



Elevating Employee Performance: The Role of Soft Skills in Optimizing Performance at Tikur Anbesa Specialized Hospital in the Ethiopian Health Sector: Mediating Role of Compassion Satisfaction and Patient Health Literacy

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ABSTRACT

Soft skills such as communication, empathy, and teamwork are essential in the healthcare setting, influencing employee performance and patient outcomes. Previous studies have investigated the role of soft skills in employees' performance across various organizational contexts. However, translating soft skills into higher employee performance, particularly through parallel mediating mechanisms in the hospital setting, has received limited attention. This study aimed to investigate the effect of soft skills on employee performance and to explore the mediating role of compassion satisfaction and patient health literacy. The study used a cross-sectional quantitative design with 313 health professionals, selected through stratified random sampling at Tikur Anbesa Specialized Hospital, Ethiopia. A survey questionnaire was used to collect data, and structural equation modeling (SEM) was employed to evaluate the direct and indirect relationships of the study variables. The findings indicate that all soft skills, communication, empathy, and teamwork, are positively related to health workers' performance. Moreover, these soft skills foster compassion satisfaction and patients' health literacy, thereby enhancing the task and contextual performance of health employees. The study enhances our understanding of the positive role of soft skills as drivers of health professional excellence in hospitals where resources are limited and congested work environment. Henceforth, maximizing soft skills can improve healthcare employees' performance and patients service delivery in public hospitals.

Keywords: Soft Skill, Communication, Empathy, Teamwork, Compassion Satisfaction, Patient Health Literacy, Employee Performance

JEL Classifications: I11, I12, J24

1. INTRODUCTION

The success of contemporary organizations hugely depends on their human resources, as skilled employees are crucial for achieving the vision and mission of private and public organizations. (Cinque, 2016; Cotet et al., 2017), Workplaces in the 21st century demand higher interpersonal skills such as communication, empathy, and teamwork in addition to the technical competencies required to perform tasks diligently. Therefore, organizations should prioritize developing employees' skills for achieving high-

caliber performance. Particularly in hospitals and health centers, employees with hard and soft skills directly influence patient outcomes, as physicians' personalities and interpersonal skills are related to how they treat their patients (Widjadja and Saragih, 2018). Studies emphasize that human resource management practices can shape the skills and competencies of health care workers, who then treat patients and save lives.

Effective performance requires both technical and soft skills. Thus, a high-performing individual is expected to have both technical

skills, such as surgery, medical operations, lab technology, reading MRI, CT scans, radiology, and soft skills, such as effective communication, to deliver quality and individualized services to their clients. This is particularly critical in healthcare, where the skills and competencies of health professionals and frontline employees not only influence patient outcomes but also serve as the measure of quality itself. Among these skills, soft skills are essential for better-quality service delivery and patient care, whereas poor performance in these skill sets is often associated with lower performance (Getachew et al., 2020; Weber et al., 2020).

Given the critical importance of human resources in the health care setting, scholars have given an increasing recognition of the role of soft skills such as communication, teamwork, and empathy alongside technical competencies. However, research on workplace interpersonal skills has tended to be imbalanced, emphasizing their negative impacts and leaving gaps in understanding their positive contributions (Deming, 2017). In healthcare, where adequate provider-patient relationships are essential, deficiencies in soft skills persist: Over 50% of healthcare workers lack adequate communication skills, which remain a leading cause of medical errors, and the most effective strategies for improving them remain unclear (Song et al., 2017; Turkelson et al., 2017).

Conflicting findings further complicate this issue. At the same time, some studies have found no substantial impact of communication on worker performance (Triharjono et al., 2021; Zakaria and Leiwakabessy, 2020). Others contend that medical malpractice is primarily caused by poor communication (Mahvar et al., 2020; Mangus et al., 2020; Vinson and Underman, 2020). Likewise, some studies show that empathy improves service and performance (Adil and Hamid, 2020; Elche et al., 2020) and they note that little is known about the factors influencing the connection between performance and empathy. While (Bove, 2019; Kamas and Preston, 2020) claim that high levels of empathy can negatively affect performance and productivity. Meanwhile, (Nasurdin et al., 2022) indicates that empathy has a positive relationship with task performance but a negative relationship with contextual performance. Regarding teamwork, research yields mixed findings. According to some research, teamwork has little to no effect on performance (Mendonca et al., 2020; Wijayanti, 2021). According to other research, it dramatically improves worker performance (Kusumiarsono et al., 2022; Widayati et al., 2022). These inconsistencies highlight a critical research gap, particularly in African contexts where empirical studies are scarce.

In many African public institutions, poor service delivery, low sectoral engagement, and inefficient personnel performance are still prevalent (Agba, 2018). Furthermore, although inadequate soft skills are a significant shortcoming in healthcare services, they are not given sufficient attention in academic or organizational settings. In Ethiopia, the neglect of soft skills in education and vocational training, which has historically focused on industry-specific skills while neglecting communication, teamwork, empathy, and problem-solving, has exacerbated workforce deficiencies (Sørensen et al., 2021). This, in turn, has led to a mismatch between graduates' skills and labor-market demands,

contributing to the substantial skills gap in Ethiopia (Getachew et al., 2020). Studies also indicate that only 34.5% of Ethiopian healthcare providers maintain effective patient communication, while teamwork and empathy deficits further hinder service quality (Lake et al., 2021; Yazew et al., 2020).

In addition, the researcher analyzes the limitations of the reviewed literature, their direction, and offers suggestions for future studies. The key limitations highlighted in prior research on employee performance and soft skills have been constrained by industry-specific focus, limited sample demographics, and a lack of exploration across other service sectors. The majority of the literature recommends examining the relationship between various soft skill variables and employee performance in service sectors, as well as in manufacturing and other industries (Elche et al., 2020; Mendonca et al., 2020). Notably, there remains a dearth of empirical research, especially in healthcare settings, even though the existing literature emphasizes the need to examine mediating factors in the relationship between soft skills such as communication, teamwork, and empathy and employee performance (Ahmad et al., 2020; Widayati et al., 2022). Addressing these gaps, this study explores compassion, satisfaction, and patient health literacy as mediating factors in the relationship between soft skills and employee performance. This relationship has not been empirically examined prior to this study. By doing so, this research extends prior work by broadening sectoral applicability beyond manufacturing to healthcare, introducing evidence-based mediators to explain how and why soft skills affect performance, and resolving inconsistencies in past findings. This study directly addresses the need for thorough, quantitative evaluations of soft skill dynamics.

2. LITERATURE REVIEW

2.1. Theoretical Foundations

The study is based on three foundational theories: human capital theory, social capital theory, and career development theory. They set out the complex interplay of factors influencing employee performance in healthcare, such as work alignment, social interactions, and skill development guiding organizations in unlocking the full potential of their workforce. These theories linking skill development, interpersonal relationships, and job congruence together with communication, empathy, and teamwork, enhance performance through direct task competence and indirect contextual support.

Theories of communication emphasize the essential role of communication across various professions, including healthcare. Besides, these theories primarily address the dynamic nature of communication, its importance, and the ethical issues it raises. Despite their similarities, the transactional communication model emphasizes an explicit communication framework, whereas Peplau's theory and humanistic models emphasize a skill-oriented approach to communication. Therefore, integrating these theories makes up a holistic understanding of effective communication (Devito, 2016; Peplau, 1997). The humanistic interpersonal communication model, with elements of openness, and positive attitude held for effective interpersonal interaction, together with Peplau's interpersonal

relations theory, which underlines the collaboration, interaction management and cultural sensitivity in communication between healthcare providers and patients align to make up effective, flexible and adaptable two-way communication in response to different contexts and feedback of the transactional model.

Regarding empathy, Halpern's Model claims empathy depends on the patient's experiences and the empathizer's imagination. It claims that doctors are not just emotionally invested in their patients but also logically consider images and seek out the best course of action for their care (Halpern, 2003; Kusumiariono et al., 2022). A limitation the researcher placed on the model was that patients might occasionally not be aware of the type of pain they experience or be unable to express it. Thus, if the model takes such concepts into account, such as unconscious patients, it will be more intriguing. Additionally, the researcher contends that, when interacting with patients, doctors do not separate cognitive and imaginative reconstruction, emotional attunement, and behavioral components; instead, these elements are present simultaneously. As a result, models should incorporate these ideas into their management.

Moreover, all theories of teamwork commonly stress that a team-oriented mindset, mutual support, and positive social relations foster collaboration among team members. In contrast, coordination, team leadership, and adaptability also play a vital role in the model of teamwork. Even though they commonly share these assumptions, they also differ in the basic philosophical foundations of their respective grounds. For example, the Big Five teamwork model includes elements such as backup behavior and monitoring, whereas Dickinson and McIntyre's teamwork model emphasizes feedback in particular. The first two models align with the teamwork quality model element of effort, while the mutual support element bonded the backup behavior of the two models. Similarly, the teamwork quality model emphasizes the balance between individual contributions and team member cohesion.

All communication, empathy, and teamwork theories show that interpersonal competencies are essential for smooth healthcare delivery. Extending this, the individual difference theory explains how care providers' skills are interpreted in performance, distinguishing between task and contextual performance. Task Performance involves job-related activities outlined in the job description, such as technical care, provision of information and support, and coordination of care. In contrast, contextual performance maintains the larger organizational, social, and psychological context in which technical competence operates effectively (Borman and Motowidlo, 2014; Motowidlo et al., 1997). It emphasizes the importance of voluntary endeavors that maintain organizational integrity and team dynamics, like job-task support, interpersonal support, volunteering, and compliance. These factors work together to provide a thorough lens through which healthcare performance can be evaluated, encouraged, and enhanced. Task and contextual performance integration offers a strong foundation for quality healthcare delivery. Therefore, sustaining these factors requires the emotional and psychological well-being of healthcare professionals and patients for high-caliber performance.

To explain this, Professional Quality of Life (ProQOL), Compassion Satisfaction, Burnout-Engagement Continuum, and compassion fatigue resilience model (CFR) models acknowledge the essentiality of emotional well-being in mitigating compassion fatigue and promoting healthcare providers' well-being through positive work experience, resilience, and mindfulness acting as a driver of job satisfaction and employee performance, addressing the emotional challenges healthcare providers face while delivering healthcare service, and the need to manage these challenges to prevent burnout and compassion fatigue (Maslach and Leiter, 2022; Ruiz-Fernández et al., 2020; 2021).

On the other hand, Stamm's model gives equal emphasis to both positive and negative experiences of healthcare providers in their work, indicating that the high emotional demand of their job drains them. At the same time, the sense of fulfillment keeps them in their job (Pehlivan and Güner, 2020; Scotney et al., 2019). Similarly, the burnout-engagement continuum encompasses organizational factors that contribute to healthcare providers' fatigue and satisfaction, with compassion satisfaction as an element of engagement and burnout resulting from unmanaged work stress. Besides, the CFR model tells how one can mitigate fatigue through resilience. These models show that positive emotional state, job satisfaction, and a sense of purpose are indicators of compassion satisfaction.

Beyond emotional well-being, efficient and effective healthcare delivery is ensured through information accuracy and knowledge transfer. This is explained by Sørensen's integrated model of health literacy and Nutbeam's health literacy model, which emphasize the importance of understanding and applying health literacy. However, they differ in their conceptualization and focus. The Sørensen's model covers a range of factors influencing a person's health literacy, which include personal characteristics, contextual factors, health literacy skills, and health outcomes. The model also discusses the relationship between the factor and the complex nature of health literacy information. Whereas Nutbeam's model, unlike the Sorensen model, stresses the type or level of health literacy, touching on the social elements and cognitive skills that determine it (Nutbeam and Lloyd, 2021).

3. EMPIRICAL REVIEW

3.1. Soft Skills and Employee Performance

Empirical studies reviewed on the effect of communication skills on employee performance are controversial in their findings and conclusions. Research conducted in controlled organizational contexts, such as visa processing (Triharjono et al., 2021) and Islamic banking (Zakaria and Leiwakabessy, 2020), found no significant relationship between communication and employee performance. However, studies conducted in the medical field and in critical care units, such as (Mahvar et al., 2020), show that poor communication is strongly linked to adverse outcomes, including ethical conflicts and clinical errors. His ethnographic study concludes that communication is essential in determining care quality. Similarly, (Mangus et al., 2020), who argue that communication's function varies with the level of interaction, also concluded that professional and personal disclosure in buyer-seller

relationships boosts trust and performance. This study challenges studies, particularly those with negative results, that focused on job complexity and low-stakes industry environments where communication is less critical to essential operations.

- H₁: Communication has a significant positive effect on compassion satisfaction.
- H₄: Communication has a significant positive effect on patient health literacy.
- H₁₁: Communication has a significant positive effect on contextual performance.
- H₁₂: Communication has a significant positive effect on task performance.

Regarding empathy, (Kamas and Preston, 2020) found a strong negative relationship between empathy and earnings, indicating that individuals with empathy skills self-select into lower-paying jobs. While (Ye et al., 2017) concluded that reducing empathy cuts short-term costs and decreases long-term profitability through eroded customer satisfaction. (Bove, 2019) also proposed that empathy is important at moderate levels, but beyond that, he concluded that empathy becomes harmful. (Nasuridin et al., 2022) found that empathy is positively associated with nurses' task performance in Malaysian hospitals. Further, (Elche et al., 2020) identified empathy as a key mediator between servant leadership and organizational citizenship behaviors, thereby contributing to better hospitality performance. Nevertheless, these studies offer no unified framework that integrates affective and cognitive empathy, and they mainly focus on Western samples and less intensive work environments than those at Tikur Anbesa Specialized Hospital, where this study is conducted.

- H₂: Empathy has a significant positive effect on compassion satisfaction.
- H₅: Empathy has a significant positive effect on patient health literacy.
- H₁₃: Empathy has a significant positive effect on contextual performance.
- H₁₄: Empathy has a significant positive effect on task performance.

There are also inconsistent empirical findings on the effect of teamwork on employee performance, which vary across industries, methods, and contextual factors. To this end, (Wijayanti, 2021) studied PT. X manufacturing company and concluded that teamwork had little effect on employees' performance measured through traditional appraisal methods. Similarly, (Mendonca et al., 2020) assessed 156 employees in Dili and concluded that teamwork did not directly improve performance, but its effect was mediated by employee engagement when workers feel involved. In contrast, the study of (Kusumiarsono et al., 2022) examined Indonesian industrial workers and concluded that teamwork significantly boosted performance when balanced with knowledge sharing. Likewise, (Widayati et al., 2022) concluded that teamwork had a substantial direct effect on performance by studying a credit card recovery department.

- H₃: Teamwork has a significant positive effect on compassion satisfaction.
- H₆: Teamwork has a significant positive effect on patient health literacy.
- H₁₅: Teamwork has a significant positive effect on contextual performance.
- H₁₆: Teamwork has a significant positive effect on task performance.

Based on the empirical studies reviewed, the study identifies a research gap. The existing studies are conducted in low-pressure settings and exhibit a Western, high-income-country bias. Moreover, the studies focused on direct effects, supervisor rating, unresolved conflicts, and isolated variables. Therefore, this study contributes by unifying the isolated variables and integrating the soft skills of communication, empathy, and teamwork. Besides, the study was based on lower- and middle-income countries and a highly intensive healthcare work environment at Tikur Anbesa Specialized Hospital, where the healthcare professional-to-patient ratio is highly unbalanced, and also on novel mediators of compassion satisfaction and patient health literacy for sustained performance.

3.2. The Mediating Role of Compassion Satisfaction and Patient Health Literacy

In Ethiopian healthcare settings, high workloads, high patient numbers, resource constraints, and cultural diversity are the norm. In this environment, soft skills are relevant to foster a smooth atmosphere for high-quality interaction among providers, patients, and colleagues to support quality care delivery. This is achieved through the positive fulfillment and sense of purpose healthcare providers gain from helping patients, known as compassion satisfaction, as well as through patients' empowerment in searching, understanding, appraising, and applying health information, known as patient health literacy. Therefore, soft skills such as communication, empathy, teamwork, compassion, satisfaction, and patient health literacy were associated with better provider performance.

- H₇: Compassion satisfaction has a significant positive effect on contextual performance.
- H₈: Compassion satisfaction has a significant positive effect on task performance.
- H₉: Patient health literacy has a significant positive effect on contextual performance.
- H₁₀: Patient health literacy has a significant positive effect on task performance.

Communication makes the relationship between providers and patients very interactive, allowing them to express their feelings, needs, and even appreciation, fostering understanding and building trust between the parties. Furthermore, in a hospital setting like Tikur Anbesa, where systemic challenges and workloads are prevalent, Communication reduces frustration, eases misunderstandings and conflicts, and leads to better support and collaboration. This, in turn, creates a feeling of accomplishment, meaningfulness, igniting work engagement, reducing mental fatigue and burnout, leading to more accurate clinical diagnoses and fewer clinical errors, which is in Tikur Anbesa Hospital, where materials are short, the workload is intense, and the outcome of task performance is life and death. Similarly, this feeling of meaningfulness and purpose reduces cynicism, strengthens emotional connection, and increases organizational citizenship behavior, making providers more likely to engage in extra-role behavior. Further, Communication that facilitates interpersonal relationships and interactions enables healthcare providers to act as coaches, explaining medical information such as their diagnostic condition, treatment, and brief, understandable

instructions, helping patients obtain, understand, and apply this information. This prompts patients to explain their exact symptoms and report their medical history and other health details, which eases treatment and diagnosis for providers, saving time, reducing medical errors, and increasing adherence through better diagnostic and therapeutic care. Furthermore, patients with good literacy reduce provider workloads by understanding and applying treatment instructions, thereby lessening repetitive visits, lengthy explanations, and complications. Providers engage in voluntary, adaptive, and proactive behavior, such as helping colleagues, being positive, collaborating, and giving tailored services to patients.

- H₁₇: Compassion satisfaction mediate the relationship between communication and healthcare providers’ contextual performance.
- H₁₈: Compassion satisfaction mediates the relationship between communication and healthcare providers’ task performance.
- H₁₉: Patient health literacy mediates the relationship between communication and healthcare providers’ contextual performance.
- H₂₀: Patient health literacy mediates the relationship between communication and healthcare providers’ task performance.

In respect of empathy, which makes providers feel, deeply understand, and share patients’ feelings and pain, creates a therapeutic patient and provider relationship, meaning, and a sense of purpose, reducing emotional distance, strain, and mental exhaustion that enables providers to focus and commit to an accurate diagnosis with fewer errors and clinical mistakes. Correspondingly, this compassion satisfaction derived from empathy drives a feeling of altruism, enhancing positive emotions and morale, seeing patients’ relief from the treatment and getting feedback, gratitude, and appreciation, which in turn motivates providers to engage in organizational citizenship behaviors, help patients, cooperate with colleagues, and be supportive and adaptive. Not only does empathy make care providers emotionally close, but it also makes them listeners, and understanding that makes them expressive, sharing tailored information for patients, mentoring, and interacting, building trust between patients, which in turn makes patients feel heard, and motivates them to ask, reducing their fear, and seek clarification confidently. This empowers them to access, process, and apply the health information they receive from providers. Making patients sufficiently informed to follow medical instructions and adhere to treatment helps providers take better medical histories, reduces medical errors, and delivers the best diagnosis with a smoother clinical workflow. Patient health literacy not only strengthens technical operations but also makes providers more positive, collaborative, and motivated, extending their roles beyond formal duties, encouraging them to help patients and colleagues, serve as mentors, and be supportive and cooperative.

- H₂₁: Compassion satisfaction mediates the relationship between empathy and healthcare providers’ contextual performance.
- H₂₂: Compassion satisfaction mediates the relationship between empathy and healthcare providers’ task performance.
- H₂₃: Patient health literacy mediates the relationship between empathy and healthcare providers’ contextual performance.
- H₂₄: Patient health literacy mediates the relationship between empathy and healthcare providers’ task performance.

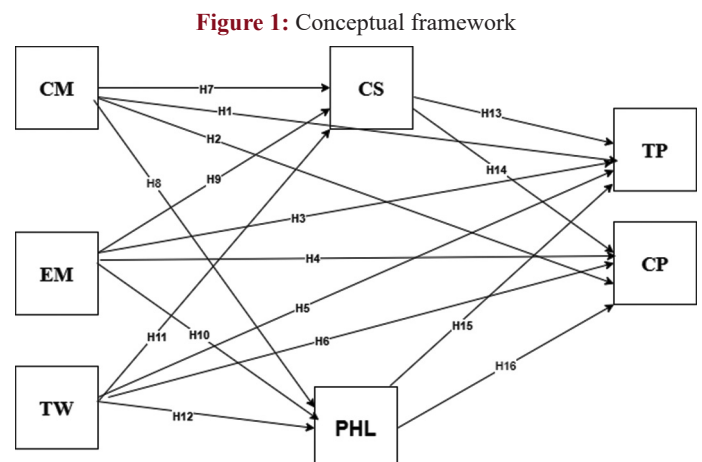
Regarding teamwork, where success is celebrated and burden and failure shared, it paves the way for a collaborative and supportive environment in which providers communicate, share responsibilities, accomplish together emotionally supporting each other getting psychological safety and buffer against compassion fatigue which in return gives compassion satisfaction increasing the intrinsic motivation that makes provider focused, careful in clinical tasks, like surgery, diagnostic activities leading to diagnostic fewer errors, facilitate efficient and save procedures preventing adverse pain and redmission as teams also will check and assist each other in demanding settings. This team-driven compassion satisfaction also enables providers to volunteer, take on extra activities, foster a positive atmosphere, and assume additional roles, leading to an emotional surplus. Correspondingly, this collaborative setting initiates providers to share information and patients catering to different learning styles and referring patients to specialists to gain accurate explanations and tips, making care provision less stressful by reducing workloads, setting free time for extra roles, creating an environment with less conflict and frustrations where providers help other colleagues and patients, feel supported, and engage in prosocial behaviors.

- H₂₅: Compassion satisfaction mediates the relationship between teamwork and healthcare providers’ contextual performance.
- H₂₂: Compassion satisfaction mediates the relationship between teamwork and healthcare providers’ task performance.
- H₂₃: Patient health literacy mediates the relationship between teamwork and healthcare providers’ contextual performance.
- H₂₄: Patient health literacy mediates the relationship between teamwork and healthcare providers’ task performance.

3.3. Conceptual Framework of the Study

This study, within the conceptual framework, presents that soft skills such as communication, empathy, and teamwork significantly impact task and contextual performance, directly and indirectly through compassion satisfaction and patient health literacy, at Tikur Anbesa specialized hospital. As mentioned in the literature review, Figure 1 shows the proposed relationships among the independent variables of communication, empathy, and teamwork; the mediating variables of compassion satisfaction and patient health literacy; and the dependent variables of task performance and contextual performance.

Figure 1 conceptual framework showing the relationships between soft skills (Communication, Empathy, Teamwork), Mediators



(Compassion Satisfaction and Patient Health Literacy), and Employee Performance (Task Performance and Conceptual Performance).

4. METHODOLOGY

4.1. Research Design

This study adopted a post-positivist research paradigm, combining a quantitative, cross-sectional survey design to investigate the effect of soft skills on employee performance at Tikur Anbesa Specialized Hospital. Thus, the study assumes that there are known soft skills in the literature that have been proven to improve employee performance but need to be contextualized across different research settings. The study also examined the mediating roles of compassion satisfaction and patient health literacy, assuming parallel mediation. Structural equation modeling (SEM) with bootstrapping was employed to analyze the hypothesized relationships and test the mediation effects (Cheung and Cheung, 2024). The research was conducted at Tikur Anbesa Specialized Hospital in Addis Ababa, Ethiopia, the country’s largest public referral hospital. The target population included healthcare professionals, doctors, nurses, and allied health workers who were directly involved in patient care.

4.2. Type of Data, Data Collection Method

The study used primary data collected using a standardized questionnaire. Before data collection, the corresponding author received an ethical approval letter from the institutional ethical

review committee of Arba Mich University, research ethics committee office (reference number, REC/102/24). All study procedures involving human participants were conducted in accordance with established ethical guidelines and regulations, and participants provided informed consent. Participants provided verbal informed consent after being informed about the research purpose, procedure, and benefits prior to data collection.

The survey questionnaire used in this study employs standardized items for each construct, which were developed by the authors and tailored to this study. Items were drawn based on concepts from comprehensive existing literature reviews on soft skills performance, compassion satisfaction, and patient health literacy (Table 1). Items were initially phrased, rephrased, refined, and contextualized for the Ethiopian health sector, following content analysis and validation by management professors from Jimma and Arba Minch Universities, as well as a PhD candidate at Bule Hora University. The questionnaire consists of indicators for communication, teamwork, empathy, patient health literacy, compassion satisfaction, and employees’ contextual and task performance indicators (Table 1; see Additional file 1 for full English version). All the indicators were measured by a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5). Prior to large-scale data collection, a pilot study was conducted with a sample of 30 healthcare professionals from Tikur Anbesa Specialized Hospital who were not part of the final study sample. Based on the pilot test results, we made minor modifications to

Table 1: Indicators of the constructs in the study along with their sources

Items	Sources
Communication	
I actively listen to patients’ concerns and questions, even if they challenge my initial diagnosis.	(Devito, 2016; Wood, 2014)
I believe cultural sensitivity is a key in effective patient and colleague communication.	
I am skilled at soothing a stressful situation during a team discussion	
I do not discriminate one patient from another while I treat and serve them in the hospital.	
Empathy	
I try to think like my patients to understand their feelings.	(Derntl et al., 2009; Halpern, 2003; Neumann et al., n.d.)
I feel a personal connection to patients.	
I believe that understanding my patients’ emotions is essential to effective treatment.	
I feel that expressing empathy helps me to better meet my patients’ emotional needs.	
Teamwork	
We consistently assess our team’s advancement towards goal and objective attainment.	(Dickinson and McIntyre, 1997; Hoegl and Parboteeah, 2003; Salas et al., 2005)
We use feedback to solve problems and enhance performance.	
Team members actively share knowledge and resources to aid each other’s tasks.	
Task performance	
I minimize interruptions and distractions while working.	(Borman and Motowidlo, 2014; Greenslade and Jimmieson, 2007; Motowidlo et al., 1997)
My work is of high standard and meets hospital requirements.	
I am able to handle a high workload efficiently.	
I stay updated on industry trends and best practices.	
Contextual performance	
I volunteer to take on additional responsibilities.	(Borman and Motowidlo, 2014; Greenslade and Jimmieson, 2007; Motowidlo et al., 1997)
I am able to adjust to changes in work procedures and priorities.	
I am willing to take risks to improve processes or outcomes.	
Compassion satisfaction	
I feel I am making a positive difference in the lives of others.	(Ruiz-Fernández et al., 2020; Scotney et al., 2019; Zhang and others, 2022)
I derive a sense of satisfaction from helping others.	
My work gives me a sense of accomplishment.	
Patient health literacy	
Patients are able to appropriately describe their medical conditions based on the information provided.	(Nutbeam and Lloyd, 2021; Nutbeam and McGill, 2019; Sørensen et al., 2021)
Patients are supported in implementing their medical advice and recommendations.	
Patient are empowered to express and share their inquiry about their health with health professionals.	

Patients are able to stand for themselves for their health in our hospital.

item wording and removed confusing items. The pilot results demonstrated acceptable internal consistency, with Cronbach's alphas of 0.7 across all primary constructs, indicating that the questionnaire was reliable for the whole study.

4.3. Sampling and Sampling Strategy

The research population for this study at Tikur Anbesa Specialized Hospital is 1657 professional staff members. The hospital was established in 1964 and is one of the busiest in Ethiopia, currently serving more than 521,000 patients annually and operating at 700 beds. The study has not included employees who play supportive roles in the delivery of healthcare services, such as facilitators and cash collectors in the diagnostics and examination area. The research is not included for subspecialty, specialty, PHD, or master's students who are not employed full-time by the hospital. Moreover, hospital staff studying overseas are not included due to their difficulty in being reached. A stratified random sampling technique was used to select the final respondents, with professionals from different departments chosen proportionally to ensure a representative unit of analysis. In Addis Ababa, the oldest and famous public hospitals are found, among them, Tikur Anbesa specialized hospitals are the major ones. The study classifies doctors, nurses, and other health professionals as strata, and secondly, a random sampling technique will be used to select individuals from each stratum. The formula was created by (Krejcie and Morgan, 1970) to select representative samples for the study.

$$n = \frac{Z^2 * N * pq}{(N - 1)e^2 + Z^2 * pq}$$

Therefore, the survey sample size is 313. The logic behind choosing a stratified random sample stems from the uniformity of personnel within job categories and the differences between them. Thus, the proportionate sampling formula is used to calculate the sample size for each stratum as presented in the Table 2.

By following the recommendations of (Bryman, 2016; Kadam and Bhalerao, 2010) for rigorous data collection, the target sample of 313 was achieved by recruiting 350 participants, accounting for anticipated exclusions. Moreover, questionnaires with missing values or outliers were removed, leaving only those with complete data for analysis (Tabachnick et al., 2019). Therefore, after removing 24 incomplete responses and 13 outliers, the final dataset

Table 2: Sample size

Job categories	N	Sample weight (wh) $\frac{nN_h}{N}$ (%)	Sample n*wh (%)
Medical doctors	479	479/1657=28.91	313*28.91=91
Nurse	854	854/1657=51.54	313*51.54=161
Medical laboratory	63	63/1657=3.8	313*3.8=12
Pharmacy	85	85/1657=5.13	313*5.13=16
Midwifery	69	69/1657=4.16	313*4.16=13
Anesthesia	39	39/1657=2.35	313*2.35=7
Physiotherapy	14	14/1657=0.84	313*0.84=3
Radiology	39	39/1657=2.35	313*2.35=7
Biomedical engineering	15	15/1657=0.91	313*0.91=3
Total	1657	100	313

analyzed consisted of the outlined 313 complete samples with no missing values, consistent with standard practice (Graham, 2009).

4.4. Methods of Data Analysis

Structural equation modeling (SEM) with bootstrapping is used for analysis. Bootstrapping helps handle non-normality and provides robust parameter estimates for violated normality tests, paving the way for analysis via structural equation modeling, where normality assumptions are violated (Ahmad et al., 2020; Jia et al., 2023). This, in turn, prepares the data for structural modeling analysis ensuring that the analysis maintains the accuracy and integrity of the dataset and the respondents' perspectives, and that the final sample size of 313 cases is sufficient for SEM, meeting the recommended threshold for complex models. The confirmatory factor analysis (CFA) is used to assess the validity, reliability, and strength of the relationships between observed variables and a set of latent variables, evaluating how well the observed variables align with their hypothesized latent constructs (Hox, n.d.; Widaman and Helm, 2023). Moreover, Fit indices are used in the study to validate the model's overall fit.

5. RESULTS AND DISCUSSION

5.1. Sample Characteristics

Respondents of the study are different on personal/demographical characteristics. The participants age, gender, experience and job positions in the hospital are depicted even though it has no impact in the proceeding analysis of data for this study due to parsimoniousness of the SEM model. Thus, the reporting of demographic characteristics of the respondents is taken for a generalized view in terms of male and female participation and to ensure the respondents are from varied departments as per mentioned in stratified sampling of the proposal of the study and shown in the below Table 3.

This age distribution is relatively balanced, with experienced health professionals making up the majority of the sample. Moreover, the sample comprises more experienced healthcare professionals, including young and fresh healthcare providers. Thus, the results indicate that the respondents have considerable expertise from their time in the medical field.

Table 3: Demographic characteristics

Category	Frequency	Percentage
Age group of the respondents		
20-30 years	67	21.4
31-40 years	91	29.1
41-50 years	108	34.5
Above 51	47	15.0
Total	313	100.0
Gender of the respondents		
Male	169	54.0
Female	144	46.0
Total	313	100.0
Experience range of respondents		
2-5 years	122	39.0
6-10 years	132	42.2
10 and above	59	18.8
Total	313	100.0

5.2. Assessment of Measurement Model

We used the CFA, as depicted in Table 4 to evaluate the validity of measurement models. For Communication, the initial five-item model showed poor fit ($\chi^2/df = 13.229$, RMSEA = 0.198), but removing CMM2 improved fit (CR 0.97, AVE 0.89, CFI = 0.99, RMSEA = 0.073, RMR = 0.001). Moreover, empathy was reserved for all four items, even though EM1 had a lower loading (0.64), as exclusion worsened the model fit ($\chi^2/df = 1.873$, RMSEA = 0.053, CR = 0.943); then the final model was kept (CR 0.94, AVE 0.80, CFI = 0.99, TLI = 0.99, RMSEA = 0.053, RMR = 0.001). Similarly, the teamwork's three-item model had moderate loadings, and a good fit (CR 0.70, AVE 0.52, CFI = 0.90, TLI = 0.91, RMSEA = 0.079, RMR = 0.000). Compassion Satisfaction also demonstrated excellent fit, with (CR 0.96, AVE 0.90, CFI = 1.00, TLI = 1.00, RMSEA = 0.065, RMR = 0.000). Correspondingly, patient health literacy is also with acceptable fit of (CR 0.88, AVE 0.65, CFI = 0.98, TLI = 0.96, RMSEA = 0.076, RMR = 0.006). On the other hand, task Performance showed excellent fit, with (CR 0.82, AVE 0.54, CFI = 1.00, TLI = 1.07, RMSEA = 0.00, RMR = 0.003).

Regarding contextual performance, the initial fit was poor ($\chi^2/df = 6.492$), but excluding CP4 and CP5 improved it to $\chi^2/df = 3.658$, with (CR 0.72, AVE 0.53, CFI = 0.98, TLI = 0.99, RMSEA = 0.079, RMR = 0.001). Furthermore, to determine discriminant validity, we calculate CFA for all constructs together, thereby, the single factor model (Model 1a) with all items loaded in one factor shows a poor fit with ($\chi^2/df = 17.36$, CFI = 0.294, TLI = 0.23, RMSEA = 0.299, RMR = 0.055). while the two factor model (Model 2b) holding communication, empathy and teamwork on one factor and patient health literacy, compassion satisfaction, task performance and contextual performance on the second factor shows little improvement but still poorly fit ($\chi^2/df = 12.89$, CFI = 0.489, TLI = 0.44, RMSEA = 0.195, RMR = 0.051), the third, fourth and fifth factor model (Model 3c, 4d and 5e) remained in adequate as same as previous factor models

Table 4: Model comparison

Model	Chi square/DF	CFI	TLI	RMSEA	RMR
Model1 ^a	17.36	0.294	0.23	0.299	0.055
Model2 ^b	12.89	0.489	0.44	0.195	0.051
Model3 ^c	11.48	0.552	0.506	0.183	0.047
Model4 ^d	9.14	0.657	0.617	0.162	0.038
Model5 ^e	4.14	0.89	0.91	0.079	0.035
Model6 ^f	3.14	0.90	0.89	0.065	0.031
Final Model	1.76	0.97	0.966	0.048	0.015

^aAll items loaded on one factor, ^bCommunication, empathy, and teamwork loaded on one factor and patient health literacy, compassion satisfaction and employee performance loaded on second factor, ^ccommunication, empathy, teamwork, patient health literacy, compassion satisfaction, task performance, and contextual performance are treated as separate constructs

Table 5: Measurement model

Constructs	No. items	Loadings	CR	AVE	CFI	TLI	RMSEA	RMR
Communication	4	0.91-0.97	0.97	0.89	0.99	0.99	0.073	0.001
Empathy	4	0.64-0.98	0.94	0.80	0.99	0.99	0.053	0.001
Teamwork	3	0.68-0.75	0.70	0.52	0.90	0.91	0.079	0.00
Patient Health literacy	4	0.69-0.87	0.88	0.65	0.98	0.96	0.076	0.006
Compassion satisfaction	3	0.92-0.98	0.96	0.90	1.00	1.00	0.065	0.00
Task performance	4	0.65-0.87	0.82	0.54	1.00	1.07	0.00	0.003
Context performance	3	0.67-0.78	0.72	0.53	0.98	0.999	0.054	0.001

CR: Composite reliability, CFI: Comparative fit index, TLI: Tucker-Lewis index, RMSEA: Root mean square approximation, RMR: Root mean square residual

depicted in Table 4 in respect of the sixth factor model (Model 6f) with communication, empathy, teamwork, compassion satisfaction, patient health literacy, task performance, and contextual performance separately resulted in a good fit ($\chi^2/df = 3.14$, CFI = 0.90, TLI = 0.89, RMSEA = 0.065, RMR = 0.031). Finally, the final model exhibits an excellent fit in all indices with ($\chi^2/df = 1.76$, CFI = 0.97, TLI = 0.966, RMSEA = 0.048, RMR = 0.015) showing that all constructs are distinguished and the overall model is vigorous. The measurement model also depicted in the subsequent Table 5.

5.3. Model comparison

Furthermore, to determine discriminant validity, we followed two methods: model comparison test and Fornell and Larcker approach (1981). First, we calculate CFA for all constructs together, thereby, the single factor model (Model 1a) with all items loaded in one factor shows a poor fit with ($\chi^2/df = 17.36$, CFI = 0.294, TLI = 0.23, RMSEA = 0.299, RMR = 0.055) (see Table 6). while the two factor model (Model 2b) holding communication, empathy and teamwork on one factor and patient health literacy, compassion satisfaction, task performance and contextual performance on the second factor shows little improvement but still poorly fit ($\chi^2/df = 12.89$, CFI = 0.489, TLI = 0.44, RMSEA = 0.195, RMR = 0.051), the third, fourth and fifth factor model (Model 3c, 4d and 5e) remained in adequate as same as previous factor models depicted in table 5 in respect of the sixth factor model (Model 6f) with communication, empathy, teamwork, compassion satisfaction, patient health literacy, task performance, and contextual performance separately resulted in a good fit ($\chi^2/df = 3.14$, CFI = 0.90, TLI = 0.89, RMSEA = 0.065, RMR = 0.031). finally, the final model exhibits an excellent fit in all indices with ($\chi^2/df = 1.76$, CFI = 0.97, TLI = 0.966, RMSEA = 0.048, RMR = 0.015) showing that all constructs are distinguished and the overall model is vigorous.

5.4. Discriminant Validity

According to Fornell and Larcker (1981), discriminant validity is the primary criterion for assessing model validity and avoiding conceptual overlap. As such, discriminant validity can help researchers to analyze a statistically valid relationship and interaction without such overlap. They recommend comparing the correlation coefficients between factors with the square root of the average variance extracted (AVE).

The Table 6 shows that the square root of AVE for all constructs is greater than the correlations with other constructs. This indicates that the study's model achieves the discriminant validity showing that each constructs are different from each other conceptually which support the validity of the measurement model.

Table 6: Discriminant validity

Constructs	CM	EM	TW	CS	PHL	TP	CP
CM	(0.94)						
EM	0.052	(0.89)					
TW	0.08	-0.08	(0.71)				
CS	0.182**	0.197**	0.130*	(0.94)			
PHL	0.198**	0.190**	0.124*	0.219**	(0.80)		
TP	0.201**	0.274**	0.170**	0.279**	0.250**	(0.73)	
CP	0.204**	0.198**	0.267**	0.270**	0.254**	0.233**	(0.72)

P<0.05, *P<0.01, values in parenthesis represent the square root of average variance extracted (AVE), values under parenthesis represent correlation matrix. CM: Communication, EM: Empathy, TW: Teamwork, CS: Compassion satisfaction, PHL: Patient health literacy, TP: Task performance, CP: Contextual performance

Table 7: Regression weight

Relationship	Estimate	Standard errors	C.R.	P-value	Label
COMP<---COM	0.188	0.056	3.369	***	a1
COMP<---EMP	0.230	0.084	2.729	0.006	b1
COMP<---TEAMW	0.061	0.057	1.069	0.285	c1
LITR<---COM	0.219	0.058	3.797	***	a2
LITR<---EMP	0.247	0.087	2.828	0.005	b2
LITR<---TEAMW	0.103	0.059	1.735	0.083	c2
CXTP<---COMP	0.171	0.051	3.340	***	D
TaskP<---COMP	0.153	0.048	3.209	0.001	T
CXTP<---COM	0.130	0.050	2.573	0.010	
TaskP<---COM	0.110	0.047	2.341	0.019	
CXTP<---TEAMW	0.064	0.050	1.284	0.199	
TaskP<---TEAMW	0.133	0.048	2.794	0.005	
TaskP<---EMP	0.276	0.073	3.801	***	
CXTP<---EMP	0.177	0.075	2.367	0.018	
TaskP<---LITR	0.117	0.051	2.317	0.021	G
CXTP<---LITR	0.142	0.054	2.612	0.009	F

Table 8: Summary of direct hypothesis testing results

Hypothesis	Relationship	Result
H ₁	Communication→Compassion satisfaction	Supported
H ₂	Empathy→Compassion satisfaction	Supported
H ₃	Teamwork→Compassion satisfaction	Not supported
H ₄	Communication→Patient health literacy	Supported
H ₅	Empathy→Patient health literacy	Supported
H ₆	Teamwork→Patient health literacy	Not supported
H ₇	Compassion Satisfaction→Contextual performance	Supported
H ₈	Compassion Satisfaction→Task performance	Supported
H ₉	Patient Health Literacy→Contextual performance	Supported
H ₁₀	Patient Health Literacy→Task performance	Supported
H ₁₁	Communication→Contextual performance	Supported
H ₁₂	Communication→Task performance	Supported
H ₁₃	Empathy→Contextual performance	Supported
H ₁₄	Empathy→Task performance	Supported
H ₁₅	Teamwork→Contextual performance	Not supported
H ₁₆	Teamwork→Task performance	Supported

5.5. Main Findings from the Structural Model

The study found that the soft skills of communication ($\beta = 0.110$ P = 0.019) and empathy ($\beta = 0.276$ P = 0.001) have a positive influence on task performance and on contextual performance with coefficient of ($\beta = 0.130$ P = 0.010) and ($\beta = 0.177$ P = 0.018), respectively (see figure 2 and table 8). In contrast, teamwork ($\beta = 0.133$ P = 0.005)

only has a positive influence on task performance but no significant influence ($\beta = 0.064$ P = 0.199) on contextual performance. Furthermore, compassion satisfaction and patient health literacy partially mediate the relationship between communication and empathy (but not teamwork) and task performance and contextual performance. All the direct relationships are summarized in the following table 9.

5.6. Hypothesis Testing Results for Direct Relationship

H₁ predicted a positive relationship between communication and compassion satisfaction, and the results confirm the hypothesized relationship ($\beta = 0.188$, P < 0.001) (Table 8 and Figure 2). H₂ proposed that empathy is positively associated with compassion satisfaction, and the findings support this expectation ($\beta = 0.230$, P < 0.006). H₃ examined whether teamwork influences compassion satisfaction; however, the results do not support this relationship ($\beta = 0.061$, P > 0.05). H₄ posited that communication has a positive effect on patient health literacy, and the empirical results confirm this relationship ($\beta = 0.219$, P < 0.001). H₅ suggested a positive association between empathy and patient health literacy, and the findings validate this hypothesis ($\beta = 0.247$, P < 0.005). H₆ assessed the effect of teamwork on patient health literacy, but the results do not provide support for this relationship ($\beta = 0.103$, P > 0.05).

H₇ predicted that compassion satisfaction positively influences contextual performance, and the findings confirm the proposed relationship ($\beta = 0.171$, P < 0.001) (Table 8 and Figure 2). H₈ proposed a positive relationship between compassion satisfaction and task performance, and the results support this hypothesis ($\beta = 0.153$, P < 0.001). H₉ examined whether patient health literacy affects contextual performance, and the findings confirm a positive relationship ($\beta = 0.142$, P < 0.009). H₁₀ predicted a positive association between patient health literacy and task performance, and the results support this expectation ($\beta = 0.117$, P < 0.021).

H₁₁ suggested that communication positively affects contextual performance, and the findings validate this relationship ($\beta = 0.130$, P < 0.010). H₁₂ examined the influence of communication on task performance, and the results confirm a positive relationship ($\beta = 0.110$, P < 0.019) (Table 8 and Figure 2). H₁₃ proposed that empathy has a positive effect on contextual performance, and the findings support this hypothesis ($\beta = 0.177$, P < 0.018). H₁₄ predicted a positive relationship between empathy and task performance, and the empirical evidence confirms this relationship ($\beta = 0.276$, P < 0.001). H₁₅ assessed whether teamwork influences contextual performance; however, the findings do not support this hypothesis ($\beta = 0.064$, P > 0.05). Finally, our H₁₆ proposed

Table 9: Indirect effects through compassion satisfaction and patient health literacy

Parameter	Estimate	Lower	Upper	P-value
Com→comp→cxtp	0.032	0.009	0.075	0.003
Com→comp→taskp	0.029	0.009	0.065	0.002
Com→litr→cxtp	0.031	0.007	0.074	0.010
Com→litr→taskp	0.026	0.003	0.065	0.021
Emp→comp→cxtp	0.039	0.010	0.101	0.005
Emp→comp→taskp	0.035	0.010	0.085	0.003
Emp→litr→cxtp	0.035	0.007	0.097	0.010
Emp→litr→taskp	0.029	0.003	0.088	0.021
Teamw→comp→cxtp	0.010	-0.007	0.042	0.206
Teamw→comp→taskp	0.009	-0.006	0.037	0.188
Teamw→litr→cxtp	0.015	-0.001	0.054	0.073
Teamw→litr→taskp	0.012	-0.002	0.047	0.103

***P<0.001, LCL: Lower confidence interval, UCL: Upper confidence interval, com: Communication, comp: Compassion satisfaction, litr: Patient health literacy, cxtp: Contextual performance, taskp: Task performance, emp: Empathy, teamw: Teamwork, Confidence interval using 5000 bias-corrected bootstrap resampling

Table 10: Summary of hypotheses of the indirect relationship

Hypothesis	Indirect relationship	Results
H ₁₇	Communication→Compassion satisfaction→Contextual performance	Supported
H ₁₈	Communication→Compassion satisfaction→Task performance	Supported
H ₁₉	Communication→Patient health literacy→Contextual performance	Supported
H ₂₀	Communication→Patient health literacy→Task performance	Supported
H ₂₁	Empathy→Compassion satisfaction→Contextual performance	Supported
H ₂₂	Empathy→Compassion satisfaction→Task performance	Supported
H ₂₃	Empathy→Patient health literacy→Contextual performance	Supported
H ₂₄	Empathy→Patient health literacy→Task performance	Supported
H ₂₅	Teamwork→Compassion satisfaction→Contextual performance	Not supported
H ₂₆	Teamwork→Compassion satisfaction→Task performance	Not supported
H ₂₇	Teamwork→Patient health literacy→Contextual performance	Not supported
H ₂₈	Teamwork→Patient health literacy→Task performance	Not supported

a positive relationship between teamwork and task performance, and the results confirm this hypothesis ($\beta = 0.133, P < 0.005$) (Table 8 and Figure 2).

5.7. Indirect Relationships

Table 9 that follows represented the indirect relationship.

H₁₇ predicted that communication would indirectly influence contextual performance through compassion satisfaction, and the results confirm the hypothesized mediation effect (Estimate = 0.032, P = 0.003) (see Table 10). H₁₈ proposed an indirect relationship between communication and task performance via compassion satisfaction, and the findings support this mediating effect (Estimate = 0.029, P = 0.002) (see Table 10). H₁₉ examined whether patient health literacy mediates the relationship between communication and contextual performance, and the

results confirm a significant indirect effect (Estimate = 0.031, P = 0.010). H₂₀ predicted that communication would indirectly affect task performance through patient health literacy, and the findings validate this relationship (Estimate = 0.026, P = 0.021). H₂₁ proposed that empathy has an indirect effect on contextual performance through compassion satisfaction, and the results support this mediation pathway (Estimate = 0.039, P = 0.005).

H₂₂ examined the indirect influence of empathy on task performance via compassion satisfaction, and the findings confirm the hypothesized effect (Estimate = 0.035, P = 0.003). H₂₃ predicted that empathy would indirectly influence contextual performance through patient health literacy, and the results support this mediating relationship (Estimate = 0.035, P = 0.010). H₂₄ proposed an indirect relationship between empathy and task performance through patient health literacy, and the findings confirm this effect (Estimate = 0.029, P = 0.021). H₂₅ examined whether teamwork indirectly affects contextual performance via compassion satisfaction; however, the results do not support this mediation effect (Estimate = 0.010, P > 0.05). H₂₆ assessed the indirect relationship between teamwork and task performance through compassion satisfaction, but the findings do not provide support for this hypothesis (Estimate = 0.009, P > 0.05).

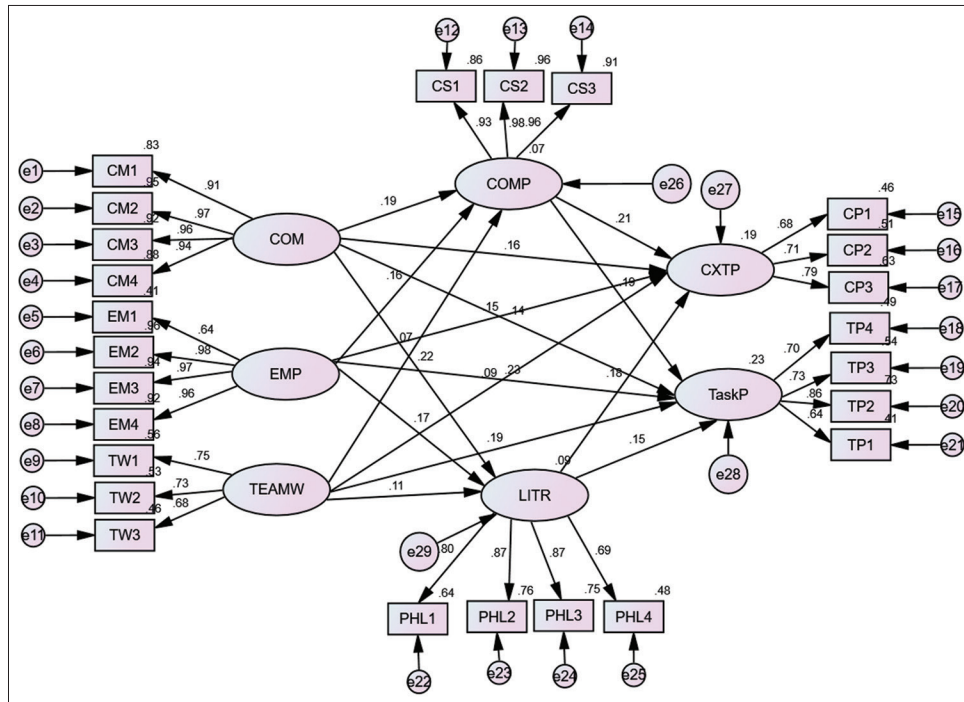
H₂₇ predicted that teamwork would indirectly influence contextual performance through patient health literacy; however, the results do not confirm this relationship (Estimate = 0.015, P > 0.05). H₂₈ examined the indirect effect of teamwork on task performance via patient health literacy, and the findings do not support this hypothesis (Estimate = 0.012, P > 0.05). Table 11 summarizes the mediation hypotheses.

6. DISCUSSION

The study’s findings indicated that communication and empathy play an important role in enhancing healthcare providers’ performance at Tikur Anbesa Specialized Hospital. However, the effect of teamwork was found to be limited. In a high-demand, stressful environment, a small communication gap such as unclear or incomplete patient information or misinterpreted treatment instructions can lead to an avoidable error. Therefore, equipping caregivers with practical communication skills helps minimize errors and improve safety in performing diagnoses, recording medical histories, and managing workflow and resource use; allocates staff appropriately; and enhances emergency responses, reducing delays. Similar to this study, (Ye et al., 2017) argues that communication skills enhance employees’ task performance in a health care setting. Additionally, it boosts patient satisfaction by delivering compassionate care (Abdelwahed and Zehri, 2024).

Empathy also reduces burnout and emotional strain, increases compassion satisfaction among healthcare providers, and creates a positive work environment, improving care providers’ performance. This aligns with findings from (Cadet and Sainfort, 2023; Sanchez-Gomez et al., 2021), who emphasize empathy’s contribution to providing better patient care, patient focus, and fostering a stronger patient-healthcare provider relationship. In contrast, the study found that teamwork influence is limited.

Figure 2: Final model result, authors calculation using AMOS



Teamwork is known for its significant effect in improving resource allocation, decision-making, and support (Belasen et al., 2024; Wei, 2022). However, this study found that teamwork significantly affects task performance, enhancing the execution of daily clinical technical operations, but not relational or emotional resources, patient literacy, voluntary, or discretionary behavior. It may be because communication and empathy create the cooperative and supportive setting more than teamwork and that it could be influenced by the leadership, organizational culture, and structure. Further, the study found that compassion satisfaction keeps care providers engaged, attentive, and positive, supporting both task and contextual performance. It enhances communication, emotional connection, and collaboration in demanding settings. Likewise, patient health literacy empowers patients to actively engage in their care, reduces misunderstandings, and minimizes repetitive tasks. However, there is little to no research on how compassion, satisfaction, and patient health literacy enhance task and contextual performance among healthcare providers. Studies show that a caregiver’s compassion affects patients’ health literacy. For example, the study of (Hopp et al., 2023; Jafari et al., 2024) argues that compassion is essential in delivering healthcare services that result in good patient outcomes, particularly for patients with low health literacy. Additionally, the study by (Jafari et al., 2024) concluded that improving patients’ health literacy, psychological well-being, self-care, and life satisfaction enhances their quality of life.

6.1. Theoretical Implications

The study argues that compassion satisfaction strengthens healthcare providers’ emotional resilience, well-being, and engagement. Correspondingly, improved patient health literacy reduces stress, allowing providers to focus on and commit to more complex and voluntary activities. The study emphasizes that healthcare performance assessment should include emotional

and interpersonal competencies, in addition to hard skills, because these competencies are vital to emotional well-being and patient education, which improve the quality of healthcare delivery. Contributing to the theory, the research identifies that compassion satisfaction strengthens healthcare employees’ emotional connection and engagement, reducing turnover by igniting motivation and commitment in high-demand, complex healthcare settings. The study by showing that healthcare providers with good communication and empathy skills, supported by compassion satisfaction, and healthy literature patients create a physically and emotionally safe, respectful, and cooperative work environment. Contributing to job design theory, this research shows that including soft skills, emotional support, and patient education elements into healthcare job duties improves employees’ performance, satisfaction, engagement, and motivation.

6.2. Practical Implications

- **Mandatory and regular training programs:** This entails the integration of communication, empathy, teamwork, and mindfulness training into continuous professional development through regularly arranged training sessions, workshops, or simulation exercises.
- **Integration into performance appraisals:** Hospitals should integrate the assessment of soft skills into performance metrics because soft skills training should not be a 1-time initiative, but rather a continuing aspect of professional development.
- **Peer support programs and counseling services:** This entails the establishment and development of peer support and counseling services to share their experiences, challenges, get mutual emotional support, and relieve their emotional strain and burnout.
- **Recognition and reward systems:** Giving recognition and reward to healthcare workers increases their morale, commitment, and emotional contribution, as well as a sense of

purpose, which contributes to reinforcing a culture of empathy, teamwork, and effective interaction.

- Wellness initiatives and work-life balance: Team wellness challenge, physical fitness programs, flexible work arrangement, and stress management promote work-life balance, help reduce stress and pressure on healthcare providers, and achieve physical, mental, and emotional well-being.
- Patient education workshops and materials: Developing jargon-free, clear, and understandable educational materials that explain primary medical conditions, treatment options, and self-care strategies, and giving training to providers in patient education. Developing and using apps and online platforms also helps educate patients, empowering them to manage their health and communicate effectively with healthcare providers.
- Interdisciplinary team meetings and rounds: Conducting regular interdisciplinary team meetings and rounds to discuss patient care challenges and possible solutions, share knowledge and experience, give and receive feedback, and develop collaborative treatment plans.

6.3. Limitations

Firstly, because of a single hospital context, the study's findings may not wholly comprehend the characterization and the experiences of healthcare professionals working in different types of hospitals, like smaller community hospitals, private healthcare facilities, or rural healthcare settings. For example, the challenges faced by healthcare providers in resource-limited healthcare organizations with different organizational structures and cultures may differ from those observed in this study. Secondly due to limited sample size, future researchers are recommended to include larger and more diverse samples representing healthcare professionals from various contexts of hospital types, geographic regions, and levels of experience, providing a comprehensive and practical assessment of soft skills and mediating factors on healthcare performance. Thirdly, the study directs future researchers to incorporate objective measures like peer assessments and different performance metrics, mixing with self-reported data, to capitalize on both advantages. Finally, the study uses a cross-sectional study design, so due to this, it fails to show the longitudinal effects on how soft skills, compassion satisfaction, and patient health literacy influence performance. Due to this, the researcher suggests that future studies aim for longitudinal research designs.

7. CONCLUSION

The study concluded that soft skills, especially communication and empathy, directly enhance healthcare providers' task and contextual performance at Tikur Anbesa specialized hospital. Communication and empathy also influence these performances indirectly through compassion satisfaction and patient health literacy. However, teamwork's effect is limited to task performance. This is because coordinated procedures are mostly applied in technical clinical activities like surgery and emergency operations. Tikur Anbesa Specialized Hospital is a high-stress, resource-constrained setting with high workload and inconsistent staffing and an unbalanced provider-patient ratio, limiting providers' activation

and adaptability at the group level. As a result, providers focus only on core tasks instead of adaptive, voluntary, or discretionary behavior. These findings highlight the crucial role of interpersonal competencies in reducing burnout, building emotional well-being, empowering patients, and preventing errors for quality healthcare delivery in Ethiopia's high-stressful, resource-constrained health sectors. Further, this study shows the mediating mechanisms in challenging clinical settings, contributing to the soft skills literature in LMICs. Thus, investing in soft skills development improve healthcare providers' performance, enhance their emotional resources and wellbeing and patient care quality.

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