

INFLUENCE OF GOVERNANCE STRATEGIES, ORGANIZATIONAL
CLIMATE AND INDIVIDUAL BEHAVIORS TOWARDS NURSES
PERFORMANCE

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UNIVERSITI TEKNOLOGI MALAYSIA

INFLUENCE OF GOVERNANCE STRATEGIES, ORGANIZATIONAL
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PERFORMANCE

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DEDICATION

Alhamdulillah

This thesis is dedicated to:

My beloved husband Mohd Nazri bin Dollah and to all my lovely children;
Nurul' Ain Syuhada, Imran Abrisam and Imran Muqrim.

For their endless encouragement, support and sacrifice which I owe them my all.

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ABSTRACT

Nursing services have been acknowledged to have direct effects on ensuring the success of initiatives to increase the quality and value of healthcare. Performance-related issues among nurses in the context of Malaysian public hospitals have brought interest to the researcher to examine and assess the constituents of nurses' performance. The objectives of this research are to determine constituents of nurses' performance based on availability, competence, responsiveness, and productivity as well as to examine the influence of contextual factor namely organizational governance strategies, organizational climate, and individual behavior towards nurses' performance. Prior to the field study, Nurse Performance Scale (NPS) was developed, and validation of the questionnaire was done using lay expert review, research expert review and exploratory factor analysis. Using probability and proportionate sampling, a survey was distributed to 938 nurses in three levels of care in public hospitals, namely district hospitals, major specialist hospital, and tertiary hospital in the state of Terengganu. A total of 792 (84.4%) responses was analyzed. The results of ANOVA indicated that the differences in dimensions of performance level among nurses between levels of care were statistically significant. Two types of structural models were established to test the hypothesized relationships. The results showed that six hypothesized direct paths were found to be statistically significant in the district hospitals model. Governance strategies, shared governance, performance management, professional development, organizational climate, and individual behavior were found to be significantly influence the level of nurses' performance. The findings of the study also demonstrated dynamic relationships in different levels of care in relation to organizational governance strategies, organizational climate, and individual nurse behaviors towards their performance. This research proposed a Nursing Workforce Performance Framework (NWPF) which outlined a set of strategies, action plans and policy recommendations to manage key determinants to nurses' performance. This framework is beneficial to Ministry of Health as guidelines in enhancing nursing workforce performance. Nursing practices in public and private sectors may benefit from the research outcomes as guidelines for managing key determinants to nurses' performance.

ABSTRAK

Perkhidmatan kejururawatan diakui mempunyai kesan langsung dalam memastikan kejayaan inisiatif untuk meningkatkan kualiti dan nilai penjagaan kesihatan. Isu-isu berkaitan prestasi di kalangan jururawat dalam konteks hospital awam di Malaysia telah menarik minat penyelidik untuk mengukur dan menilai komponen prestasi jururawat. Objektif penyelidikan ini adalah untuk menentukan komponen prestasi jururawat berdasarkan kebersediaan, kompetensi, responsif, dan produktiviti serta untuk mengkaji pengaruh faktor kontekstual iaitu strategi governan organisasi, iklim organisasi, dan tingkah laku individu terhadap prestasi jururawat. Sebelum kajian lapangan dilaksanakan, Skala Prestasi Jururawat (NPS) dibangunkan, dan pengesahan soal selidik dilakukan dengan menggunakan kaedah tinjauan pakar awam, tinjauan pakar penyelidikan dan analisis faktor eksploratori. Dengan menggunakan persampelan kebarangkalian dan proporsional, soal selidik diedarkan kepada 938 jururawat di tiga tahap perawatan di hospital awam, iaitu hospital daerah, hospital pakar utama, dan hospital tertiar di negeri Terengganu. Sejumlah 792 (84.4%) maklum balas dianalisis. Hasil ANOVA menunjukkan bahawa perbezaan dimensi tahap prestasi di antara jururawat antara tahap perawatan adalah signifikan secara statistik. Dua jenis model struktur dibentuk untuk menguji hubungan yang dihipotesiskan. Hasil kajian menunjukkan bahawa enam laluan regresi yang dihipotesiskan adalah signifikan secara statistik dalam model hospital daerah. Strategi governan, governan bersama, pengurusan prestasi, pembangunan profesional, iklim organisasi, dan tingkah laku individu didapati mempengaruhi tahap prestasi jururawat secara signifikan. Penemuan kajian ini juga menunjukkan hubungan dinamik dalam tahap perawatan yang berbeza berkaitan dengan strategi governan organisasi, iklim organisasi, dan tingkah laku perawat individu terhadap prestasi mereka. Penyelidikan ini mencadangkan Kerangka Prestasi Tenaga Kerja Kejururawatan (NWPF) yang menggariskan satu set strategi, rancangan tindakan dan cadangan dasar untuk menguruskan penentu utama prestasi jururawat. Kerangka ini bermanfaat bagi Kementerian Kesihatan sebagai panduan dalam meningkatkan prestasi tenaga kerja jururawat. Amalan kejururawatan di sektor awam dan swasta boleh memanfaatkan hasil penyelidikan sebagai panduan untuk menguruskan penentu utama prestasi jururawat.

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LIST OF ABBREVIATIONS

ANOVA	- Analysis of Variance
APC	- Annual Practicing Certificate
AVE	- Average Variance extracted
AWT	- Annual Work Target
BARS	- Behaviorally Anchored Rating Scale
BOR	- Bed Occupancy Rate
CAHMHSR	- Contextual Analysis of Malaysia Health System Report
CCTDI	- California Critical Thinking Disposition Inventory
CE	- Continuous Education
CFA	- Confirmatory Factor Analysis
CFI	- Comparative Fit Index
CG	- Clinical Governance
CHP (2011–2015)	- Country Health Plan (10 th Malaysia Plan) 2011–2015
CME	- Continuous Medical Education
CNE	- Continuous Nursing Education
CPB	- Contextual Performance Behavior
CPE	- Continuing Professional Education
CPCN	- Code of Professional Conduct for Nurses
CPD	- Continuous Professional Development
CPDN	- Continuing Professional Development (CPD) for Nurses
CPE	- Continuous Professional Education
CR	- Construct Reliability
CVI	- Content Validity Index
CVR	- Content Validity Ratio
CWB	- Counterproductive Work Behavior
CWEQ	- Condition of Work Effectiveness Questionnaire
D ²	- Mahalanobis Distance
DH	- District Hospital

EFA	- Exploratory Factor Analysis
EPU	- Economic Planning Unit
ETP	- Economic Transformation Programme
FIQSRM	- Framework Document and Companion Guide for the Integrated Management of Quality, Safety and Risk in the Malaysian Health Care System
GDP	- Gross Domestic Products
GFI	- Goodness Fit Index
GS	- Governance strategies
GSANP	- Guidelines and Standard Criteria for Accreditation of Nursing Program
GTP	- Government Transformation Programme
GWHA	- Global Health Workforce Alliance
HAP	- Hospital Accreditation Program
HIMS	- Hospital Informatics Management System
HPIA	- Hospital Performance Indicator for Accountability
HR	- Human Resource
HRD	- Human Resource Development
HRH	- Human Resource for Health
HRHCPM	- Human Resources for Health Country Profiles Malaysia
HRM	- Human Resource Management
HSTP	- Healthcare Services Transformation Plan (2016–2020)
IB	- Individual Behavior
I-CVI	- Item-level Content Validity Index
IFS	- Informational Support
IFSB	- Informational Supportive Behavior
IPNG	- Index of Professional Nursing Governance
IRR	- Inter-Rater Reliability
ITS	- Interpersonal Support
ITSB	- Interpersonal Supportive Behavior
JCM	- Job Characteristics Model
JD-R	- Job Demands-Resources

JKNT	- Terengganu State Health Department
JPP-NIH	- NIH Research Review Panel
JTS	- Job-task Support
KMO	- Kaiser-Meyer-Olkin
KPIs	- Key Performance Indicators
KRA	- Key Results Area
LEP	- Lay Expert Panel
LLL	- Life-long Learning
M	- Mean
Magnet	- Magnet® Hospital
MCPE	- Mandatory Continuous Professional Education
MDGs	- Millennium Development Goals
MHAS4	- Malaysian Hospital Accreditation Standards (4 th Ed.) SO4: Nursing Services
MHAS5	- Malaysian Hospital Accreditation Standards (5 th Ed.) SO4: Nursing Services
MHSR	- Malaysia Health System Review
MNA	- Malaysian Nurses Association
MNB	- Malaysian Nurses Board
MoH	- Ministry of Health
MoHPA (2016–2020)	- Ministry of Health Plan of Action (2016–2020)
MoHSP (2006–2010)	- Ministry of Health Strategic Plan (2006–2010)
MoHSP (2011–2015)	- Ministry of Health Strategic Plan (2011–2015) 1 Care 1 Malaysia
MoHSP (2016–2020)	- Ministry of Health Strategic Plan (2016–2020)
MREC	- Medical Research Ethical Committee
MSA	- Measure of Sampling Adequacy
MSH	- Major Specialist Hospital
MSQH	- Malaysian Society for Quality in Health

M-WHO CCs (2009–2013)	- Malaysia-WHO Country Cooperation Strategy (2009–2013)
M-WHO CCs (2016–2020)	- Malaysia-WHO Country Cooperation Strategy (2016–2020)
NCS	- Nurse Competence scale
NEM	- New Economic Model
NFI	- Normed Fit Index
NIH	- National Institute of Health
NKEAs	- National Key Economic Areas
NKRAs	- National Key Result Areas
NMRR	- National Medical Research Register
NP	- Nurse Performance
NPD	- Nursing Professional Development
NWI	- Nursing Work Index
NWPF	- Nursing Workforce Performance Framework
OC	- Organizational Climate
OCB	- Organizational Citizenship Behavior
OECD	- Organization for Economic Co-operation and Development
PA	- Performance Appraisal
PAS	- Performance Appraisal System
PC	- Performance consequences
PCA	- Principle Component Analysis
PD	- Professional Development
PEMANDU	- Performance Management and Delivery Unit
PG	- Public Governance
PM	- Performance Management
PS	- Performance Standard
PSD	- Public Service Department
Q	- Quality-oriented
RN	- Registered Nurse
R&R	- Recruitment and Retention
REP	- Research Expert Panel

RMSEA	- Root Mean Square Error of Approximation
S-CVI	- Scale-level Content Validity Index
SD	- Standard Deviation
SDGs	- Sustainable Development Goals
SEM	- Structural Equation Model
SG	- Shared Governance
SM	- Structural Model
SPSS	- Statistical Package for Social Science
SS	- Service circular
SSF	- Specialty and Subspecialty Framework MoH under 11 th Malaysia Plan (2016–2020)
SSL	- Service circular letter
TH	- Tertiary Hospital
TLI	- Tucker Lewis Index
TPB	- Task Performance Behavior
UA	- Universal Agreement
UN	- United Nation
WHO	- World health organization
WP	- Workforce Planning
%	- Per cent

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CHAPTER 1

INTRODUCTION

1.1 Overview

There is an emerging recognition of the importance of nursing workforce studies since the last two decades. The nursing workforce has been acknowledged to be in central position to ensure the success of initiatives to increase the value of health care (Almalki et al., 2012; Jiang, Li, Ma, and Gu, 2015; Platt, Kwasky, and Spetz, 2016). As the largest cadre of health workforce globally, the nursing practice drives value and has a direct influence on patient care (Pappas and Welton, 2015). The conceptualization of nurses' performance was proposed by Dieleman and Harnmeijer in 2006 which consists of four dimensions namely availability, responsiveness, competence and productivity. However, limited work has been done by previous studies to assess the level of performance among nurses based on these dimensions. The body of literature also provides evidence that the assessment of nurses' performance based on the dimensions of availability, responsiveness, competence and productivity was conducted in segregated manners. Furthermore, concerns about nurse staffing in hospitals, nurses' work environment and how these factors influence the patient outcome lead to an amplified interest in measuring and reporting nurses' performance (Blegen et al., 1992; Needleman, Kurtzman, and Kizer, 2007; Al-Homayan, Shamsudin, Subramaniam, and Islam, 2013; Al-Makhaita, Sabra, and Hafez, 2014).

In view of this, the researcher proposed to explore the context of nurses' performance dimensions based on the perceived level of nurses on their availability, competence, responsiveness and productivity in public hospitals. This research also aimed to empirically examine the influence of factors contributing to nurses' perceived performance with regard to governance strategies, organizational

environment as well as individual nurse behavior. The research also intended to develop a framework pertaining to factors and predictors to nurses' performance in public hospital settings. In addition, this framework can be integrated with the best practices in order to maintain nurses' performance specifically in public hospital settings.

This chapter provides the background of the research, problem statement, research objectives, research questions and hypothesis of the research. Next, the significance and scope of the research are also presented. Conceptual and operational definitions of key terms are provided at the end of this chapter.

1.2 Background of the Research

Improving health workers' performance and productivity have become the center of interest following the declarations on Millennium Development Goals (MDGs) by United Nations 2006–2015. At the same time, The World health organization (WHO) through the *Health Workforce Decade 2006–2015 Framework*, emphasized the need to develop effective workforce strategies that may improve recruitment and performance of health workers as well as reduce their attrition. The framework explained three (3) levers that may influence the workforce performance, namely:

- (a) the job-related lever that focuses on individual occupations;
- (b) support-system-related lever; and
- (c) levers that create an enabling environment and focus on managerial culture and organizational arrangements.

It is further emphasized on Health Workforce Global Strategy 2030 that attention needed to be focused in order to achieve Sustainable Development Goals (SDG), three (3) strategies on maximizing the quality and performance of health worker through; (i) enabling the environment of education; (ii) proactive surveillance on the quality of practice; and (iii) strengthening the capacity of health

workers at all delivery levels (WHO, 2015b). These strategies are very crucial and the issues need to be addressed in enhancing nurses' performance.

In doing so, managing nurses' performance is vital as they are the major caregivers in providing healthcare services. Nursing practice has a direct and intimate influence on the quality of care and provides value to health services (Pappas and Welton, 2015). Assessing the performance of practicing nurse is crucially important in identifying areas for improvement. Therefore, this research aimed to carry out the assessment by scrutinizing nurses' performance in the context of Malaysian public hospitals.

1.2.1 Performance-Related Issues in Malaysian Public Hospitals

There are various key issues carried out by previous scholars in addressing the performance-related problems in Malaysian public hospitals. Pieces of evidence of these performance-related issues in the context of Malaysian public hospitals have brought interest to the researcher to examine and assess the constituents of nurses' performance based on the four dimensions of performance as suggested by the Board of the Global Health Workforce Alliance (GWhA) for Strategic Management of Human Resource For Health (WHO, 2015).

First, the works of literature exhibit evidence on the issues of nurses' availability in Malaysia (Barnett, Namasivayam and Narudin, 2010; Kanchanachitra et al., 2011; WHO Western Pacific Region, 2013). Geographic distributions of nurses vary between 15.6 nurses/10,000 populations in most developed region (the West Coast of Peninsular Malaysia including Johor, Negeri Sembilan, Melaka, Selangor, Perak, Penang, Kedah, Perlis and federal territories of Kuala Lumpur and Putrajaya) to 8.5 nurses/10,000 populations in less developed region (East Coast of Peninsular Malaysia including Kelantan, Terengganu, Pahang and the states of Sabah and Sarawak) (Atun et al., 2016). Various efforts have been made by the ministry to increase these ratios resulting in an increase to 30.79 nurses/10,000 populations in 2014. However, these supplies are considered low as compared to other Organization

for Economic Cooperation and Development (OECD) countries (Ministry of Health Malaysia, 2015).

Imbalances in the number of nurses between public-private hospitals were 2.3 to 1 in 2014. However, inequality in the workload between public-private has been reported whereby 71% (2,507,151) of inpatient admissions and 51% (8,567,888) outpatient attendances were in public hospitals. There were also disparities on the workload distribution between individual public hospitals whereby a number of 27 public hospitals (20.3%) in Malaysia were categorized as under-utilized with Bed Occupancy Rate (BOR) of less than 40% in 2013 (Planning Division, 2013). Scholars also linked high workload in public hospitals to job stress and resulting in emotional and physical burnout and low job satisfaction among nurses (Ismail et al., 2009a; Muhammad and Jamilha, 2010; Kaur, Sambasivan, and Kumar, 2013; Sang Long et al., 2014; Atefi et al., 2014).

The second dimension of performance is nurses' responsiveness. Previous literature established that low patients' satisfaction is linked to poor responsiveness of health personnel with the potential of suboptimal clinical outcomes (Tsujimoto, and Inoue, 2016; Wu and Hsieh, 2015). Patients' experience to care is established as the outcome indicator of the effectiveness of health worker (Kruk and Freedman, 2008). Kruk and Freedman added that patients' satisfaction is embraced around the way health workers respond including quality of communication, patient-time spent with medical personnel, easiness in patients' administration as well as whether patients being treated with respect.

Assessment of patients' satisfaction using SERVQUAL instrument of 1216 inpatient and outpatient clients of 23 public hospitals by Hazilah Abdul Manaf indicated that patients are generally satisfied with both factors for the clinical dimension and physical dimension provided in the public hospitals across Malaysia (Hazilah Abdul Manaf, 2009). Following this, further studies have been conducted to explore health workers' responsiveness in providing healthcare services. It has been reported that prolonged waiting in 21 public hospitals in Malaysia suggested that patient's perceived long waiting time contributed by employees' attitude i.e. lack of

motivation, commitment and expertise among employees are induced by ineffective management and supervision level (Pillay et al., 2011). Furthermore, Amin and Nasharuddin (2013) in their research on 216 patients in Malaysia elaborated that patients want a hospital that provides timely services, demonstrates a sincere interest in solving patient's problems and offers a wide range of products and services.

The Ministry of Health received a number of 5,416 complaints in 2013 with the majority (31%) of the complaints were related to unsatisfactory quality of services, followed by failure to comply to existing procedures (9%) and delay in service provision (7%) (Unit Komunikasi Korporat, 2014). Of these numbers, nurses were the second-largest cadre to be the focus of the complaints after medical officers. Patients' satisfaction was also reported low in terms of service orientations particularly in 'interpersonal manners' and communications during consultations with patients (Ganasegeran et al., 2015).

The third dimension of performance is nurses' competence which comprises technical knowledge, skills and behaviors of health workers in performing their tasks (WHO, 2006). In recent years, there has been a trend for nurses in Malaysia to acquire specialized skills to meet the changing demands of community expectations and technological advances (WHO of Western Pacific Region, 2013). Nurses in Malaysia are required to participate in continuing professional education (CPE) to develop their skills and competencies as part of their Code of Professional Conduct (Chong, Francis, Cooper, and Abdullah, 2014; Nursing Board Malaysia, 1998). In 2008, the Malaysian Nursing and Midwifery Board introduced Mandatory Continuing Professional Education (MCPE) whereby all registered nurses (RN) need to participate and provide documentary evidence for a minimum of 25 credit points CPE annually for renewal of the annual practicing certificate (APC) (Nursing Board Malaysia, 2008). However, studies show that there is evidence of non-compliance to this regulation among RN in Malaysia (Ahayalimudin and Osman, 2016; Chong et al., 2014).

Non-compliance of achieving the minimum CPE requirements in Malaysia demonstrated the lack of opportunity for training which may lead to adverse effects

on patients' clinical management (Chong et al., 2016). Prevalence of adverse events such as medical negligence due to incompetence and patient's poor flow and delayed access lead to higher investigation and treatment cost as well as the cost for medical compensation (González-Torrente et al., 2012; Krokmyrdal and Andenæs, 2015; Pijl-Zieber, Barton, Konkin, Awosoga, and Caine, 2014; Rowe, De Savigny, Lanata, and Victora, 2005; Rupatharshini, 2014). MOH Malaysia has witnessed a significant increase of medical compensation amount ranging from RM 23,288.00 in 1998 to a compensation exceeding RM1 million in 2008 (Puteri, 2004; Safurah et al., 2013). These medical compensations have been made as *ex-gratia* payments (voluntary payments out of kindness) in response to a court order when a negligence is established in a public facility (Hambali and Khodapanahandeh, 2014).

The fourth dimension of performance is nurses' productivity. Based on the literature, the productivity of nurses in Malaysia is affected by numerous factors. These include inadequate medical equipment (Atefi, Abdullah and Wong, 2016; Safurah et al., 2013), inadequate knowledge and skills (Achike and Nain, 2005; Chong et al., 2016), nurses' rosters (Hadwan et al., 2013), organization environment (Choi et al., 2016; Siew, Chitpakdee, and Chontawan, 2011; Ying and Kamarul Zaman, 2009) and nurses' individual attributes (Kaur et al., 2013; Siew et al., 2011). Imbalance weightings between hard constraints and general preferences of staff nurses in determining shift rosters have resulted in burnout and dissatisfaction among nurses in Malaysian public hospitals (Hadwan et al., 2013). This leads to depersonalization effect in which nurses cut back their involvement with other co-workers and display negative attitude and behaviors (Kaur et al., 2013). Being exposed to high physical loads among nurses has been linked to back injuries and resulting in nurses taking procedural shortcuts, abandoning more time-consuming safe practices and escalating the risk of needle-stick and sharp injuries (Barnett et al., 2010). Absenteeism of staff is also reported as an added pressure to nurses resulting in reduced patient-time and failure to deliver holistic care (Atefi et al., 2014).

1.3 Problem Statement

In the era of globalization, public healthcare services in Malaysia are facing challenges of increasing demands for a better quality of services. In relation to this, nurses have been identified as the largest group of health professionals globally as well as in Malaysia. Therefore, managing nurses' performance is vital as they are the major caregivers in providing healthcare services. Pieces of evidence on performance-related issues among nurses in the context of Malaysian public hospitals have brought interest to the researcher to examine and assess the constituents of nurses' performance. Issues such as imbalance distributions, failure to comply to existing procedures; and delay in service provision are reported which signaled the need to understand factors that contributing to these issues.

There are two main concerns of this research problem. First is the conceptualization of nurses' performance construct based on four dimensions: availability, competence, responsiveness and productivity. This conceptualization of nurses' performance is focused specifically on health workers, which was proposed by Dieleman and Harnmeijer and WHO in 2006. To date, only one research performed by Lutwama (2011) has made an attempt in measuring health workers' performance using this four-dimensional concept, but he did not provide the empirical evidence of psychometric properties of these dimensions. The literature also provides evidence that the assessment of nurses' performance based on dimensions of availability, productivity, responsiveness, competence and productivity was conducted in segregated manners. Thus, this research attempts to re-align the psychometric properties of nurses' performance construct and prove the validity of this construct to be aligned with specific dimensions as recommended by the World Health Organization. The nurse performance construct is assessed as dependent variable in this study.

Secondly, the Work Performance Theory by Blumberg and Pringle (1982) suggested that employees' performance relies on two important antecedents specifically situational elements and individual elements. Review of the literature indicates that predictors of nurse job performance within organizational context has

been highlighted in the Ministry of Health key documents and human resource policies. Two main organizational determinants were identified from the works of literature as crucial to nurses' performance which are organizational governance strategies and organizational climate. These determinants will be investigated as independent variables.

The first part of organizational determinant to performance is organizational governance. The importance of investigating the effects of organizational-level governance towards health workers' outcome has been highlighted in previous studies. Barbazza, Langins, Kluge and Tello (2015) highlighted that it is critical to bring better alignment between day-to-day functioning of services delivery and the health systems governance. They added that rigorous effort across core processes of governance is imperative to strategically engage tools and mechanisms that are conducive to strengthening health workforce competencies. Nurses working in public hospitals expect and value a specific style of governance that proactively responds to their desire and that these organizations respond to the best interests of patients, ensure evidence drives decisions and establish a clear agenda for improving services (Clark and Beatty, 2016). Hastings et al. (2014) stressed that different approaches of organizational governance mechanisms such as shared governance and professional development have a positive impact on nurses' attitude, professional behavior and teamwork. Despite this, there limited evidence on the effect of governance strategies in enhancing nurses performance in Malaysian public hospitals.

Through literature review, three main approaches of human resource governance were identified to have an impact in facilitating the changes in nursing workforce outcomes in organizational level namely shared governance; performance management; and professional development. The evidence on the assessment of shared governance strategy in Malaysian public hospitals was limited. To date, only two studies were found to have attempted to assess structural empowerment in SG in Malaysian public hospital settings (Ahmad and Oranye, 2010; Choi et al., 2016). In the same vein, the empirical evidence on the effectiveness of PM practices in improving nurses' performance in Malaysian public hospitals remains insufficient. From the literature, only two studies were found to focus on the administrative

applications of PM. The evidence of dissatisfaction on PM practices was identified by Muhammad and Jamilha (2010) which resulted in anticipations of intention to leave the hospital among nurses. Similarly, Rubel and Kee (2014) validated that perceived fairness in performance appraisal and promotion opportunity affects nurses' availability as they increase their turnover intention. There are also limited assessments being done to measure the impact of professional development practices towards nurses' outcome in Malaysia. Research on CPD practices among nurses in Malaysia which was conducted by Marzuki, Hassan, Wichaikhum, and Nantsupawat (2012) indicated that continuous nursing education (CNE) is highly associated with a higher score in Nursing Foundations for Quality of Care and decreases the rate of patient's fall in wards. Chong (2014) identified that Malaysian nurses' participation in CPD was not convincing despite the implementation of mandatory CPD by the Malaysian Nursing Board.

The second part of organizational predictor to nurses' performance is organizational climate. Literature demonstrated that there is still limited empirical evidence on the effects of OC towards nurses' performance in Malaysia. Azimah Abdullah (2010) validated that the roles of supervisors, leadership styles and management commitment in organizational safety climate have significant effects in increasing healthcare workers' proficiency in preventing injuries at the workplace. Noraini (2012) explained that heavy burdens in public hospitals require nurses to emotionally and mentally engage in their task, resulting in greater professionalization which leads nurses to be distant from those whom they care. Samsuri, Pei Lin and Fahrni (2015) confirmed that decreases in teamwork climate of OC have a direct impact on the increase in medication errors reported among pharmacists in Malaysian public hospitals. The focus of these research was much concentrated on organizational safety climate rather than utilization of the five-dimensional concept of OC in healthcare settings as per suggested by Gershon, Stone, Bakken, and Larson (2004). To the knowledge of the researcher, there has been no research conducted on the role of OC comprising leadership; group behavior; communications; structural attributes to quality work-life; and workload dimensions in predicting nurse performance outcomes.

In focusing on the individual elements mentioned in the Work Performance Theory by Blumberg and Pringle (1982), it has been established that individual behavior has become the focus of interest of previous scholars in relation to the assessment of individual performance. Broad dimensions of behaviors were proposed to describe behavioral aspects of performance (W. Borman and Motowidlo, 1997; John Campbell, 1999; Motowidlo et al., 1997; Viswesvaran, 1993). However, Sonnentag et al., (2008) stressed that the notion of individual performance consists of two important concepts; (i) the action (behavior) aspect of performance; and (ii) the outcome aspect of performance. There are limited studies conducted to assess the outcome aspect of behavior in nursing literature. To date, only two studies were conducted in an attempt to investigate the consequences of these behaviors towards nurses' performance which are conducted by Lutwama (2011) and Seren et al., (2017). Thus, this research intends to fulfil these gaps in the literature.

1.4 Research Objectives

The main purpose of this research is to explore the perceptions of nurses regarding what constitutes nurses' performance in terms of availability, competence, responsiveness and productivity. In doing so, the specific research objectives are as follow:

1. To determine the constituent of performance among nurses based on availability, competence, responsiveness and productivity.
2. To assess the level of nurses' performance based on availability, competence, responsiveness and productivity in different levels of care.

The research also intended to investigate the effects of organizational level determinants and individual-level determinants to nurse job performance in the context of Malaysian public hospitals. Thus, the specific research objectives are as follow:

3. To assess the influence of organizational governance strategies towards the performance of nurses in public hospitals.
4. To assess the influence of organizational climate strategies towards the performance of nurses in public hospitals.
5. To assess the influence of individual behavior strategies towards the performance of nurses in public hospitals.
6. To develop a framework in managing priority determinants affecting nurses' performance in public hospitals.

1.5 Research Questions

Thus, the objective to explore the constituent of nurses' performance is set out to address the first issue highlighted in this research. Accordingly, two research questions were identified;

1. Does availability, competence, responsiveness and productivity constitute the measurement of nurses' performance?
2. What is the level of performance among nurses based on availability, competence, responsiveness and productivity at different levels of care of hospital services?
 - 2.1 Is there a significant difference on the level of availability, competence, responsiveness and productivity between level of care?

As noted, this research also intended to reveal the effects of organizational governance strategies, organizational climate and individual behavior towards nurses' performance. Thus, it is necessary to find answers to the following questions:

3. What are the effects of organizational governance strategies towards the performance among nurses in public hospitals?
 - 3.1 Is there any significant effect of shared governance strategy towards performance of nurses in public hospitals?

- 3.2 Is there any significant effect of performance management strategy towards performance of nurses in public hospitals?
- 3.3 Is there any significant effect of professional development strategy towards performance of nurses in public hospitals?
- 4. Is there any significant effect of organizational climate towards performance of nurses in public hospitals?
- 5. Is there any significant effect of individual behavior towards performance of nurses in public hospitals?
- 6. Can a framework be established consisting of strategies, action plans and policy recommendations in managing priority determinants affecting nurses' performance in public hospitals?

1.6 Hypotheses of the Research

Research hypothesis is defined as a conjectural statement that presents the expected relationship between two or more variables (Creswell, 2014). However, inductive studies that are identified as exploratory such as exploratory factor analysis (EFA) do not necessarily have a hypothesis (Newsom 2005, Abareshi and Hossini 2012). Accordingly, there was no hypothesis for Research Question 1 and Research Question 2. However, the research question from the second part of the research examined the relationship between organizational governance strategies, organizational climate and individual behavior. Hence, the following hypotheses were proposed.

- H₁ : Governance strategies have positive effects on the performance of nurses.
 - H_{1a} : Shared governance strategy has positive effects on the performance of nurses.
 - H_{1b} : Performance management strategy has positive effects on the performance of nurses.
 - H_{1c} : Professional development strategy has positive effects on the level of nurses' performance.
- H₂ : Organizational climate has positive effects on the performance of nurses.
- H₃ : Individual behavior has positive effects on the performance of nurses.

Table 1.1: Summary of research problem, research objectives, research questions and hypotheses

Research Problem	Research Objectives	Research Questions	Hypotheses
1. Lack of empirical evidence on the conceptualization of nurses' performance construct based on four dimensions: availability, competence, responsiveness and productivity	1. To determine the constituent of performance among nurses based on availability, competence, responsiveness and productivity.	1. Does availability, competence, responsiveness and productivity constitute the measurement of nurses' performance?	-
	2. To assess the level of nurses' performance based on availability, competence, responsiveness and productivity in different levels of care.	2. What is the level of performance among nurses based on availability, competence, responsiveness and productivity at different levels of care of hospital services?	-
		2.1 Is there a significant different on the level of availability, competence, responsiveness and productivity between level of care?	-
2. There is limited evidence on the effect of governance strategies in enhancing nurses performance in Malaysian public hospitals.	3. To assess the influence of organizational governance strategies towards the performance of nurses in public hospitals.	3. What are the effects of organizational governance strategies towards the performance among nurses in public hospitals?	GS↑NP↑
		3.1 Is there any significant effect of shared governance strategy towards performance of nurses in public hospitals?	SG↑NP↑
		3.2 Is there any significant effect of performance management strategy towards performance of nurses in public hospitals?	PM↑NP↑
		3.2 Is there any significant effect of professional development strategy towards performance of nurses in public hospitals?	PD↑NP↑

Table 1.1: Summary of research problem, research objectives, research questions and hypotheses (cont.)

Research Problem	Research Objectives	Research Questions	Hypotheses
3. Literature demonstrated that there is still limited empirical evidence on the effects of OC towards nurses' performance in Malaysia	4. To assess the influence of organizational climate strategies towards the performance of nurses in public hospitals.	4. Is there any significant effect of organizational climate towards performance of nurses in public hospitals?	OC↑NP↑
4. Limited studies conducted to assess the outcome aspect of behavior in nursing literature	5. To assess the influence of individual behavior strategies towards the performance of nurses in public hospitals.	5. Is there any significant effect of individual behavior towards performance of nurses in public hospitals?	IB↑NP↑
	6. To develop a framework in managing priority determinants affecting nurses' performance in public hospitals.	6. Can a framework be establish consisting of strategies, action plans and policy recommendations in managing priority determinants affecting nurses' performance in public hospitals?	-

1.7 Significance of Research

The present research hopes to provide significant theoretical and practical contributions in the area of nurses' job performance. Specifically, the contributions are;

1.7.1 Theoretical Contributions

Firstly, the research examined the knowledge of the construct of nurse job performance. The findings of the research are expected to validate the four-dimensional concept of performance namely availability, responsiveness, competence and productivity as posited in Dieleman and Harnmeijer's Framework for Health Worker's Performance (2006). Literature provides evidence that the assessments of nurses' performance based on these dimensions were conducted in segregated manners. Previous researches mainly investigated the dimension of performance separately, whereby this research has taken four dimensions or performances altogether to formulate a firm combination of the nurses' performance. This is a preliminary attempt to evaluate these constituents in collective manners.

Secondly, this research helps to gather evidence to support the body of knowledge by applying the Work Performance Theory by Blumberg and Pringle (1982) who characterized two important antecedents of work performance specifically situational and individual elements to nurses' performance. Two main organizational determinants were identified from the literature as crucial to nurses' performance which are organizational governance strategies (shared governance; performance management and professional development) and organizational climate. Thus, the findings of this research will provide empirical evidence on how these situational elements influence the level of nurses' performance particularly in the context of Malaysian public hospitals.

The research also validated the proposition by Sonnentag et al. (2008) that the concept of individual performance can be segregated into two aspects; (i) the action (behavior) aspect of performance; and (ii) the outcome aspect of performance. By examining the relationship between individual behaviors and nurses' performance, this research is expected to support the individual determinants to performance as posited in the Work Performance Theory.

Finally, this research is expected to have academic implications which expand the body of knowledge through empirical evidence on the measurement of variables involved. In relation to the measurement of investigated constructs, the present research has developed a translated version of NPS in Bahasa Malaysia, which offers its potential to be utilized for research in the context of Malaysia. Moreover, this research also provides empirical evidence of content validation of instruments. Two-stage judgment process (lay expert judgment and research expert judgment) was employed to provide clear utilization of content validity indices at item-level and scale-level validity index. Utilization of multiple content validity and inter-rater reliability indices in this research provides multifaceted criteria for the item reduction process. This research also utilized rigorous exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) to provide evidence on the validity and reliability of the investigated constructs.

1.7.2 Practical Contributions

The findings provide several practical implications for the Ministry of Health (MoH) and public hospital administrators. First, the results of this research will provide evidence on the engagement of nurses to all four dimensions of performance namely availability, responsiveness, competence and productivity. The utilization of Nurse Performance Scale established in this research will provide an objective understanding of one's nursing performance level. In addition, nurses can understand the area that needs improvement based on NP scores. It can be used as practical information for the organization, HR and nursing managers in identifying plans for

the integration of knowledge, attitudes and skills which are also decisive in ensuring nursing performance in a hospital.

Secondly, the findings of this will clarify the effects of situational context and individual context towards the level of nurses' performance. The research will explore the relationship between organizational governance strategies (shared governance, performance management and professional development) and nurses' performance. The findings of this research will be explained on how the current practices of shared governance, performance management and professional development influence in the enhancement of nurses' performance. Thus, the research will provide evidence of the current practices and facilitate in proposed future directions of these strategies.

Furthermore, this research also provides evidence on the relationship between organizational climate and nurses' performance. The findings of this research will help in understanding the dynamic relations of organizational climate and identifying areas of improvement for organizational climate in the context of Malaysian public hospitals. The findings of this research are also expected to explain how individual behavior could influence the level of nurses' performance. The results would suggest to public hospital administrators on how to identify and cultivate these behaviors through continuous training and awareness in promoting overall quality care.

1.8 Scope of the Research

As mentioned in Section 1.4, the purpose of this research is to determine the constituent of nurses' performance and to assess how nurses perceive the influence of governance strategies, organizational environment and individual behavior towards their performance in public hospitals. The researcher is motivated to conduct this research to provides better understanding on the perspective of governance because of researcher's personal experience as hospital administrator. During her posting, researcher has faced various challenges in managing healthcare workforce specifically constraint of nursing personnel, the need to improve patient's waiting

time and managing their competencies to be in line with the current needs. Additionally, the researcher was awarded scholarship of Hadiah Latihan Persekutuan by Public Service Department with the recommendation of Ministry of Health to conduct a study that is related to the direction and interest of MOH. The positivist approach is applied in this research in conducting a test for investigating the relationship between variables. Therefore, the quantitative method will be applied to achieve the objectives of this research.

This research is confined to all public hospitals in the state of Terengganu, which include Tertiary Hospital (Hospital Sultanah Nur Zahirah), Major Specialist Hospital (Hospital Kemaman) and District Hospitals (Hospital Dungun, Hospital Setiu, Hospital Besut and Hospital Hulu Terengganu). The researcher proposed three (3) criteria to be included as the basis of selection for the scope of the research;

- i. Representativeness in Level of Care: These hospitals represent different Levels of Care of the acute curative hospitals provided in Malaysian public hospitals namely Tertiary Care, Secondary Care and District level. This is to facilitate the researcher in the assessment of different settings of public hospitals based on the complexity of health services they provide.
- ii. Utilization and dependency rate of public hospital: The utilization rate for public hospitals in Terengganu based on their Bed Occupancy Rate (BOR%) is between 37.43% to 100.18% (Health Informatic Centre, Planning Division, MOH 2013). However, it is indicated that the state of Terengganu scores **97.6%** of public-hospital-dependency rate in which most of the acute curative care services were solely provided by the public hospitals (MOH, 2015).
- iii. Nurses work position: The research covers the nurses that work in public hospitals with the job position of U19 to U42. The grades for the job position for registered nurses under MOH are U19, U24, U29, U32, U36, U38, U41, U42, U44, U48, U52 and U54. Nurses with the

job position Grade U44 and above were not included in this research as these are positions for the managerial level at state and ministry level.

1.9 Conceptual and Operational Definitions

This section elaborates both conceptual and operational definitions of all the terms used in this research.

1.9.1 Nurses' Performance

Boxall (2003) described performance as 'a function of employee ability, motivation and opportunity to participate or contribute'. In this research, nurses' perceived performance refers to perceptions of the level of availability, competence, productivity, and responsiveness. Nurse availability refers to the degree of nurses' perception that they have sufficient supply of nurses, with optimal attendance to perform job activity and availability of patient-time. Nurse competence refers to the degree of nurses' perception of the possession of required skill, knowledge, qualification or capacity in performing their job. Nurse responsiveness refers to the degree of nurses' willingness to provide services in accordance with patients' needs and expectations. Finally, nurse productivity refers to the degree of nurse perceptions on the level of efficiency, effectiveness and presenteeism when performing their tasks.

1.9.2 Governance Strategies

Governance is referred to 'the placement of responsibility in a body that has the ability to act, to remove, reward or replace management based on performance' (Gross, 2013). Another researcher demarcated that governance 'encompasses the whole range of structures and processes through which policies (formal and informal) are enacted to achieve goals, including legislation, regulation and

oversight, accountability structures, incentives, and policies to set and maintain strategic direction’ (Hastings, Armitage, Mallinson, Jackson, and Suter, 2014). In this research, three (3) main approaches to governance strategies were evaluated. The operational definitions of governance strategies are as follow;

- i. Shared governance: An organizational approach that permits empowerment on nurses with a certain degree of autonomy control over nursing practices, nursing development and decision making.
- ii. Performance Management: Organizational activity of measuring, monitoring and developing nurses' individual performance using performance standards, performance review and continuous improvement approach based on the review outcome.
- iii. Professional Development: Organizational approach of planning for continuous professional development to nurses based on their job requirements for knowledge and insight to support for nurses' career improvement.

1.9.3 Organizational Climate

Organizational climate refers to ‘the perceived quality of an organization’s internal environment and is a more superficial concept than organizational culture which describes the current state of an organization’ (Gershon et al., 2004). Hanges, Aiken and Chen (2006) added that these shared perceptions of the important imperatives in their organizational climate convey everyone’s understanding on their goals, behavior, roles as well as the way they communicate. In this research, organizational climate will be assessed based on five (5) dimensions namely leadership, group behavior, structural attributes to the quality of work-life, communications and workload.

1.9.4 Individual Behavior

Individual behavior to performance refers to ‘a set of interpersonal and volitional behaviors that support the social and motivational context in which organizational work is accomplished’ (Borman and Motowidlo, 1997). In this research, two (2) types of individual behaviors will be assessed namely task performance behavior and contextual performance behavior.

- i. Task performance behavior refers to behaviors that contribute directly to the technical core and include those activities that are typically recognized as part of nurses’ task.
- ii. Contextual performance behavior refers to behavior that supports social work environment including organizational support, job-task support and interpersonal support.

1.10 Conclusion

This first chapter of this thesis has provided an insight elaboration on the forward of the research that has been carried out. Basically, this research focused on the constituent of nurses’ performance from the aspects of availability, competence, responsiveness and productivity. The research also aimed to assess the perception of nurses on the influence of governance strategies, organizational climate and individual behavior on their performance in Malaysian public hospitals, particularly in Terengganu. Nine (9) sections cover elaboration on the overview; background of the research; the problem statement; research objectives; research questions; hypotheses; the significance of the research; research scope; and conceptual and operational definitions of the research. This study has carried out an extensive literature review and will be elaborated in Chapter 2 of this thesis.

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