

Hazilah, 2009; Tunlind et al., 2014). In addition, a local study done by Beh and Loo (2012) reported that two of the most important factors affecting nurses' satisfaction at work were relationship with their team leaders (71.7%) and relationship with their team members (67.9%). Their finding suggests that a good team relationship is important in ensuring nurses' satisfaction which can enhance team performance. Picking up from that fact, more focus needs to be given to researching nursing teams because they are becoming highly important medical professionals (Kalisch, 2012). As mentioned by Salas, Cooke, and Gorman (2010), more studies on team performance are required to add significance to the current literature and more efforts need to be geared towards precisely defining and labelling team level variables that can lead to team performance (Salas et al., 2010). Hence, in accordance to the call to look into current team practices (Salas et al., 2010; Kalisch & Schoville, 2012; Tunlind et al., 2014), this study strives to offer novel discoveries that can add to the literature of team performance.

Specifically, this study aims to examine the antecedents of team performance. The researcher hopes to simultaneously examine the role of the three categories of predictors (team task, team composition, and team context) as direct predictors of team performance. The purpose is also to investigate the role of trust as the mediator in the independent variable-dependent variable relationship. In the present study, team performance will be characterized by two dimensions, team task performance and team contextual performance, following the works of Stevens and Campion (1999), Morgeson, Reider, and Campion (2005), and Salas et al. (2008).

1.5 Research Objectives

The objectives of this study are:

1. To examine the direct relationship between team task characteristics (task identity, task significance and task interdependence) and team performance (task performance and contextual performance).
2. To examine the direct relationship between team composition characteristics (team diversity and team skills) and team performance (task performance and contextual performance).
3. To examine the direct relationship between team context characteristics (perceived team support and transformational leadership) and team performance (task performance and contextual performance).
4. To examine the indirect relationship between team task characteristics (task identity, task significance and task interdependence) and team performance (task performance and contextual performance) via the mediating role of team trust.
5. To examine the indirect relationship between team composition characteristics (team diversity and team skills) and team performance (task performance and contextual performance) via the mediating role of team trust.
6. To examine the indirect relationship between team context characteristics (perceived team support and transformational leadership) and team performance (task performance and contextual performance) via the mediating role of team trust.

1.6 Research Questions

This study attempts to answer the following research questions:

1. Do team task characteristics (task identity, task significance, and task interdependence) have a direct relationship with team performance (task performance and contextual performance)?
2. Do team composition characteristics (team diversity and team skills) have a direct relationship with team performance (task performance and contextual performance)?
3. Do team context characteristics (perceived team support and transformational leadership) have a direct relationship with team performance (task performance and contextual performance)?
4. Do team task characteristics (task identity, task significance and task interdependence) have an indirect relationship with team performance (task performance and contextual performance) via the mediating role of team trust?
5. Do team composition characteristics (team diversity and team skills) have an indirect relationship with team performance (task performance and contextual performance) via the mediating role of team trust?
6. Do team context characteristics (perceived team support and transformational leadership) have an indirect relationship with team performance (task performance and contextual performance) via the mediating role of team trust?