ORIGINAL ARTICLE

EMPATHY AND COMPETENCY AS PREDICTORS OF NURSES' JOB PERFORMANCE: AN EMPIRICAL EVIDENCE FROM MALAYSIAN PUBLIC HOSPITALS

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ABSTRACT

Nurses act as customer-contact employees who are responsible for providing round-the-clock service to patients. Their empathy and competency skills have a significant impact on the quality of services provided to patients. The purpose of this study is to examine the role of empathy and competency in determining task performance and contextual performance of public hospital nurses in Malaysia. A survey using self-administered questionnaires was used to collect data from a sample of 354 staff nurses working in Malaysian public hospitals. Hypotheses were tested using the partial least square technique. Findings indicated that empathy has a positive relationship with task performance but not with contextual performance. Competency, however, has a positive relationship with task performance and contextual performance respectively. Empathy and competency are essential elements in predicting both task performance and contextual performance. The findings of this study highlighted the importance of empathy and competency towards improving job performance among nurses in Malaysian public hospitals.

Keywords: *Competency; Empathy; Job Performance; Nurses; Public Hospitals*

INTRODUCTION

The healthcare industry worldwide is plagued with the issue of declining job performance among nurses. Malaysia too, is facing a shortage of about 25% of healthcare professionals, including nurses[1,2]. The nurse shortage problem has reached alarming levels because, despite spending approximately 4.7 percent of GDP on health care, Malaysia still has a critical shortage of nurses[3]. Nurse shortages have emerged as a significant issue for Malaysia's healthcare sector[3]. In 2017, Malaysia's nurse-to-population ratio was reported to be 1:300, while the World Health Organization recommends a minimum ratio of 1:200[4]. A shortage of nurses is detrimental to the quality of healthcare services since it will lead to negligent care, mortality, as well as administrative and medical errors[5].

The recent outbreak of Coronavirus Disease 2019 (COVID-19) has severely affected many countries worldwide, including Malaysia. The global threat by this severe pandemic has led the World Health Organization (WHO) to declare COVID-19 as a Public Health Emergency of International Concern (PHEIC)[6]. In the case of Malaysia, 26 hospitals nationwide from both the public and private sectors are identified to undertake the hard work of combating suspected and positive coronavirus infection cases[7]. However, despite the government's preventive and corrective measures to tackle the COVID-19 problem, as of August 23, 2021 this deadly virus has resulted in 1,746,254 infection cases with 16,664 deaths in Malaysia[8]. In this regard, healthcare professionals play a critical role in serving patients suffering from the disease. The COVID-19 pandemic has pushed even experienced nurses beyond coping. Nurses even have to risk their health to serve their patients[9].

Researchers have concluded that nurses' job performance ascertains the quality of healthcare services, service productivity, and effective patient health outcomes[10]. Due to the nature of the nursing profession, which entails caring and helping patients, nurses should have empathy skills[11]. It is widely acknowledged that healthcare professionals with high levels of empathy operate more efficiently, leading to better therapeutic results[12]. By establishing a positive trust relationship, nurses' empathy can improve the curative effect of nursing services and patients' satisfaction with them[13]. Thus, empathy is expected to be a fundamental ingredient in strengthening the caring relationship between nurse-patient.

Additionally, competency is a basic requirement for the nursing workforce. Nursing competency refers to the knowledge, skills, ability, and behaviors that a person possesses to perform tasks correctly and skillfully[14]. Due to the constant challenges associated with the healthcare industry, nurses must continuously equip themselves with new knowledge and skills over and above their basic technical foundation

to be competent healthcare professionals[2]. As such, they must make sure that their competencies are relevant and up-to-date to provide quality services to their patients and perform effectively at all times[15]. Moreover, nurses must have competency and skills because they must be able to make decisions quickly and efficiently in the face of life-threatening illnesses[16]. Given the dearth of empirical evidence from Malaysia, this study investigates the relationships between empathy and competency and job performance of public hospital nurses in Malaysia.

Job performance refers to how well members of an organisation perform their work tasks based on the standard established by their organisation[17]. Job performance consists of two dimensions, namely task performance and contextual performance[18]. Task performance for nurses includes hospital-related activities, including the development, implementation, and evaluation of patients' treatment plans[19]. On the other hand, the contextual performance includes additional help or assistance that are beyond nurses' job description, which is provided to patients and their family members[19].

Empathy is important in guiding healthcare personnel to be emotionally sensitive to a patient's problem, provide the patient with more accurate diagnoses, and accelerate the healing process, thus improving healthcare service delivery[20]. Empathy also increases healthcare professionals' compassion towards their patients[21]. Specifically, emphatic nurses would be better positioned to understand their patients and communicate with them in a more effective manner, which eventually leads to higher job performance[21]. As previously stated by researchers, empathy allows the healthcare personnel to identify and fully understand patients' feelings, opinions, and conditions, leading to better nurse-patient communication, which reinforces the establishment and improvement of the therapeutic relationship between the nurse and the patient[22]. Therefore, empathy is necessary for facilitating the achievement of nursing goals and enhances nurse-patient therapeutic relationship[23]. In the nursing context, empathy has been associated with respect, prosocial behavior, positive attitudes, the ability to create good medical history, and favorable clinical outcomes[24]. Nurses need to have a high level of empathy because it positively affects their job performance[25]. Furthermore, increased empathy leads to improved practice performance[26].

Correspondingly competency refers to an individual's ability to function in a given situation[27]. In nursing practice, nurses are required to apply their knowledge, skills, abilities, and innate personal traits to different healthcare situations and adapt to those skills accordingly[27]. Competency is an individual characteristic that can be measured and can be differentiated between superior and average performers, or between effective and ineffective performers[28]. Competency will also lead employees to exert their full strength and capability for their work[29]. Previous studies have provided evidence on the positive influence of competency on nurses' job performance[30,31]. Competency is also a crucial determinant of successful job performance[32]. Moreover, competency could be used to predict an employee's performance, meaning that if the employee has a high competency level, his or her performance will be high too[32]. Similarly, competency has a positive and significant impact on employee performance[33]. This means that if competency improves, employee performance will enhance significantly[33].

Based on the afore-mentioned discussion and given the key role played by nurses in Malaysian public hospitals, this study sought to study the role of empathy and competency in determining nurses' job performance (task performance and contextual performance). In harmony with the extant literature, our hypotheses are as follows:

Hypothesis 1: Empathy will have a positive relationship with task performance.

Hypothesis 2: Empathy will have a positive relationship with contextual performance.

Hypothesis 3: Competency will have a positive relationship with task performance.

Hypothesis 4: Competency will have a positive relationship with contextual performance.

METHODS

This study examined the relationships between empathy and competency and two dimensions of job performance (task performance and contextual performance) of nurses. The survey method was employed to gather data from staff nurses working in five Malaysian public hospitals.

Study design and sample

The present study is cross-sectional. Proportionate sampling was used whereby 450 questionnaires were distributed in proportion to the number of staff nurses at each public hospital located in the northern and central regions of Peninsular Malaysia.

Ethical consideration

Before data collection, several procedures were observed. Ethical approval was gained from the Medical Research and Ethics Committee (MREC)

under the Malaysian Ministry of Health (Reference code: NMRR-18-2585-39882(IIR) and the Human Research Ethics Committee (HREC) (Reference code: USM/JEPeM/18060282). Before distributing the questionnaires, consent and assistance were sought from the Clinical Research Centres of each hospital. Each hospital assigned a matron to help distribute and collect the questionnaires.

Research Instruments

Pretesting was carried out to verify the validity, content relevance, readability, and general questionnaire design. Three respondents comprised of one academic staff from one local university and two Matrons of the participating hospitals were involved during our preliminary inquiry. Based on their feedback, some minor modifications were made to the original questionnaire items. The measurements used in the questionnaire are summarised in Table 1. Participants were informed of the confidentiality and anonymity of their responses through written consent. A period of two weeks was given to respondents to complete the questionnaire.

Table 1. List of Measurements for the Study

Variables	Source	Sampled Item
Empathy	Carré, Stefaniak, D'ambrosio, et al.[34]	The patient's unhappiness affects me. The patient's feelings bother me. I am usually aware of the patients' feelings. I would not have any problems figuring out when the patients are happy.
Competency	Meretoja, Isoaho, and Kilpi[35]	I plan patient care according to individual needs. I support patients' coping strategies. I evaluate critically my own philosophy in nursing. I modify the care plan according to individual patient needs. I utilize nursing research findings in my relationships with patients. I develop the treatment culture of my unit. My decision-making is guided by ethical values.
Task performance	Williams and Anderson[36]	I always adequately complete my assigned duties. I fulfil the responsibilities specified in my job description. I perform tasks that are expected of me. I meet the formal performance requirements of the job. I am engaged in activities that will directly affect my performance evaluation. I accomplish all aspects of the job that I am obliged to perform. I always successfully perform my essential duties.
Contextual performance	Bott, Svyantek, Goodman et al.[37]	I assist my supervisor with his/her duties. I help other nurses with their work when they have been absent. I take the initiative to orient new nurses to the department/unit even though it is not part of my job description. I help other nurses when their workload increase. I do not take unnecessary time off from work (example: to attend personal demands). I do not take prolonged breaks. I exhibit punctuality at work (example: arrive at work on time).

Data collection procedures

Data collection commenced after consent had been secured from the Malaysian Ministry of Health and directors of the state hospitals. The "drop-off" and "pick-up" method was employed with the help of matron assigned. This study only focused on staff nurses who have worked for more than six months in the hospital consistent with the research done by Ukandu and Ukpere[38] who acknowledged that six months period is regarded as sufficient for employees to adapt themselves to the work environment. After the specified period, a total of 354 useable questionnaires were collected and subsequently analysed in the aggregate, recording a response rate of 79%.

Data analysis

Descriptive statistical analyses were initially performed to describe the sample. The measurement model was analysed to confirm the convergent and discriminant validity. To confirm the convergent validity, we analysed the construct-loading, composite reliability (CR) and average variance extracted (AVE). The discriminant validity was analysed using the HTMT criterion. Meanwhile, the hypotheses involving the relationships between the study variables were tested using the structural model. The path coefficients of the independent variables and their statistical significance were then tested using SmartPLS with 5000 re-samples of the bootstrap re-sampling method.

RESULTS

Demographics characteristics

Our sample was predominantly females (93.5%), with a majority (93.2%) having diplomas. The average age of respondents was 35.1 years, and they have been employed in their current hospital for an average of 8.3 years. The nurses were considered experienced since they have been in the job for an average of 11.8 years. The summary is as follows (refer to Table 2):

Table 2. Respondents' Demographics

Characteristics	Percentage/Mean
Gender	Female (93.5%)
Education	Diploma (93.2%)
Average Age	35.1 years
Total of years in the current hospital	8.3 years
Total of years as a registered nurse	11.8 years

Measurement model results

Factor loadings, composite reliability (CR), and average variance extracted (AVE) were calculated to measure convergence validity. As portrayed in Table 2, all indicators ranged from 0.519 to 0.965, except four loadings were exceeded Hair, Black, Babin et al.'s minimum cut-off value of 0.5[39]. Four indicators (emp1, cmcy2, cmcy4, and cp3) were deleted due to their low loadings. Similarly, all latent constructs demonstrated adequate convergent validity with AVE values ranging from 0.563 to 0.797. Meanwhile, the CR values for the latent variables (which ranged from 0.787 to 0.959) were above Hair, Black, Babin et al.'s threshold value of 0.7, suggesting significant homogeneity[39]. Therefore, the measurement model is considered reliable with sufficient convergent validity. The results are presented in Table 3 below.

Table 3. Results of the Measurement Model

Model construct	Items	Loadings	CR	AVE
Empathy	emp2	0.519	0.787	0.563
	emp3	0.886		
	emp4	0.797		
Competency	cmcy1	0.820	0.879	0.593
	cmcy3	0.691		
	cmcy5	0.719		
	cmcy6	0.785		
	cmcy7	0.826		
Task performance	tp1	0.736	0.942	0.701
	tp2	0.876		
	tp3	0.834		
	tp4	0.852		
	tp5	0.820		
	tp6	0.863		
	tp7	0.873		
Contextual performance	cp1	0.956	0.959	0.797
	cp2	0.965		
	cp4	0.662		
	cp5	0.958		
	cp6	0.809		
	cp7	0.963		

In the present study, the discriminant validity of our model was assessed by the Heterotrait-Monotrait (HTMT) ratio of correlations between the study variables. As presented in Figure 1, all HTMT values (which ranged from 0.383 to 0.729) were well below Gold, Malhotra, and Segars's threshold value of 0.90, which signifies the existence of discriminant validity[40].

As shown in our measurement model (see Figure 2), the R^2 values are 0.119 and 0.069 for empathy and 0.531 and 0.472 for competency, suggesting that 35.5% of the variance in task

performance can be explained by empathy and competency; while the two independent variables can explain 25.8% of the variance in contextual performance.

	Competency	Contextual performance	Empathy	Task performance
Competency				
Contextual performance	0.536			
Empathy	0.662	0.383		
Task performance	0.639	0.729	0.476	

Figure 1. Heterotrait-Monotrait (HTMT) Ratio of Correlations

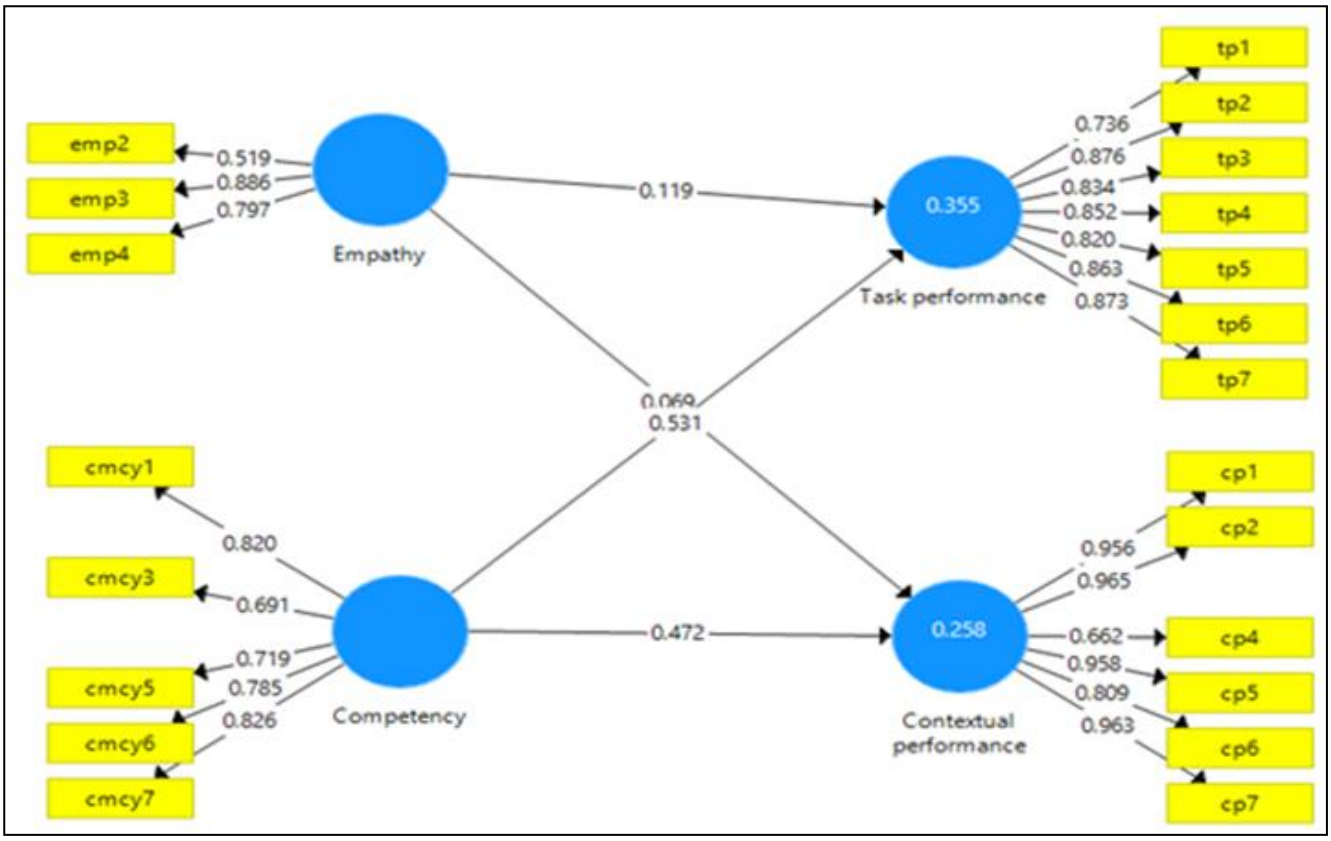

Figure 2. Measurement model of the study

Structural model results

Bootstrapping results (refer to Table 4) revealed the existence of positive relationships between empathy and task performance, competency and task performance, and competency and contextual performance. Meanwhile, a negative relationship was uncovered between empathy and contextual performance.

Table 4. Results of Structural Model

Hypothesis	Paths	Std Beta	Standard Error	T values	Decisions
H1	Empathy -> Task performance	0.119	0.054	2.210**	Supported
H2	Empathy -> Contextual Performance	0.069	0.052	1.324*	Not Supported
H3	Competency -> Task Performance	0.531	0.047	11.278**	Supported
H4	Competency->Contextual Performance	0.472	0.051	9.291**	Supported

***p<0.01, *p<0.05, bootstrapping (n=5000)*

DISCUSSION

The main objective of this study was to investigate the relationships between empathy and competency on job performance. Our findings revealed that empathy has a positive relationship with task performance and a negative relationship with contextual performance. Meanwhile, competency has a positive relationship with both task and contextual performance. The corresponding results provided support to H1, H3 and H4 while H2 was unsupported.

The result of this study shows that empathy has a positive relationship with task performance. This finding is consistent with previous studies which stated that empathy leads to improved job performance[25]. As advocated by Kuo, Cheng, Chen, et al., empathetic nurses are likely to be emotionally sensitive to a patient's problem and can provide the patient with more accurate diagnoses and appropriate interventions, which in turn, will hasten the healing process, thus leading to better healthcare service provision[41]. On a similar note, empathy allows nurses to recognise and understand patients' feelings and experiences, leading to better nurse-patient communication, which reinforces the establishment of an improved therapeutic relationship between the nurse and the patient[22, 42]. Aw, Ilies, and De Pater further stated that emphatic employees can express themselves better, and this has been found to benefit their well-being, health, and job performance[21].

However, empathy was found to have a negative relationship with contextual performance. This could be because of the issue of workload among nurses, particularly those working in public hospitals. The rise in the number of patients being admitted to public hospitals in Malaysia has caused nurses to face an extensive amount of workload[43]. In addition, the need to continually combat the increasing number of suspected and positive COVID-19 infection cases in Malaysian public hospitals has further aggravated this situation. As a result, the health status of nurses will be affected, including their job performance and quality of patient care[44]. Moreover, when employees face high levels of stressors, in this case, workload, their resources in terms of strength would be depleted. Thus, they would not be able to empathise with others[45]. As a result, employees would only focus on their primary in-role job tasks, thereby, attenuating the effects of empathy on extra-role behaviour such as contextual performance[45].

Competency was found to have a positive relationship with both task performance and contextual performance. This finding supports previous literature, which demonstrated a positive correlation between competency and job performance[46]. Besides, nurses with better and higher competency skills would be able to exhibit improved job performance[32, 47]. Nurses' competency level has a significant positive impact on their job performance and quality of care[48].

Implications for nursing management

According to this research, empathy leads to better task performance, while competency contributes significantly to a higher task as well as contextual performance. This study confirmed empathy and competency play a vital role to facilitate the establishment of a good relationship between nurses and their patients. Nurses who are equipped with empathy and competency are able to perform better and be more competent in delivering healthcare services despite the continuous challenges faced by the healthcare industry. As such, public hospital administrators and the Malaysian Ministry of Health should continuously emphasise the development of these two attributes among the nursing workforce through professional nursing education. Training programs should primarily be conducted in a hands-on manner that will strengthen nurses' empathetic and competency skills. Moreover, nursing supervisors should provide constant feedback on the way nurses handle their job chores in order to improve their subordinates' competencies. In addition, supervision sessions should also provide opportunities for nurses to communicate with their patients effectively.

Limitations and future research

Despite the contributions of the present study, it is not without limitations. First, this study is limited to staff nurses working in public hospitals in Peninsular Malaysia. Thus, in future, the same research could be expanded to include nurses from the private hospitals whereby the nature of the job and work environment may be different. Furthermore, larger samples from the same industry would improve the generalisation of the findings. Second, this study is cross-sectional, which limits the verification of a cause-effect relationship[48]. Since an individual's attitude and behavior is expected to change over time, future researchers may opt for a longitudinal design to improve the ability to predict causality.

CONCLUSION

In essence, the results of this study have provided empirical evidence demonstrating the positive effects of empathy on task performance and competency on both task and contextual performance. Our discovery has highlighted the central role of empathy and competency in facilitating the development of a therapeutic patient-nurse alliance. Nevertheless, empathy was found to be negatively associated with contextual performance. One plausible reason for this unexpected finding maybe because of the heavy workload experienced by staff nurses

working in Malaysian public hospitals, particularly in light of the COVID-19 pandemic. Since contextual performance is generally considered as behaviors exhibited over and above the call of duty, despite feeling empathetic, these nurses may opt to perform their prescribed work roles instead which will eventually be used as the yardstick in their performance appraisal exercise.

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