

# Work Performance and its Influencing Factors Among Support Staff in Hospital Mersing, Johor

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## ABSTRAK

*Laporan prestasi kerja adalah laporan penilaian yang sistematik dan komprehensif secara kuantitatif bagi menilai tahap prestasi penjawat awam di Malaysia. Objektif kajian ini adalah untuk menentukan sama ada prestasi kerja kakitangan sokongan di Hospital Mersing setanding dengan prestasi kakitangan awam lain di Malaysia. Objektif lain adalah untuk mengenal pasti anggota yang berprestasi tinggi dan rendah dalam organisasi dan menentukan faktor yang mempengaruhi prestasi kerja. Kajian ini adalah pensampelan rentas, retrospektif, mudah digunakan dengan menggunakan data sekunder dari buku perkhidmatan pekerja, Sistem Maklumat Pengurusan Sumber Manusia (HRMIS) dan rekod perubatan kakitangan pada tahun 2016 digunakan. Hasil kajian menunjukkan terdapat hubungan yang signifikan antara faktor sosio-demografi dengan prestasi kerja yang jantina, pendapatan bulanan dan tahap pendidikan. Bagaimanapun, tiada hubungan yang signifikan antara etnik, umur, status perkahwinan dan tempoh perkhidmatan. Tiada hubungan yang signifikan antara faktor kesihatan dan faktor pekerjaan dengan prestasi kerja. Dapatan yang diperolehi dari kajian ini boleh digunakan oleh pentadbiran hospital dan penyelia untuk mengambil langkah-langkah bagi memperbaiki tahap prestasi kerja kakitangan dengan sewajarnya di mana ia dapat memberi manfaat kepada individu dan organisasi secara keseluruhan.*

*Katakunci: prestasi kerja, pertubuhan, sumber manusia*

## ABSTRACT

Work performance report is a systematic and comprehensive evaluation report that quantitatively assesses the level of performance of civil servants in Malaysia. The objective of this study was to ascertain whether work performance of

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supporting staff in Hospital Mersing is at par with the performance of civil servants in Malaysia. Other objectives were to identify the high-performing and low-performing members in the organisation and to determine factors affecting work performance. This study was a cross-sectional, retrospective, and used convenient sampling from secondary data in the employee service books, Human Resource Management Information System (HRMIS) information and staff medical records in 2016. The results of this study show that there was significant relationship between socio-demographic factors with work performance, which were gender, monthly income and education level. However, there was no significant relationship between ethnicity ( $p=0.692$ ), age ( $p=0.102$ ), marital status ( $p=1.000$ ) and period of service ( $p=0.299$ ). There was no significant relationship found between health factor and job factor with work performance. The outcome from this study can be used by the hospital administration and supervisors to take measures improving the level of staff work performance accordingly, which can benefit both individual and the organisation.

Keywords: human resource, organisation, work performance

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## INTRODUCTION

Human factor is the most important asset to any organisation (Hafiza et al. 2011). Work performance is the ability of employees to effectively achieve an expected standard of work. It should be carried out within a pre-determined period of time (Motowidlo et al. 2012). It reflects the ability to maintain competition and productivity in providing excellent service. Hospital personnel are expected by public to provide acceptable work performance, although faced with insurmountable pressure and challenges. Amongst this challenges faced in hospitals are Emergency Department (ED) overcrowding and prolonged length of stay (Nik Azlan et al 2013). Thus, level of burnout is significantly higher among hospital staff which results in poor work performance (Sharma et

al. 2016). This study was conducted to ascertain factors which can significantly influence work performance among support staff in Mersing hospital. Staff were categorized into high- performing and low-performing work performance based on the Laporan Prestasi Tahunan (yearly achievement report (LNPT)). Factors assessed were socio-demographic factors such as gender and ethnicity which were previously reported to affect work performance (Yeoh & Yeoh 2015). Other factors such as seniority in service, health problems and frequency of medical leaves are among the things being observed affecting the staff work performance (Varekamp & van Dijk 2010). There were a few who never worked in other places besides HMG and claimed to be the most resistant to change and were therefore, less productive. Hence, this study was conducted to establish the

Table 1: LNPT results overall member support group (N = 100)

	Category	Frequency	Percentage
LNPT 2016 (%)	High	86	86.0
	Low	14	14

factors influencing the performance of supporting staff at Hospital Mersing, Johor.

Primary objective of this study was to evaluate the work performance of support group in Hospital Mersing, Johor. Other objectives were to ascertain and assess relationship between socio-demographic factors, health status and working experience of support group members at Hospital Mersing, Johor

## MATERIALS AND METHODS

This was a retrospective cross-sectional study, conducted from 1<sup>st</sup> January to 31<sup>st</sup> December 2016. Research tools used secondary data from individual staff service books, medical record, health screening books and 2016 LNPT results were obtained from the online hospital records system. Convenient sampling was used in data collection. Sample size was calculated using Epi Info 7 which require a total of 100 participants. Sample population was divided into suppose staff from group 1 (n=68) and remaining (n=32) from

group II. Group 1 consists of minimum degree holder with pay grade of 41 and above. Group II consists of minimum diploma holder with a lower pay grade. SPSS version 16.0 was used for statistical analysis. Ethical approval was obtained from Medical Research and Ethical Committee, Ministry of Health Malaysia (NMRR-18-1898-40625) (IIR).

## RESULTS

Table 1 shows overall LNPT results for members of the support group at Hospital Mersing. Eighty-six staff members (86%) obtained high LNPT marks. In this study, most of the participants were aged between 31-40 years (46%) with mean age  $38.4 \pm 7.76$  SD (min 24, max 56 years). Majority of the participants in this study were females (72%). Most of participants were Malays (95%) and the majority of participants were married (88%) with single (7%) and divorced (5%).

Bulk of the monthly income was between range of RM1501.00 (369.43 USD) and RM2500.00 (615.31

Table 2: 2016 LNPT results by support group 1 and 2 (N=100)

	Category	LNPT 2016		X value	P value*
		Tinggi	Rendah		
SUPPORT GROUP	Group1	62 (91.2%)	6 (8.8%)	4.729	0.030
	Group 2	24 (75.0%)	8 (25.0%)		

\*Pearson Chi-Square test

Table 3: Relationships between sociodemographic factors with work performance (n=100)

Variables	Category	LNPT		X <sup>2</sup> value	P value*
		High N (%)	Low N (%)		
Age	20-30	12 (75.0)	4 (25.0)	5.644**	0.102**
	31-40	42 (91.3)	4 (8.7)		
	41-50	26 (89.7)	3 (10.3)		
	51-60	6 (66.7)	3 (33.3)		
Gender	Male	20 (71.4)	8 (28.6)	6.858	0.009
	Female	66 (91.7)	6 (8.3)		
Ethnic	Malay	82 (86.3)	13 (13.7)	0.157	0.692
	Non-Malay	4 (80.0)	1 (20.0)		
Monthly Salary (RM)	≤1500	4 (44.4)	5 (55.6)	19.148**	<0.001**
	1501-2500	27 (77.1)	8 (22.9)		
	2501-3500	31 (96.9)	1 (3.1)		
	≥3501	24 (100.0)	0 (0.0)		
Marital Status	Single	6 (85.7)	1 (14.3)	12.563**	0.003**
	Married	75 (85.2)	13 (14.8)		
	Divorced	5 (100.0)	0 (0.0)		
Education Level	Primary	4 (100.0)	0 (0.0)	12.563**	0.003**
	Secondary	21 (70.0)	9 (30.0)		
	Certificate	9 (75.0)	3 (25.0)		
	High	52 (96.3)	2 (3.7)		

\* Chi-Square test, \*\* Fisher's Exact Test

USD) (35%). Mean revenue was RM2743.10±RM939.70 (676.14±231.28 USD) SD. Minimum monthly income was from RM1284.00 (316.02 USD) to RM4511.00 (1110.26 USD). More than half of the participants were from tertiary education level (54%) followed by secondary education level (30%)

In terms of health factors, most participants were healthy (76%) and only 24 (24%) had chronic disease. Sixteen (16%) participants had only one non-infectious disease, five (5%) samples with two diseases, two (2%) samples with three diseases and one (1%) with four non-infectious diseases. Mean medical leave in 2016 was 3.6

days±8.46 days and maximum MC was 57 days. There were 55 (55%) participants who never took sick leave throughout 2016.

Forty-three participants experienced working in two different places (43%) and the number of workplaces ranged from one to five. Out of the 100 participants, only 34 worked in Hospital Mersing. Majority of the 47 participants (47%) had served between 6-15 years in the Ministry of Health of Malaysia with mean service duration in the MOH is 14.9±7.52 years. The service duration ranged from 3-38 years. Most (71%) of the placements were in clinical department.

Table 4: Relationships between health status factors with work performance (n=100)

Variable	Category	LNPT		Value		
		High N (%)	Low N (%)	X <sup>2</sup>	t	p
Health status	Healthy chronic disease	64 (84.2)	12 (15.8)	0.842		0.359**
		22 (91.7)	2 (8.3)			
Non-communicable disease	0	64 (84.2)	12 (15.8)	5.293		0.218**
	1	15 (93.8)	1 (6.2)			
	2	5 (100.0)	0 (0.0)			
	3	2 (100.0)	0 (0.0)			
	4	0 (0.0)	1 (100.0)			
Medical leave (MC) in a year		3.96(9.05)	1.78(2.19)		0.059	0.374***

\*Pearson Chi-Square test, \*\* Fisher's Exact Test  
\*\*\*Independent t-test

Table 2 showed that the percentage of LNPT score was high among support groups 1 as opposed to support group 2. This study showed that the support group had significant relationship with the work performance  $P=0.030$  and  $p<0.05$ .

Table 3 showed the results of the relationship analysis between sociodemographic factors and LNPT. There was no significant correlation between age, ethnic, and marital status with work performance. However, gender showed significant correlation, in which female participants scored on average higher LNPT compared to their male counterparts. Monthly income had significant relationship with work performance, in which percentage of LNPT scores were higher in the more than RM3501.00 (866.58 USD) group. Level of education showed significant relationship with work performance, where tertiary level graduates scored significantly higher.

Table 4 showed the results of the relationship analysis between

health status factors and LNPT. The percentage of LNPT scores was higher in those who had chronic diseases than those who were healthy. This study showed that health status did not have significant relationship with work performance ( $p>0.05$ ). The percentage of LNPT scores was higher among those with 2 and 3 chronic diseases than those with 4 and no chronic disease. This study showed that non-communicable disease factors were not significantly related to the work performance  $p>0.05$ . Mean number of medical leave for members with high LNPT score was 3.96 days  $\pm$  9.05 SD days compared to mean 1.78  $\pm$  2.19 SD days. This study showed that the number of medical leave had no significant relationship with work performance  $p>0.05$ .

Table 5 showed the results of the relationship analysis between work factors and LNPT. The percentage of LNPT scores was higher among 3 and 5 workplaces than 4 workplaces. This study showed that the number of

Table 5: Relationships between work factors with work performance. (N = 100)

Variables	Category	LNPT		X <sup>2</sup> value	P value*
		High N (%)	Low N (%)		
Number of workplaces	1	27 (79.4)	7 (20.6)	5.796	0.188
	2	37 (86.0)	6 (14.0)		
	3	18 (100.0)	0 (0.0)		
	4	3 (75.0)	1 (25.0)		
	5	1 (100.0)	0 (0.0)		
Service Duration in KKM (years)	1-5	9 (75.0)	3 (25.0)	3.441	0.299
	6-15	42 (89.4)	5 (10.6)		
	16-25	26 (89.7)	3 (10.3)		
	≥26	9 (75.0)	3 (25.0)		
Service Duration in Hospital Mersing (years)	1-5	24 (85.7)	4 (14.3)	3.230	0.300
	6-15	45 (90.0)	5 (10.0)		
	16-25	13 (81.2)	3 (18.8)		
	≥26	4 (66.7)	2 (33.3)		
Placement	Clinical	64 (90.1)	7 (9.9)	3.487	0.108
	Non-Clinical	22 (75.9)	7 (24.1)		

\* Chi-Square test, \*\* Fisher's Exact Test

workplaces does not have significant relationship with work performance  $p>0.05$ . The percentage of LNPT scores was higher among those who served for 16-25 years than those who worked for 1-5 years and over 26 years. This study showed that the service period in the Ministry of Health Malaysia had no significant relationship with work performance  $p>0.05$ . The percentage of LNPT scores was higher among those who served 6-15 years than those who served for over 26 years. This study showed that the duration of service at Mersing Hospital had no significant relationship with work performance  $p>0.05$ . Percentage of LNPT scores was higher among clinical placements than non clinical. This study showed that the placement had no significant relationship with work performance of

$p>0.05$ .

## DISCUSSION

Difference in gender had significant relationship with work performance. This was consistent with study by Yeoh & Yeoh (2015) comparing competitiveness attitude between male and female participants. Similarly, they found that female staffs were more competitive and motivated compared to their male counterparts. The competitiveness between potential employees was one of the inevitable things in one's work or life and it can improve one's performance. Lanfranchi & Narcy (2013) also mentioned that women had an intrinsic motivation factor higher than men. The intrinsic motivations can encourage one to

achieve remarkable performance to prove that he or she can do the job well. Most participants were women (72%) and according to researcher's observations at Hospital Mersing, female staff showed high motivation and were more diligent in carrying out their duties as best as they could compared men. They were intrinsically motivated by job satisfaction than expecting rewards such as pay rise and award which were extrinsic motivation. A high level of competitiveness was observed between the two gender at Hospital Mersing.

This study also found a significant relationship between monthly income and work performance. This was consistent with a study by Torgler et al. (2006) which found that financial factors were identified as the main motivator for employees. High-income employees provide better job performance compared to those with low incomes. It is also consistent with the results of a study (Kahya 2007) that high level of education and good income are major contributors to high work performance. However, a study by Shaffril & Uli (2010) showed a weak link between work performance and monthly income ( $r = 0.229$ ) and it can be concluded that there was a weak link between these two variables. The monthly income of staff in Hospital Mersing was also a reflection on many factors such as the type of post, job grade, length of service and education level. From our observation, high-performance staff are mostly high-ranking, highly educated and had sufficient working experience. Nevertheless, work

performance related to amount of pay was subjective and was due to from several confounding factors. For an instance, higher paid staff has different key performance index rating, different working objectives as well as different position grades which can be confounded with work performance and satisfaction.

The study findings also found that the percentage of LNPT score was higher among the higher education level than their lower counterparts. Hence, education level had a significant relationship with the performance. This was consistent with Yusoff et al. (2015) which stated there was significant positive relationship between knowledge and work performance. Knowledge sharing has a profound influence on individual work performance in improving workmanship, skills, enhancing personal qualities, enhancing collaboration, creativity and innovative ideas. Level of education is pre-requisite for job placement, job position and the job grade. Furthermore, improvement of work performance depends on improving quality of continuous knowledge gain and assessment. Opportunities to attend conferences, workshops, forums, labs and periodic seminars in the hospital played an important role in knowledge improvement.

Age and work performance did not show any significant correlation in this study. Ng et al. (2008) found that age was generally unrelated to the main task of job performance. Many confounding factors arise from increasing age such as number of sick

leave, more experience, but reducing in motor skills, increasing position and reducing fitness as well as health wellbeing.

The findings of this study found that there was no significant relationship between ethnicity and work performance. This was consistent with the study of Shaffril & Uli (2010). Nevertheless, there were studies that contradict this finding. Yeoh & Yeoh (2015), found that workers of Chinese ethnicity were more competitive than their counterparts from other racial background. Limitation to our study was that racial distribution is skewed as majority of workers in Hospital Mersing that participated was of Malay ethnicity.

The result of this study found that the percentage of LNPT score was higher on average among divorced individuals compared to the married counterparts. Nevertheless, marital status did not have significance on the work performance. This was consistent with the findings by Azim et al. (2013) in which no significant difference in job satisfaction was related to work performance.

In the study of the association between the health status factor and the work performance, none can be proved. Overall frequency of sick leaves does not affect work performance of an individual. This was probably due to measures such as immediate task reassignment was arranged by the superior involved in order to ensure service can continue despite chronic illnesses. The presenteeism factors associated with their chronic illness opened the eyes of

researchers as it involves degradation of work performance and productivity even though they are working, so not just the frequency of sick leave or absenteeism involved in this issue. From this study it was found that participants suffering from more than two chronic diseases were more susceptible to fatigue symptoms. This can result in psychological stress and poor work performance (Varekamp & van Dijk 2010).

Number of previous work placement did not affect work performance of the participant. This study can reject the assumption that the longer the duration of service, the higher the work performance score. Working only at one workplace does not affect the staff's work performance as there is likely to be another issue that causes the staff refuse to be transferred but still maintain good working performance.

There are several limitations to this study. Ethnicity was well skewed to the Malay race which consisted of 95 out of 100 personnel. Hence, data regarding ethnicity could not represent population of Malaysia as a whole. Other demographics such as gender and marital status were not evenly distributed. Furthermore, work performance score is a subjective evaluation by senior personnel which does not reflect accurately work performance. A more objective assessment is required. Key performing index varies from each levels, where different tasks are assigned to different post and this could affect standardisation.

## CONCLUSION

Overall, majority of Hospital Mersing support staff had high level of work performance. We established that gender, high monthly income and higher education levels were factors promoting high work performance. Age, marital status and ethnicity were less significant factors. The results of this study provided necessary information on factors that can be improved. However, a more detailed study with larger and heterogenous sample should be taken.

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