

THE ROLE OF PSYCHOLOGICAL CAPITAL ON NURSING PERFORMANCE IN THE CONTEXT OF MEDICAL TOURISM IN MALAYSIA

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ABSTRACT

The rising importance of medical tourism to a country's economic growth has necessitated the need for healthcare employees particularly those from the private sector to always perform at their best level. Since nurses represent the largest workforce component in healthcare, their performance would have a salient impact on international patients' perception of service quality and satisfaction. Psychological capital has been identified as a contributor to employee job performance. Hence, the purpose of this study is to examine the effects of four psychological capital dimensions (self-efficacy, hope, resilience and optimism) on nurses' job performance (task performance and contextual performance). Statistical analysis using Partial Least Squares (PLS) conducted on the questionnaire data from 639 staff nurses working in private hospitals in Malaysia revealed that all psychological capital dimensions except for resilience have positive effects on the two forms of job performance. Finally, finding implications, limitations, future research suggestions and conclusion are proffered.

Keywords: Job performance; Psychological capital; Nurses; Medical tourism; Private healthcare; Malaysia.

1. INTRODUCTION

1.1. Healthcare Sector, International Healthcare and Medical Tourism in Malaysia

Healthcare in Malaysia is primarily under the responsibility of the Ministry of Health which acts as the main regulatory and policy-making body. Over the years, the country's healthcare delivery system has undergone massive improvements and currently provides a comprehensive range of quality health services to all Malaysians via an effective and efficient healthcare system (Hassali et al., 2014). As stipulated in the Malaysian National Key Economic Areas (NKEAs), the healthcare sector has been identified as an important area that deserve attention. This clearly highlights the Malaysian government's effort in providing quality healthcare to its citizens (PEMANDU, 2013). Thus far, the provision of public healthcare services is being complemented

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by the private sector, leading Malaysian citizens to enjoy a health status that is equivalent to that of developed countries (Manaf, 2005).

Apart from the domestic healthcare, international healthcare is gaining in popularity. This phenomenon of patients moving across borders in the pursuit of medical treatment and healthcare is termed as “medical tourism” (Lunt & Carrera, 2010). Medical tourism is regarded as one of the most lucrative businesses in the hospitality industry of many countries, particularly in developing countries (Han & Hyun, 2015). Medical tourism is also becoming more and more competitive (Connell, 2013) due to reasons such as cost awareness and quality services (Begum, 2013). With the launch of the Economic Transformation Program (ETP) intended to transform Malaysia into an upper middle-income country with a knowledge-based economy, interest in harnessing medical tourism’s economic potential grew. As a segment of the healthcare NKEA identified in the ETP, medical tourism is targeted to generate MYR 9.6 billion in revenue and MYR 4.3 billion in gross national income and to require 5,300 more medical professionals by 2020 (PEMANDU, 2010). One contributing factor for this rising trend in medical tourism may be attributed to the fact that international patients are more likely to search for alternative treatment in countries where costs are lower (Marlowe & Sullivan, 2007). Malaysia has been recognized as one of the top four destinations for international patients, especially those from developed countries, to get good healthcare treatment at a more affordable price (FMT Reporters, 2017). For instance, in 2011, a total of 583,000 international patients received medical treatment in private hospitals in Malaysia, followed by 639,000 in 2012 (MHTC, 2017) and 81,000 in 2013 (MHTC, 2017). On a similar note, revenues earned by private hospitals increased from MYR 511 million in 2011 to MYR 582 million in 2012 (MHTC, 2017) and to MYR 684 million in 2013 (MHTC, 2017). Therefore, it is not surprising that the prevailing Chief Executive Officer (CEO) of the Malaysian Healthcare Travel Council (MHTC) Sherene Azli declared that the MHTC expects a further growth of 20-30% in medical tourism with a generation of MYR 1.3 billion in revenue in 2017 (FMT Reporters, 2017). According to Chee (2010), the private healthcare sector in Malaysia has expanded beyond its shores in tandem with the expansion of the medical tourist market. In fact, private healthcare has been estimated to generate more than MYR 50 billion of gross national income, besides providing more than 181,000 job opportunities in hospitals, laboratories, medical-related manufacturing firms and rehabilitation centers by 2020 (Chua, 2010).

Malaysia’s neighboring countries such as Singapore and Thailand have been in the medical tourism industry for a much longer time, thus making them Malaysia’s biggest competitors (Manaf et al., 2013). Therefore, there is a dire need for Malaysia to develop a competitive advantage in order to become a key player in the medical tourism industry (Sarwar & Raman, 2017). Scholars (Hee et al., 2016; Manaf et al., 2015; Heung et al., 2010) affirmed that quality medical treatment provided by hospitals is an important factor which attracts international patients to seek for treatment in developing countries. Within the context of private hospitals in Malaysia, a study by Haque et al. (2012) demonstrated that healthcare service quality has a positive and direct impact on patients’ satisfaction. Thus, delivering quality services is a must in order to attract more foreign patients (Sarwar, 2013). On a specific note, Lam (1997) discovered that patients could differentiate the performance in caring and curing that are provided by the medical center service providers. Thus, to ensure patients’ satisfaction, healthcare employees particularly the nurses who are the ones that provide round-the-clock service to patients (Wright, 2007) are expected to exhibit superior job performance. In other words, the future success of medical tourism is dependent upon the ability of nurses to provide superior performance to their patients.

In a hospital setting, nurses form the largest proportion of the healthcare workforce (Buchan & Aiken, 2008). Hence, their roles and responsibilities are an integral component of patient care, which in turn, determines the quality of healthcare services, service productivity and effective patient health outcomes (Al-Ahmadi, 2009; Buchan & Aiken, 2008). Evidence have shown that nurses who performed well in their tasks and were able to go above and beyond their call of duty would positively affect patients' perception of service quality and their subsequent satisfaction (Altuntas & Baykal, 2010). This dual component of performance indicator is consistent with Nyhan and Marlowe's (1993) assertion that in addition to defined in-role behaviors, extra-role activities are fundamental in determining quality of services. One key contributor to employee performance relates to their positive psychological capabilities (Kappagoda, et al., 2014).

Following Katrinli et al. (2008), and since service quality serves as the main criteria in attracting international patients to a hospital for treatment, employing and retaining competent nurses who are able and willing to perform their best becomes imperative. In line with the government's effort to enhance medical tourism for the country's economic development, it is essential for healthcare organizations in Malaysia especially those private ones to ensure that their nurses perform well in their jobs because such efforts would ensure the delivery of high quality services to their patients. Psychological capital has been empirically examined and found to play a significant role in stimulating performance in developed countries such as the United States (Luthans et al., 2007; Luthans et al., 2008). However, such conclusions could not be drawn given the dearth of such studies in Malaysia. To address this deficiency and combined with the continued call for more organizational behavior research in other cultural contexts (Adler, 2002), the aim of the present study is to examine the effects of psychological capital dimensions on job performance of nurses within the context of private healthcare in Malaysia, a developing country.

2. LITERATURE REVIEW

2.1. *Job Performance and Psychological Capital in Healthcare*

Rotundo and Sackett (2002) conceptualized job performance as those actions and behaviors that are under the control of the individual and contribute to organizational goals. In a hospital setting, nurses' job performance has a profound effect on the nature and quality of services provided to patients (Purdy et al., 2010). Borman and Motowidlo (1993) proposed that performance consists of two dimensions: task performance and contextual performance. Task performance includes role-prescribed activities that are performed by the employees in exchange for their pay (Borman & Motowidlo, 1993). Hospital-related examples include the development, implementation, and evaluation of treatment plans for patients (Greenslade & Jimmieson, 2007). Meanwhile, contextual performance refers to tasks that surpassed employees' role description (Borman & Motowidlo, 1993). One example in the hospital context include providing additional help to patients and their families beyond what is required by the job (Greenslade & Jimmieson, 2007).

Positive psychological states of an individual have been identified as a main predictor of employee job performance (Luthans et al., 2007; Luthans et al., 2008). Drawing from the work of Luthans and Youssef (2004), four individual-level psychological capacities comprising self-efficacy, optimism, hope and resilience, are collectively referred to as psychological capital. Research has shown that psychological capital is related to favorable work outcomes such as in-role

performance, citizenship behaviors, job satisfaction, commitment, and engagement (Anjum et al., 2014; Luthans et al., 2007; Luthans et al., 2008; Avey et al., 2008). In nursing, Sun et al. (2012) provided empirical evidence for the relationship between psychological capital and job performance.

Nursing work has always been physically and emotionally demanding (Bogossian et al., 2014). In fact, nursing carries high occupational health risks, requires shift work, entails increasing workload attributed to rising complexity, acuity, patient numbers, and growing incidences of bullying and harassment at the workplace (Bogossian et al., 2014). In such challenging environments, nurses need a high level of psychological capital in order to perform well and succeed. Building from the work of Avey et al. (2008), nurses need to have confidence (i.e. self-efficacy) in order to take on and thrive at challenging tasks, possess a positive expectation about succeeding now and in future (i.e. optimism), persevere towards goals and when necessary, redirect their effort to goals to ensure success (i.e. hope), and when plagued by problems and adversities, have the capability to sustain and bounce back and even beyond to attain victory (i.e. resilience).

Despite increasing attention in investigating psychological capital and work outcomes in developed Western economies, very limited work except for those by Othman and Nasurdin (2013) has been conducted in a developing country like Malaysia. Their study focused on the impact of hope and resilience on work engagement among public hospital nurses. In our study, we explored the effects of all four dimensions that make up psychological capital (self-efficacy, hope, resilience and optimism) on nursing job performance dimensions in Malaysian private hospitals.

2.2 Relationship between Psychological Capital Dimensions and Job Performance Self-Efficacy

In nursing, psychological capital in the aggregate, will promote nurses' innovativeness while performing their tasks, which will in turn, boost their job performance (Lee & Kim, 2012). Self-efficacy refers to an employee's belief about his or her own abilities to mobilize motivation, cognitive resources, and courses of action needed to effectively perform a specific task (Stajkovic & Luthans, 1998). Employees with high self-efficacy will take responsibility and challenging assignments and work hard to achieve what is expected of them (Ali & Ali, 2014). Employees with high self-efficacy are likely to exert more effort, work smarter, and become more motivated to perform (Okhakhu et al., 2016). Research findings among nurses showed that self-efficacy is positively related to job performance (Van Hooft et al., 2016). Thus, it is hypothesized that:

H1: Self-efficacy will be positively related to task performance.

H2: Self-efficacy will be positively related to contextual performance.

2.2.1. Resilience

Resilience refers to an individual's ability to rebound from a difficulty faced and is normally found in people who perceive life as meaningful and needs improvisation and adaptation (Luthans & Youssef, 2004). Employees who are resilient are able to produce new ideas, adapt to change and fight against negative situations, which will ultimately elevate their job performance (Cetin & Basim, 2012). Resilience will help individuals to become more flexible in adapting themselves to different situations (Coutu, 2002). This construct has been found to be positively related to extra-

role citizenship behaviors (Jung & Yoon, 2015) and task performance (Luthans et al., 2007). Hence, the following hypothesis is forwarded.

H3: Resilience will be positively related to task performance.

H4: Resilience will be positively related to contextual performance.

2.2.2. Hope

Hope is defined as having a sense of successful, goal-directed behavior and a way of meeting those goals (Snyder et al., 1991). Individuals with hope will remain hopeful that there is always an alternative way in every situation (Snyder, 1994). These individuals will perform creatively and explore all possible pathways towards reaching their goal due to their strong willpower (Larson & Luthans, 2006). For healthcare employees, hope has been linked to quality care, which in turn, grants them the ability to provide comfort as well as effective and efficient services to their patients (Youssef & Luthans, 2007). A positive relationship was found between employees' hope and task performance (Luthans et al., 2007; Luthans et al., 2008). Thus, our next hypothesis is:

H5: Hope will be positively related to task performance.

H6: Hope will be positively related to contextual performance.

2.2.3. Optimism

Optimism reflects one's positive outcome outlook or attribution of events (Luthans et al., 2007). Optimistic employees are always confident about the present and the future and will try their best to help the organization attain its goals (Ali & Ali, 2014). In nursing where workplace adversities are rampant, nurses need to have high optimism to motivate themselves and the people around them (Luthans et al., 2008). Nurses' optimism is positively linked to their job performance measures (Luthans et al., 2008). Thus, we propose that:

H7: Optimism will be positively related to task performance.

H8: Optimism will be positively related to contextual performance.

3. METHODOLOGY

3.1. Sample and Procedures

Our sample consisted of staff nurses working in Malaysian large private hospitals with more than 100 beds. Emails seeking participation were sent to the Human Resource Department of these 44 hospitals (APHM, 2016), after which only nine agreed. The locations of these nine hospitals are as follows: Penang (3 hospitals), Kedah (2 hospitals), Melaka (3 hospitals) and Kuala Lumpur (1 hospital). Subsequently, survey questionnaires were distributed in proportion to the number of staff nurses at each hospital via the "drop-off" and "pick-up" method. In total, 770 questionnaires were distributed. Respondents were given 2 weeks to complete the questionnaire. However, due to their busy schedule, data collection from the hospitals had to be prolonged. Altogether, 639 useable questionnaires were collected within 2 months.

3.2. Instruments

Self-efficacy was measured using 8 items adapted from Chen et al. (2001). Hope was measured using 6 items adapted from Snyder et al. (1996). Resilience was measured using 5 items adapted from Wagnild and Young (1993). Optimism was measured using 4 items adapted from Scheier and Carver (1985). Task performance was measured using 7 items taken from Williams and Anderson (1991). Contextual performance was measured using 7 items adapted from Bott et al. (2003). The response format was based on a five-point Likert Scale (“1” = “strongly disagree” to “5” = “strongly agree”). Following Henseler et al. (2009), all hypotheses were tested with Partial Least Squares (PLS) (Ringle et al., 2005) technique involving evaluation of the measurement model and the structural model. The measurement model inspects the relations between the observed variables and latent variables. The measurement model is tested on its reliability (item reliability and internal consistency) and validity (convergent validity and discriminant validity). The structural model specifies the relationship between the latent variables using the bootstrapping approach and it is gauged based on the significance of the path coefficients and R^2 values.

4. RESULTS

4.1. Respondents' Profile

Our sample were predominantly females (91 percent). A majority of them (82.3 percent) were diploma holders. The average age, job tenure and organizational tenure for the sampled nurses were 29.5 years, 4.9 years and 5.3 years respectively. The mean scores and standard deviations (SD) for our study variables were: 3.74 for self-efficacy (SD = 0.53), 3.78 for optimism (SD = 0.60), 3.70 for resilience (SD = 0.56), 3.64 for hope (SD = 0.52), 3.85 for task performance (SD = 0.57) and 3.89 for contextual performance (SD = 0.56).

4.2. Measurement Model Results

Factor loadings, composite reliability (CR), and average variance extracted (AVE) were used to assess convergence validity. As shown in Table 1, all indicators have loadings (ranging from 0.568 to 0.863), which exceeded Hair et al.'s (2010) minimum cut-off value of 0.5. As such, these items were retained. Likewise, all latent constructs demonstrated adequate convergent validity with AVE values ranging from 0.515 to 0.668. Meanwhile, the CR values for the latent variables (ranging from 0.875 to 0.933), were above Hair et al.'s (2010) threshold value of 0.7, suggesting significant homogeneity. Therefore, the measurement model is considered reliable and display sufficient convergent validity.

Table 1: Items Loadings, Composite Reliability and Average Variance Extracted for the Measurement Model

Construct	Items	Loadings	AVE	CR
Contextual Performance	CP1	0.568	0.515	0.880
	CP2	0.796		
	CP3	0.718		
	CP4	0.827		
	CP5	0.700		
	CP6	0.707		
	CP7	0.678		
Task Performance	TP1	0.783	0.668	0.933
	TP2	0.852		
	TP3	0.857		
	TP4	0.848		
	TP5	0.655		
	TP6	0.842		
	TP7	0.863		
Self-efficacy	SE1	0.711	0.579	0.916
	SE2	0.754		
	SE3	0.761		
	SE4	0.816		
	SE5	0.828		
	SE6	0.806		
	SE7	0.705		
	SE8	0.691		
Resilience	RES1	0.804	0.625	0.893
	RES2	0.785		
	RES3	0.772		
	RES4	0.788		
	RES5	0.803		
Optimism	OPT1	0.710	0.637	0.875
	OPT2	0.842		
	OPT3	0.828		
	OPT4	0.807		
Hope	HOPE1	0.688	0.597	0.899
	HOPE2	0.742		
	HOPE3	0.806		
	HOPE4	0.782		
	HOPE5	0.820		
	HOPE6	0.791		

Note: CP denotes Contextual Performance; TP denotes Task Performance; SE denotes Self-Efficacy; RES denotes Resilience; OPT denotes Optimism.

Discriminant validity of our model was gauged by the heterotrait-monotrait (HTMT) ratios of correlations between the study variables. As shown in Table 2, our results indicate that the values

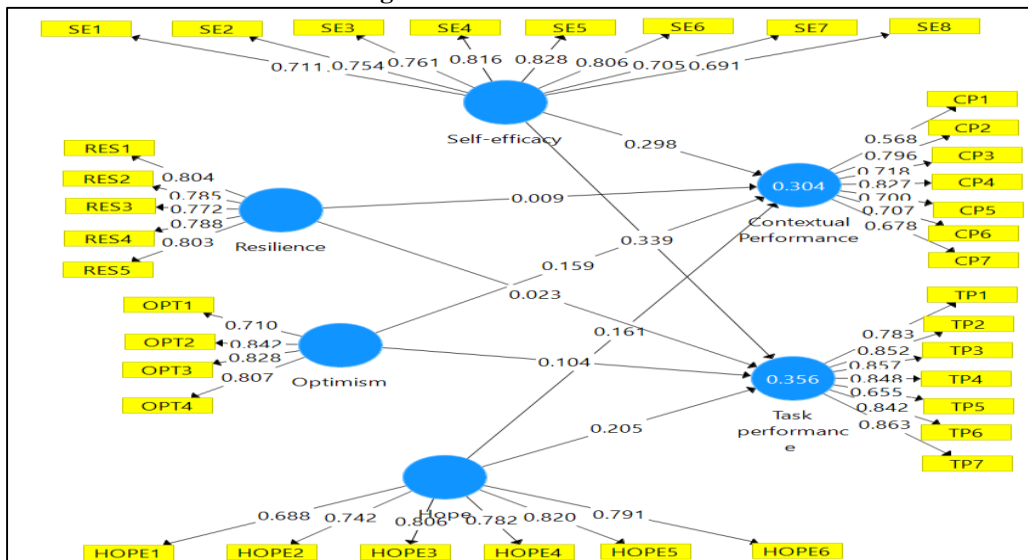
ranged from 0.498 to 0.880. In accordance with Gold et al. (2001), discriminant validity is considered acceptable since our HTMT value did not exceed 0.90.

Table 2: Heterotrait-Monotrait (HTMT)

	Contextual Performance	Hope	Optimism	Resilience	Self-efficacy	Task performance
Contextual Performance						
Hope	0.534					
Optimism	0.531	0.656				
Resilience	0.457	0.791	0.498			
Self-efficacy	0.594	0.812	0.758	0.813		
Task performance	0.880	0.578	0.516	0.498	0.625	

Based on our measurement model (see Figure 1), the R² values for contextual performance and task performance were 0.304 and 0.356 respectively suggesting that 30.4% of the variance in contextual performance and 35.6% of the variance in task performance can be explained by self-efficacy, hope, resilience and optimism.

Figure 1: Measurement Model



4.3 Structural Model Results

Bootstrapping results as portrayed in Table 3 indicate that self-efficacy, hope, and optimism were positively related to both contextual performance and task performance, thereby, providing support

for H1, H2, H5, H6, H7 and H8. Resilience was found to be unrelated to these performance dimensions. Thus, H3 and H4 were unsupported.

Table 3: Hypotheses Testing

Hypothesis	Beta (β)	Standard Error	T-Value	Decision
H1: Self-efficacy -> Contextual Performance	0.297**	0.066	4.490	Supported
H2: Self-efficacy -> Task performance	0.339**	0.070	4.840	Supported
H3: Resilience -> Contextual Performance	0.008	0.064	0.132	Not supported
H4: Resilience -> Task performance	0.024	0.065	0.361	Not supported
H5: Hope -> Contextual Performance	0.164**	0.057	2.834	Supported
H6: Hope -> Task performance	0.204**	0.059	3.486	Supported
H7: Optimism -> Contextual Performance	0.161**	0.060	2.637	Supported
H8: Optimism -> Task performance	0.107*	0.057	1.815	Supported

Note: * $p < 0.05$; ** $p < 0.01$

5. DISCUSSION OF FINDINGS

This study sought to examine the effects of psychological capital (comprising self-efficacy, optimism, hope and resilience) on job performance (task performance and contextual performance) of staff nurses working in private hospitals in Malaysia. The statistical results provided support for almost all of our hypothesized relationships. Specifically, self-efficacy was positively related to nurses' performance consistent with earlier findings (Van Hooft et al., 2016; Salanova et al., 2011). Similarly, hope was found to positively affect performance in concordance with previous researchers (Luthans et al., 2007; Luthans et al., 2008). Likewise, the positive effect of optimism on nurses' job performance corroborates that of Luthans et al. (2008). On the contrary, resilience was found to be unrelated to both performance dimensions. This surprising finding may be attributed to the characteristics of our sampled nurses. Although their resilience levels were above moderate (mean=3.70), having been in their jobs for about five years would have made them relatively experienced in coping with the hassles associated with their daily job duties. As such, resilience may not have any impact on their performance levels.

5.1. Implications

Since psychological capital components of self-efficacy, hope, and optimism positively affect job performance, hospital administrators may want to consider these capabilities in their recruitment process. Consistent with Rich (1999), one possible option would be to give preferences in selecting nurse applicants that tested higher on these tendencies. Other strategies include development of these psychological capacities. For self-efficacy enhancement, training interventions may be employed particularly vicarious modelling whereby participants can observe and model relevant others (Luthans et al., 2004). Seeing others succeed through sustained effort will lead participants to believe that they too have the capacity to do well. Moreover, since nurses are continually faced with the challenge of caring and treating pain for patients, they need to attend ongoing educational

programs that are designed to improve their competence, knowledge, skills, and abilities. In this way, their self-efficacy would be heightened, eventually leading to better performance. In addition, the use of social persuasion by respected and competent individuals (such as sisters and matrons) may also be relevant in improving self-efficacy of nurses. To increase hope, Luthans et al. (2004) suggested setting specific and challenging goals, developing contingency planning to achieve goals, and when warranted, re-defining goals to avoid false hope. A supportive work environment characterized by educative support and peer cohesion (Gillespie et al., 2007) may also help enrich nurses' hope level. Following Luthans et al.'s (2008) recommendation, optimism can be amplified through mentoring and training programs whereby participants learn to: (1) reflect, diagnose, and identify self-defeating beliefs when faced with adversity, (2) reflect and evaluate those beliefs, and (3) replace those beliefs with more constructive ones. Although resilience had no positive influence on performance in our study, given the hardships associated with the nursing vocation, resilience is believed to be equally crucial for nurses. Resiliency may be nurtured through the establishment of a constructive professional network (Jackson et al., 2007) that readily provides guidance and social support to nurses when needed. One other strategy advocated by Hodges et al. (2005) is for leaders to acknowledge and praise success in nurses' achievements, which will be able to promote feelings of pride, that helps build their resilience.

5.2. *Limitations and Future Research Suggestions*

Findings of the current study should be construed in light of three limitations. First, the use of self-report measures of job performance may raise concerns regarding common-method variance that could bias our results. To minimize this potential problem, future researchers may want to consider collecting performance data from multiple sources (such as from supervisors and peers). Second, our respondents were confined to staff nurses employed in private hospitals operating in Malaysia. This setting may not be generalized to all nursing workforce in the healthcare industry. Thus, in future, similar data garnered from the public healthcare context will be able to provide informative validation for our results. Thirdly, this study only examines psychological capital, a form of personal resource, as a predictor of job performance. In order to have a more holistic picture of the predictors of job performance among nurses, it is proposed that similar studies be conducted but using other types of resources such as organization-based resources (for example, organizational climate) and job-based resources (for example, feedback).

6. CONCLUSION

The outcomes from this study showed that psychological capital facets have positive relationships with nurses' job performance. Thus, the present results have provided empirical support for the validity of findings from developed countries like the United States to Malaysia, a developing country. Since excellent performance leads to high service quality and subsequent patient satisfaction, nurses who represent the major constituent of any hospital setting must be able to display superior performance. Furthermore, in line with the need for Malaysia to improve its competitive advantage as a medical tourist destination and in support of the country's aspiration towards enhancing the profitable medical tourism trade as stipulated in the ETP, nurses as frontline healthcare professionals are required to perform their best. Given the importance of psychological capital in contributing to high job performance, investing in, developing, and leveraging on these capabilities would be advantageous for hospitals in Malaysia particularly the private ones. Our

recommendation would be for healthcare organizations to proactively develop and manage the self-efficacy, hope, optimism, and resilience of their nursing workforce in order to achieve outstanding performance results.

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