

**JOB PERFORMANCE OF PUBLIC HOSPITAL NURSES:
THE ROLE OF PERSONAL RESOURCES, JOB RESOURCES AND
WORK ENGAGEMENT**

by

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LIST OF ABBREVIATIONS

CC	Coordination of Care
CCB	Coordination of Care Behaviour
COR	Conservation of Resources Theory
CP	Compliance
CRC	Clinical Research Centre
CWB	Counterproductive Work Behaviour
ETP	Economic Transformation Programme
GDP	Gross Domestic Products
GTP	Government Transformation Programme
HR	Human Resource
HRD	Human Resource Development
HRM	Human Resource Management
IFS	Informational Support
IFSB	Informational Supportive Behaviour
ITS	Interpersonal Support
ITSB	Interpersonal Supportive Behaviour
JCM	Job Characteristics Model
JD-R	Job Demands-Resources
JTS	Job-task Support
KMO	Kaiser-Meyer-Olkin
KPIs	Key Performance Indicators
M	Mean
MNA	Malaysian Nurses Association

MOH	Ministry of Health
MREC	Medical Research Ethical Committee
MSA	Measure of Sampling Adequacy
NEM	New Economic Model
NKEAs	National Key Economic Areas
NKRAs	National Key Result Areas
NIH	National Institute of Health
OCB	Organizational Citizenship Behaviour
PEMANDU	Performance Management and Delivery Unit
POB	Positive Organizational Behaviour
POS	Perceived Organizational Support
PsyCap	Psychological Capital
SD	Standard Deviation
SET	Social Exchange Theory
SPSS	Statistical Package for Social Science
SRI	Strategic Reform Initiatives
SS	Social Support
TC	Technical Care
TCB	Technical Care Behaviour
TSB	Task Supportive Behaviour
UWES-9	Utrecht Work Engagement Scale – 9
VAD	Volunteering for Additional Duties
VB	Volunteerism Behaviour
VIF	Variance Inflation Factor

Prestasi Kerja Jururawat Hospital Awam: Peranan Sumber Personal, Sumber Kerja dan Keterikatan Kerja

ABSTRAK

Kajian ini bertujuan untuk (a) mengkaji hubungan sumber personal (modal psikologikal), sumber kerja (sokongan sosial, ciri-ciri kerja) dan prestasi kerja; dan (b) menyelidiki keberkesanan keterikatan kerja sebagai perantara kepada hubungan di atas. Teori konservasi sumber (COR) (Hobfoll, 1989) dan Teori pertukaran sosial (SET) oleh Blau (1964) digunakan dalam membangunkan kerangka kajian. Prestasi kerja mengandungi dua dimensi utama: prestasi tugas dan prestasi kontekstual. Secara khususnya prestasi tugas terdiri daripada empat dimensi: gelagat sokongan maklumat, gelagat penyelarasan penjagaan, gelagat sokongan interpersonal, dan gelagat penjagaan teknikal. Manakala, prestasi kontekstual pula merangkumi dua dimensi iaitu gelagat sukarelawan dan gelagat sokongan tugas. Kajian ini mengkaji dua bentuk sumber (sumber personal dan sumber kerja) yang boleh mempengaruhi prestasi kerja seseorang individu. Sumber personal terdiri daripada modal psikologikal (kecergasan, optimisme, harapan, keupayaan diri). Sumber kerja pula mengandungi sokongan sosial (sokongan penyelia, sokongan rakan sekerja) dan ciri-ciri kerja (maklumbalas kerja, kepentingan tugas, autonomi kerja). Sejumlah 1254 jururawat terlatih dan 496 penyelia (ketua jururawat) dari 11 hospital besar di Semenanjung Malaysia, mewakili 83.6% kadar maklumbalas, mengambil bahagian dalam kajian ini. Data diperolehi melalui soal-selidik sendiri. Sembilan hipotesis umum telah diuji dengan menggunakan sampel 1254 soal-selidik padanan penyelia-subordinat. Analisa regresi berhirarki dijalankan untuk menguji hipotesis yang dikemukakan di dalam kajian ini.

Hasil kajian menunjukkan: (1) dimensi modal psikologikal, sokongan sosial dan ciri kerja mempunyai hubungan positif dan signifikan dengan beberapa dimensi prestasi tugas dan prestasi kontekstual, (2) dimensi modal psikologikal, sokongan sosial dan ciri kerja mempunyai hubungan positif dan signifikan dengan keterikatan kerja, (3) keterikatan kerja mempunyai hubungan positif dan signifikan dengan beberapa dimensi prestasi tugas dan prestasi kontekstual, dan (4) keterikatan kerja sebagai pembolehubah perantara di antara modal psikologikal, sokongan sosial, ciri kerja dan prestasi kerja. Implikasi teoretikal dan praktikal kajian ini, serta cadangan kajian untuk masa depan juga dibincangkan.

Job Performance of Public Hospital Nurses: The Role of Personal Resources, Job Resources and Work Engagement

ABSTRACT

The aims of this study were to (a) examine the relationships between personal resources (psychological capital), job resources (social support, job characteristics), and job performance; and (b) investigate the effectiveness of work engagement as a mediator in the above relationships. Conservation of resources (COR) theory (Hobfoll, 1989) and Blau's (1964) social exchange theory (SET) were utilized in developing the research framework. Job performance was operationalized as comprising of two broad dimensions: task performance and contextual performance. Particularly, task performance consists of four dimensions: informational supportive behaviour, coordination of care behaviour, interpersonal supportive behaviour, and technical care behaviour. Meanwhile, contextual performance was considered in two dimensions, which are volunteerism behaviour and task supportive behaviour. Two forms of resources (personal resources and job resources) that may influence individual job performance have been examined in this study. Personal resources comprise of psychological capital (resilience, hope, optimism, self-efficacy). Whereas, job resources consist of social support (supervisor support, co-worker support) and job characteristics (job feedback, task significance, job autonomy). A total of 1254 staff nurses and 496 supervisors (sisters) from 11 general hospitals in Peninsular Malaysia, representing a response rate of 83.6%, participated in this study. Data were obtained via self-administered questionnaires. Nine broadly hypothesized relationships were tested using a sample of 1254 matched supervisor-subordinate pair

questionnaires. Hierarchical regression analyses were conducted to test the hypotheses posited in this study. The regression results indicated that: (1) dimensions of psychological capital, social support, and job characteristics were positively and significantly related to several dimensions of task performance and contextual performance, (2) dimensions of psychological capital, social support, and job characteristics were found to be positively and significantly related to work engagement, (3) work engagement had a positive and significant relationship with several dimensions of job performance, and (4) work engagement mediates the relationship between psychological capital, social support, job characteristics, and job performance. Theoretical and practical implications of the study as well as suggestions for future research were discussed.

CHAPTER 1

INTRODUCTION

1.0 Introduction

A service-based organization's success depends ultimately upon the performance of its customer-contact employees. Bowen and Schneider (1985) pointed out that attitudes and behaviours of customer-contact employees can influence the perceptions of the customers toward the organization's services. Given the importance of the service encounter, service-based organizations must find ways to effectively manage their customer-contact employees to ensure their employee's attitudes and behaviours are conducive to the delivery of quality service.

In a healthcare organization, nurses play an important role to portray the organization's competence as they spend most of their time directly with patients (Moritz, Hinshaw, & Heinrich, 1989). Hence, nurses' attitudes and behaviours toward patients would have significant influence towards patients' perceived service quality and satisfaction. Moreover, Moritz et al. (1989) argued that the quality of nursing care has a strong effect on healthcare organizations' ability to provide services at the desired professional standard.

This chapter provides the background of the study, problem statement, research objectives and research questions. Next, the significance and scope of study is also presented. Definitions of key terms are provided at the end of this chapter.

1.1 Background of the Study

In 2010, the Malaysian economy reported a growth of 6.0% with the services sector retaining its performance and has been recognized as a main sector that contributes to

the growth of Malaysian economy for the next 10 years (Economic Planning Unit, 2011). During the Ninth Malaysian Plan (2006-2010), the services sector growth was reported to be at 6.8% compares to the manufacturing sector at only 1.3% per annum. The services sector has been contributing more than 50% of the Malaysia's gross domestic products (GDP) since 2000 and providing more than 50% employment for the country's workforce since 1985 (Ministry of Finance, in Kanapathy, 2003). According to the Economic Planning Unit (2002), the strenuous development of the services sector is part of Malaysia's development strategy to venture into new growth areas and widen its economic base, so that the Vision 2020 of becoming a developed country by 2020 can be achieved. It is envisaged that the nation's services sector will contribute 56% of GDP by the year 2020. Today, global challenges have necessitated the need for the services sector to remain competitive and increase its efficiency and productivity.

Furthermore, under the Tenth Malaysian Plan (2011-2015), the Government targets the services sector to contribute 60% of GDP by year 2015. Moreover, during the Plan period, employment is expected to grow by 2.4% per annum reaching 13.2 million, an increase of 1.4 million jobs, mostly in the services sector. This number is significantly higher than the recorded 0.9 million jobs created during the Ninth Malaysian Plan period. Therefore, as a result of new jobs creation, the economy is expected to remain in full employment, with an estimated unemployment rate of 3.1% in 2015 (Economic Planning Unit, 2011). These suggest the importance of the services sector in contributing to the growth of Malaysian economy. As noted by Francois and Reinhert (1996) the growth in services is also recognised as an important aspect of economic development and is strongly associated with income growth and economic modernisation.

As Malaysia moves towards the year 2020, Malaysia requires a primary change in economic and social performance, as well as in the delivery of public goods and services to make sure the country's development progresses further. The implementation of the Government Transformation Programme (GTP) with seven National Key Result Areas (NKRAs), Economic Transformation Programme (ETP) with twelve National Key Economic Areas (NKEAs) and New Economic Model (NEM) with eight Strategic Reform Initiatives (SRIs) warrant the overhaul is done instantly with big outcomes attained in a short period of time. Moreover, the link with the Prime Minister's philosophy of "1Malaysia- People First, Performance Now" will clear the pathway towards achieving Vision 2020 which has been a Malaysian dream for more than a decade (PEMANDU, 2011).

Healthcare in Malaysia is mainly under the responsibility of the government's Ministry of Health (MOH), which consists of both public and private sector hospitals. Nevertheless, about 80 percent of the healthcare facilities come from the public sector hospitals and the public healthcare system is considered among the best in the region (HealthTourismInAsia, 2009). The public hospital services are greatly subsidized by the government: RM12.9 billion or 98% of the entire budget, whereas patients pay only 2% (Quek, 2011). In 2009, the government spent 7.25% of its total expenditure on public healthcare services (Trading Economics, 2011).

In the Tenth Malaysian Plan, the Government will reform both the public and private healthcare delivery system, with a focus on four key areas: (1) transforming delivery of the healthcare system; (2) increasing quality, capacity and coverage of the healthcare infrastructure; (3) shifting towards wellness and disease prevention, rather than treatment; and (4) increasing the quality of human resources for health (HRH) (Economic Planning Unit, 2011). Therefore, to ensure that transformation of the

healthcare delivery system is align with economic growth, the Government will continue to provide quality health services for the public, with newest equipment and better atmosphere. In 2012, the health services sector will be allocated RM15 billion for operating expenditure and RM1.8 billion for developing expenditure, which involves activities in constructing and upgrading hospitals and rural health clinics, and to launch 50 new 1Malaysia clinics (Bank Negara Malaysia, 2012).

Under the concept of 1Malaysia, the “people first” in health can be translated to “patient first”, and requires the provision of clear Key Performance Indicators (KPIs) to measure performance (Li, 2010). KPIs were introduced in 2004 as a foundation to benchmark the performance of the public sector and it requires all forefront agencies to develop and implement key indicators (Public Service Department, 2007). This is in tandem with the government’s initiative to increase public sector productivity.

According to Economic Planning Unit (2011), growth during the Tenth Malaysian Plan will be driven by significant increases in productivity, which will be achieved through higher levels of input from human capital, adoption of new technologies and development of entrepreneurship to drive innovation and creativity. In this regard, one avenue for productivity enhancement would be through employee job performance. This is because employee performance is a measure of the quality of an organization’s human capital. Employees are the “backbone” of the government services, which play an important role to ensure that the government policies and programmes in the new era of national development are implemented efficiently and effectively (Salleh, Yaakub, & Dzulkifli, 2011). Under these circumstances, nurses as public servants in public hospitals are expected to increase their productivity in order to reduce the government expenditure on delivering quality of healthcare services to

the public. Therefore, greater job performance will ultimately lead to higher productivity among public hospital nurses and warrant the national development agenda becomes a reality.

Zeithaml and Bitner (2003) pointed out that the utmost strength and asset of any service-based organizations is their customer-contact employees. The challenge faced by service organizations is essentially on how to motivate customer-contact employees to perform their roles so that they are able to deliver the service quality that meets the service standards of the organization. Additionally, Beinstock, DeMoranville, and Smith (2003) argued that managing customer-contact employees' performance is crucial in service organizations due to the influential effect that customer-contact employees have on service quality. Many service organizations are subjected to failure in service delivery because they must depend on customer-contact employees to deliver service to their customers (Beinstock, et al., 2003).

Nurses as customer-contact employees have always been an important component of the medical profession. They contribute to the health and well being of society in a country. Nursing is an important profession to study as nurses' play a crucial role in the healthcare delivery system (Cohen & Golan, 2007). Accordingly, nurses are the hearts and hands of healthcare (Friedman, 1991). They form the main and biggest group of healthcare professionals (Ledgister, 2003), and in both hospital and community, nurses are the one that provide round-the-clock service (Wright, 2007). Nurses are the ones who give injections and medication, as well as take care of patients and relieve their pains (The Star, May 12, 2001).

Nurse's performance has a great impact on the nature and quality of service provided to the patients. According to Lee, Chang, Pearson, Kahn and Rubenstein (1999), quality of nursing has a main impact on patients' physical and psychological

health outcomes both throughout and after hospitalization. In addition, nursing in the 21st century faces many challenges and obstacles. Nurses' everyday jobs have become more challenging and demanding, with the rising complexity of technology and the emergence of new diseases, such as Influenza A (H1N1) virus. As such, nurses engage in work long hours and physically, emotionally and mentally demanding shifts. Besides, due to the aging population and the need for quality healthcare, competent nurses are extremely required. Given these situations, nurses not only need to stay current and knowledgeable on new nursing care techniques, but are also required to have the inner strength in doing their jobs. A good nurse is one who strives above her or his basic job, is professional, cares compassionately, and at the same time able to provide quality service to the patients.

Meanwhile, Gronroos (1983) argued that the attitudes and behaviours of nurses as customer-contact employees are deemed vital in determining the quality of healthcare services. Similarly, Al-Ahmadi (2008) suggested that nurses' performance is an important determinant of quality healthcare. Hence, in order to provide quality healthcare to the public, nurses should perform and engage in favourable attitude in the form of work engagement. Based on the emergence of positive psychology: the scientific study of human strength and optimal functioning (Seligman & Csikszentmihalyi, 2000), work engagement has been regarded as one of the positive states, which is considered to be the antipode of burnout. In addition, optimal functioning also has raised interest in organizational psychology, as "the study of positively oriented human resource strengths and psychological capacities that can be measured, developed and effectively managed for performance improvement in today's workplace" (Luthans, 2002) (p.698). According to Schaufeli, Bakker, and

Salanova (2006), engaged employees have a sense of energetic and effective relation with their jobs, and they perceive that they are capable to manage their job demands.

Evidence has shown that engaged employees perform better than non-engaged employees (Bakker & Demerouti, 2008). According to Bakker and Demerouti (2008), there are four reasons to account for this situation. First, engaged employees often experience positive emotions such as happiness and enthusiasm. Second, engaged employees experience good health. Third, engaged employees create their own job and personal resources. Finally, engaged employees transfer their engagement to others. Moreover, recent research by Schaufeli and Van Rhenen (2006) has revealed that engaged employees often experience positive emotions, and this may be the reason why they are more productive. Similarly, Cropanzano and Wright (2001) argued that happy people are more sensitive to opportunities at work, more outgoing and helpful to others, and more confident and optimistic. Interestingly, several research have shown that work engagement positively influence employees' performance (e.g., Demerouti & Verbeke, 2004; Bakker, Gierveld, & Rijswijk, 2006; Gierveld & Bakker, 2005). A study conducted by Demerouti and Verbeke (2004) showed that engaged employees receive higher ratings from their colleagues on in-role and extra-role performance, indicating that engaged employees perform well and are willing to go the extra mile.

Nurses as boundary-spanners also need to have high psychological capital, in order for them to engage in their jobs. Psychological capital is an individual's positive psychological state of development and is characterized by self-efficacy, optimism, hope and resilience (Luthans, Youssef, & Avolio, 2007). The nature of nurses' job bears witness to suffering and human distress in their daily jobs and because of the stressors associated with assisting others to overcome adversity, psychological capital

is essential for nurses within their everyday work. Tusaie and Dyer (2004) argued that resilience among nursing workforce is identified as crucial for them in their daily work. The nature of workplace adversity for nurses needs them to build the inner strengths in the form of psychological capital, in order to be able to cope with and protect themselves from the effects of workplace adversity. Without these inner strengths, nurses may experience negative feelings such as burnout and depression. Throughout time, nurses' jobs will always be surrounded with elements of stressful, difficult situations, and episodes of hardship. Hence, nurses with high psychological capital are believed to be able to combat these adverse effects efficiently, which in turn, will lead to better job performance and higher service quality.

In the Ninth Malaysian Plan, the government has given higher priority in improving the health status of Malaysians, in which several efforts were implemented to enhance the delivery system and to improve the scope and quality of healthcare in both public and private sectors (Kanapathy, 2003). Moreover, the government has also announced several actions regarding health industry such as: (1) to promote Malaysia as an attractive destination for health-tourism, and (2) to improve the health status of local individuals, families and communities (Economic Planning Unit, 2006). Accordingly, public hospitals need adequate number of competent and experienced customer-contact employees (e.g., nurses and doctors) to enable them to participate actively in these programmes. Within healthcare organizations, customer-contact employees play an important role in providing quality services to the patients and influencing the success of the organization.

As of March 2008, only 85.9% of the 42,476 staff nurse positions in public hospitals had been filled, while 6,004 posts remained vacant (The Star, July 5, 2007). Furthermore, a local newspaper reported that the current nurse-to-patient ratio in

Malaysia is 1:375 (Kong, 2008). The present Health Minister, Datuk Sri Liow Tiong Lai indicated that the Health Ministry needs to reach the targeted nurse-to-patient ratio of 1:200 to meet World Health Organisation standards by 2015. Obviously, the current nurse-to-patient ratio (1:375) in Malaysia reveals the existence of a chronic shortage of nurses in public hospitals. This situation is believed to be critical as nurses have been recognized as the backbone of the healthcare services (Ministry of Health, 2004) and represent the largest employee group within the healthcare industry (Ledgister, 2003). Under such circumstances, existing nurses have more workload and greater responsibilities to enable them to deliver quality care service to the patients. Additionally, as many as 40 million people visit public hospitals every year and this has created a tremendous burden to the Ministry of Health, as the country was understaffed with regards to healthcare professionals (The Star, July 5, 2007). According to Worthington (2001) and Beyea, Hicks, and Becker (2003), understaffing leads to a hurried working environment, reduced attention to work details, diminished quality of care, and increased error rate.

According to several studies, medication errors frequently happen during the prescription and administration stages and accounted between 65% and 87% of all medication errors (Benjamin, 2003; Wilson, McArtney, Newcombe, McArtney, Gracie, Kirk & Stuart, 1998; Bates, Leape, & Petrycki, 1993). The number of deaths caused by medical errors is estimated between 44,000 to 98,000 each year, which is greater than the number of deaths caused by vehicle accidents, breast cancer and AIDS in the United States of America (Kohn, Corrigan & Donaldson, 1999).

Furthermore, Meurier, Vincent, and Parmar (1998) noted that errors attributable to human factors frequently cause more serious outcomes. Phillips, Beam, Brinker, Holquist, Honig, Lee, and Pamer (2001) conducted a study of 469 fatal

medication errors which happened from year 1993 to 1998. The study found that human factors played the most important role (65.2%), mostly because of deficiencies in performance and knowledge (44%). The local newspaper quoted the former Minister of Health, Datuk Chua Soi Lek of saying that the quality of nursing in public hospitals has deteriorated to a worrying level (Samy, 2006). The Minister further revealed that the causes of this poor performance in serving the public was due to lack of effective communication between nurses and patients, irresponsible attitude of some nurses who were not friendly, caring or sensitive to patients' needs and the lack of skills and knowledge. Moreover, there were complaints that nurses were going about their work in an indifferent and unfriendly manner, such as scolding or sneering at women in painful labour. In addition, nurses were reported to carry out wrong treatment orders on the wrong patients at the wrong time or in the wrong manner (Samy, 2006). According to the present Minister of Health, Datuk Sri Liow Tiong Lai in his speech during the International Nurses' Day on 12 May 2009, there were 311 public complaints in year 2008 that involved nurses, where 41% of the complaints were related to service quality while 23% pertained to nurses' behaviour (Ministry of Health, 2009). Furthermore, The Ministry of Health has received many complaints from the public against government healthcare facilities. From year 2000 to 2006, the Ministry settled more than 50 cases totalling RM3.5 million in compensation. From January to March 2007, the ministry received as many as 53 complaints from the public and has been taken action to resolve them (The Star, July 5, 2007).

In conclusion, due to their boundary-spanning roles, nurses spend most of their time directly with patients. Hence, the nurses' attitudes and behaviours toward patients have a significant effect on patients' perceived service quality and satisfaction. As nurses play a vital role in delivering quality care, it is deemed

necessary for the hospital administrators to determine factors that might influence nurses' work engagement, and in turn, increase their job performance.

1.2 Problem Statement

Job performance is referred as the effectiveness of individual behaviours that contribute to organizational objectives (McCloy, Campbell, & Cudeck, 1994). In a hospital setting, the performance of nurses has been acknowledged as an essential element in the provision of quality healthcare (Al-Ahmadi, 2008). Research has shown that nursing care quality is the largest predictor of patients' satisfaction (Larrabee, Ostrow, Withrow, Janney, Hobbs, & Burant, 2004). Moreover, quality healthcare is a main objective of the healthcare system and nursing performance has been found to be linked to the quality of healthcare obtained (Deckard, Rountree & Hicks, 1988; Dyer, Cope, Manson, & Drimmelen, 1972).

Attitudes and behaviours of nurses as customer-contact employees are significant in providing the quality of care due to the interactive nature of service delivery (Gronroos, 1983). Several studies, such as the work by Yang and Huang (2005), Mryyan (2006), and Hall (2007), have focused on understanding nurses' work behaviour such as job performance and their intention to quit. For example, in Taiwan, staff nurses' morale was found to predict patient satisfaction (Yang & Huang, 2005). Meanwhile, Mrayyan (2006) conducted a study on patient satisfaction, job satisfaction of nurses, and quality of care in a hospital in Jordan. The study found that nurses have moderate job satisfaction, patients reported moderate levels of satisfaction with nurses' care and head nurses reported satisfaction with quality of nursing care.

In Malaysia, several studies on job performance have been conducted. However, these studies focused on different occupational settings. For example, Khor (1998) studied job performance among teachers, Woon (2001) examined job performance of support group employees and Meruda (2003) investigated job performance of salespeople in insurance companies. To the researcher's knowledge, very few studies have been conducted in the nursing context, specifically in Malaysian public hospitals. For instance, Othman and Ali (2007) conducted a study on staff nurses' job performance in 9 public hospitals in Kedah, while Abraham (2002) conducted a study on nurses' performance in Hospital Kota Bharu. The antecedent variables in their studies were organizational citizenship behaviour and work environment. Given the paucity of a comprehensive research on job performance among nurses in public hospitals in Malaysia, this study hopes to contribute to the extant literature by examining a set of antecedent variables.

Furthermore, even though several studies have been conducted on job performance in the nursing context (e.g., Mrayyan & Al-Faouri, 2008a; 2008b; Al-Ahmadi, 2008; Luthans, Lebsack, & Lebsack, 2008; Othman & Ali, 2007; Takase, Maude, & Manias, 2006), these studies focused on task performance alone. For instance, Mrayyan and Al-Faouri (2008) used Schwirian's (1978) six-dimension model, whereas Takase, Maude, and Manias (2006) utilized Goodman and Svyantek's (1999) task performance scale. The constraint of using these instruments is that they focus on a limited domain of task-specific behaviours that nurses perform within their roles. Conversely, research from the job performance literature has suggested that task-specific behaviours are not the sole predictor of positive outcomes for customers (Bell & Menguc, 2002). Bell and Menguc's (2002) study found that nurses actually

engaged in a wider range of behaviours that are more discretionary in nature but significant in promoting overall quality care.

In this study, job performance is conceptualized as having two dimensions: task performance and contextual performance. This two-dimensional conceptualization of job performance was developed by Greenslade and Jimmieson (2007) based on an established job performance model proposed by Borman and Motowidlo (1993). According to Greenslade and Jimmieson (2007), this model has not been used in the healthcare setting. In fact, several studies have argued that nurses engage in both task and contextual performance behaviours. For instance, in a research by Bakker, Demerouti, and Euwema (2005), it was found that nurses engaged in both in-role and extra-role behaviours and that the performance of these behaviours was influenced by the nurses' level of burnout. Moreover, Kidder (2002) conducted a study to examine citizenship behaviours across professions and discovered that nurses performed a huge amount of helping behaviour in their job. Furthermore, a model proposed by Borman and Motowidlo's (1993) aligns with research from the patient satisfaction literature that suggests patient satisfaction is determined by both technical care and contextual factors. Therefore, this study will view job performance as comprising of task performance and contextual performance, in accordance to recent developments in conceptualizing the job performance construct.

As nurses represent frontline employees and play the role of boundary spanners, their attitudes and behaviours will significantly influence quality of healthcare services. This is especially true for public hospitals because one such favourable attitude that has been shown to positively affect the display of good job performance is work engagement (Saks, 2006). Although several studies have

examined the direct effect of work engagement on job performance (e.g. Demerouti & Bakker, 2006; Schaufeli, Bakker, & Salanova, 2006), to the researcher's knowledge, there is no study (except Xanthopoulou, Bakker, Heuven, Demerouti, & Schaufeli, 2008) that has investigated the role of work engagement as a mediator between job performance and its predictors (psychological capital, social support, and job characteristics). Furthermore, Mauno, Kinnunen, and Ruokolainen (2007) argued that study on work engagement has remained scant, due to the fact that the concept is rather new.

Besides, a review of the literature indicates that the predictors of job performance have not been viewed from the resources perspective. According to scholars (e.g., Schaufeli & Bakker, 2004; Schaufeli & Salanova, 2007), resources have a motivational potential, which in turn, will affect an individual's attitude (e.g., work engagement) and behaviour (e.g., job performance). Two types of resources that have been identified as crucial in influencing employees' work attitudes and behaviours are job resources and personal resources (Xanthopoulou, Bakker, Demerouti, & Schaufeli, 2007a; Saks, 2006).

Job resources can play an extrinsic motivational role, because a resourceful work environment will generate an individual's willingness to contribute one's efforts and abilities to the work task. The availability of job resources will ensure that an individual's task will be successfully implemented. Kahn (1992) purported that jobs that are high on the five core job characteristics (Hackman & Oldham, 1980) provide individuals with intrinsic motivation which leads to higher work engagement. Nonetheless, the current issue of nurse shortages in Malaysia has led to further increase in workload and responsibilities among nurses (The Star, July 5, 2007). Therefore, increasing job demands (e.g., workload) without increasing job resources

would result in low work engagement, which in turn, leads to poor job performance among public hospital nurses.

Furthermore, personal resources, on the other hand, are aspects of the self that are generally correlated to resiliency and refer to individual's sense of ability to control and impact upon their environment successfully (Hobfoll, Johnson, Ennis, & Jackson, 2003). With personal resources, individual will be capable in achieving his/her work goal. Based on the emerging field of positive organizational behaviour, in this study, psychological capital which goes beyond human capital and social capital (Luthans & Avolio, 2003; Luthans et al., 2006, 2007) will be examined as a form of personal resources in predicting nurses' job performance. According to Luthans, Avolio, Walumbwa, and Li (2005), studies on the impact of an individual's positive psychological states on his/her job performance has been largely ignored. To date and to the knowledge of the researcher, there have been few studies (e.g., Luthans et al., 2008; Youssef, 2004; Larson, 2004) on the role of psychological capital comprising of self-efficacy, optimism, hope and resilience, in predicting the job performance of employees. Given the fact that nursing is considered to be an intrinsically stressful profession (Decker, 1997), with the nature of nurses' jobs dealing with the patients' physical needs, and high demands for compassion and sympathy, public hospital nurses need to have the inner strength in the form of psychological capital. Without this psychological capital which consists of self-efficacy, optimism, hope and resilience, nurses may experience negative feelings such as depression and burnout, which will affect their attitude (work engagement) and behaviour (job performance).

In addition, Kahn (1990) argued that individual's perceptions of their work contexts (job resources) and their own personal characteristics (personal resources)

promote psychological conditions that directly influence his/her willingness to personally engage in work roles. Therefore, this study intends to fulfil this gap in the literature.

1.3 Research Objectives

The objectives of this study are:

1. To examine the direct relationship between personal resources (psychological capital which consists of self-efficacy, optimism, hope, and resilience) and job performance (task performance and contextual performance).
2. To examine the direct relationship between job resources (social support which include supervisor support and co-worker support; job characteristics which consists of job autonomy, job feedback, task significance, task identity, and skill variety) and job performance (task performance and contextual performance).
3. To examine the direct relationship between personal resources (psychological capital which consists of self-efficacy, optimism, hope, and resilience) and work engagement.

4. To examine the direct relationship between job resources (social support which include supervisor support and co-worker support; job characteristics which consists of job autonomy, job feedback, task significance, task identity, and skill variety) and work engagement.
5. To examine the direct relationship between work engagement and job performance (task performance and contextual performance).
6. To examine the indirect relationship between personal resources (psychological capital which consists of self-efficacy, optimism, hope, and resilience), job resources (social support which include supervisor support and co-worker support; job characteristics which consists of job autonomy, job feedback, task significance, task identity, and skill variety) and job performance (task performance and contextual performance) through the mediating role of work engagement.

1.4 Research Questions

This study attempts to answer the following research questions:

1. Do personal resources (psychological capital which consists of self-efficacy, optimism, hope, and resilience) have a direct relationship with job performance (task performance and contextual performance)?

2. Do job resources (social support which include supervisor support and co-worker support; job characteristics which consists of job autonomy, job feedback, task significance, task identity, and skill variety) have a direct relationship with job performance (task performance and contextual performance)?
3. Do personal resources (psychological capital which consists of self-efficacy, optimism, hope, and resilience) have a direct relationship with work engagement?
4. Do job resources (social support which include supervisor support and co-worker support; job characteristics which consists of job autonomy, job feedback, task significance, task identity, and skill variety) have a direct relationship with work engagement?
5. Does work engagement has a direct relationship with job performance (task performance and contextual performance)?
6. Do personal resources (psychological capital which consists of self-efficacy, optimism, hope, and resilience), job resources (social support which include supervisor support and co-worker support; job characteristics which consists of job autonomy, job feedback, task significance, task identity, and skill variety) have an indirect relationship with job performance (task performance and contextual performance) via work engagement?

1.5 Significance of Study

This study hopes to provide significant theoretical and practical contributions in the area of nurses' job performance. Specifically, the contributions are:

1.5.1 Theoretical Contribution

Firstly, this study examine the influence of personal resources (psychological capital which consists of self-efficacy, optimism, hope, and resilience) and job resources (social support which include supervisor and co-worker support; and job characteristics which consists of job autonomy, job feedback, task significance, task identity, and skill variety) on job performance (task performance and contextual performance) at the individual level of analysis. Several studies have been conducted on job performance in nursing context using task performance scales. The drawback of these scales is that they focus on a limited domain of task-specific behaviours that nurses perform in their job (Greenslade & Jimmieson, 2007). Nurses actually engage in a wider scope of behaviours that are more discretionary in nature but important in the promotion of quality care overall. In order to overcome this limitation, this study conceptualized job performance as having two dimensions: task performance and contextual performance developed by Greenslade and Jimmieson (2007) based on an established job performance model proposed by Borman and Motowidlo (1993). According to Greenslade and Jimmieson (2007), this model has not been used in the healthcare setting. Thus, this study attempts to test this scale in the Malaysian nursing context.

Secondly, in this study, the role of work engagement as the mediator is examined. Psychological research has only begun to focus on studying individuals from a positive rather than negative perspective such as job burnout, malfunction and

weaknesses (Seligman & Csikszentmihalyi, 2000). They argued that the focus on a “positive psychology” is needed to cover all aspects of psychology. This emerging psychology focuses on building positive human qualities rather than exclusively studying the repair of human maladaptive behaviours. Therefore, this study attempts to investigate and provide a more in-depth explanation on the prevalence of the positive psychological states, namely work engagement.

Thirdly, this study provides additional knowledge on job performance by combining the conservation of resources theory (COR) (Hobfoll, 1989) and social exchange theory (SET) (Blau, 1964), particularly in the Malaysian nursing context. This study investigates the applicability of these two theories by examining the direct relationships between resources (personal resources and job resources) and individual’s work outcomes (job performance) as well as the indirect relationships between resources (personal resources and job resources) and job performance through positive attitude (work engagement).

1.5.2 Practical Contribution

First, findings from this study will provide information on the importance of contextual performance besides task performance in the delivery of quality care to patients. It is evident that contextual performance (organizational citizenship behaviour - OCB) has been taken into consideration when supervisors evaluate subordinates’ job performance (Borman, White, & Dorsey, 1995; Werner, 1994). This is because research from the job performance literature noted that task behaviours are not the only predictor of positive outcomes for customers (Bell & Menguc, 2002). In reality, nurses involve in a wider range of behaviours that are more discretionary and promote overall quality care (Greenslade & Jimmieson, 2007). Therefore, the

supervisors (sisters or matrons) should clearly inform and explain to the nurses under their supervision how citizenship behaviour or contextual performance might affect their quality care to patients and how it can influence their performance appraisal ratings and prospects for development.

Second, psychological capital reflects an individual's positive psychological state development comprising of hope, self-efficacy, optimism and resilience; which goes beyond human and social capital (Luthans & Avolio, 2003). As a form of personal resources, psychological capital is important in contributing to greater work engagement (Xanthopoulou, Bakker, Demerouti, & Schaufeli, 2007a) and job performance (Luthans, Norman, Avolio, & Avey, 2008; Luthans, Avolio, Walumbwa, & Weixing Li, 2005). Hence, the findings of this study will contribute to the selection of nurses by the Malaysian Ministry of Health (MOH). In addition, the MOH should also review their human resource development (HRD) strategies aimed at enhancing the psychological capital among nurses, which enables them to cope efficiently with stressful work environment. Nurses who have strong psychological capital are believed to perform well in their jobs and deliver the quality of care to the patients. Therefore, this study hopes to provide information to the Malaysian Ministry of Health regarding the importance of psychological capital in fostering good performance among nurses in public hospitals.

Third, since personal resources and job resources can have direct effects on nurses' job performance and indirect effects via work engagement, findings from this study will provide information on factors that might affect work engagement and job performance among nurses. The results of this study will be able to not only assist the Ministry of Health in recruiting nurses with high psychological capital but also help the ministry in developing a better human resource development programme aimed at

fostering positive attitudes in the form of work engagement and better job performance (task performance and contextual performance), which in turn, will lead to higher service quality.

1.6 Scope of the Study

There are three types of public hospitals in Malaysia, namely, general hospitals, district hospitals, and special medical institutions. Nonetheless, this study was conducted among staff nurses and their immediate supervisors (sisters) working in eleven general hospitals in Peninsular Malaysia. Each state has one general hospital that provide up to specialized medical care. Data were collected from both supervisors (sisters) and subordinates (staff nurses). A total of 1500 matched supervisor-subordinate (i.e., sister-staff nurse) pair questionnaires were distributed.

1.7 Definitions of Key Terms

The following operational definitions will be used for the purpose of this study:

Job Performance. Job performance in general refers to the effectiveness of individual behaviours that contribute to organizational objectives as defined by McCloy, Campbell, and Cudeck (1994). In this study, job performance is conceptualized as comprising of two dimensions: task performance and contextual performance, in accordance to the suggestion made by Borman and Motowidlo (1993).

Task Performance. Following Greenslade and Jimmieson (2007), task performance in this study is defined as the behaviours that are core components of being a nurse.

The four dimensions of task performance are informational support, coordination of care, social support and technical care.

Informational Support refers to giving information and education regarding patient's condition and treatment to patients and their families.

Coordination of Care refers to updating other nurses in the same department/unit about the patient's condition and treatment and ensuring that other nurses are aware of the patient's history.

Social Support refers to emotional support to patients and their families. It consists of talking about any concerns or fears/worries and providing comfort.

Technical Care refers to formulating a care plan in consultation with patient's families and medical officer. It also includes assisting patients with daily living activities and providing treatments and medication.

Contextual Performance. In this study, contextual performance refers to behaviours that contribute to the organizational, social or psychological environment of the hospital (Greenslade & Jimmieson, 2007). The four dimensions of contextual performance are interpersonal support, job-task support, compliance, and volunteering for additional duties.

Interpersonal Support refers to assisting other nurses with their jobs when required and helping new nurses to learn about nursing jobs. It also includes providing comfort and emotional support to other employees in the hospital.

Job-task Support refers to staying late to assist patients and their families and making special arrangements for family members.

Compliance refers to nurse's conformity to the hospital's rules and regulations.

Volunteering for Additional Duties refers to nurse volunteering for duties/jobs outside her/his recognized job expectations.

Work Engagement in this study is defined according to Schaufeli and Bakker (2004) which refers to a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption.

Vigor refers to the high levels of energy and mental resilience while working, the willingness to invest effort in one's work, and persistence even in the face of difficulties.

Dedication is characterized by being strongly involved in one's work and experiencing a sense of significance, enthusiasm, inspiration, pride and challenge.

Absorption refers to being fully concentrated and happily engrossed in one's work, whereby time passes quickly and one has difficulties with detaching oneself from work.

Psychological Capital (PsyCap). In this study, psychological capital is defined as an individual's positive psychological state of development and is characterized by self-efficacy, optimism, hope and resilience based on the conceptualization by Luthans, Youssef, and Avolio (2007).

Self-efficacy. Following Bandura (1997), self-efficacy in this study refers to individuals' beliefs that they have the skills and resources needed to succeed at a specific task.

Optimism is conceptualized as related to human performance processes of goal accomplishment and self-regulation (Scheirer & Carver, 1985).

Hope. Following Snyder, Rand, and Sigmon (2002), this study defined hope as an individual's perceived capability to derive pathways to desired goals and motivate oneself via agency thinking to use those pathways.

Resilience refers to an individual's positive psychological capacity to rebound, to 'bounce back' from adversity, uncertainty, conflict, failure, or even positive change, progress and increased responsibility as defined by Luthans (2002a).