



UNIVERSITI PUTRA MALAYSIA

***IMPACT OF WORK-RELATED STRESS TOWARDS MOTIVATION TO
DELIVER COMPASSIONATE CARE AMONG STAFF NURSES OF A PUBLIC
HOSPITAL IN SELANGOR***

SAIDATUL FATIHAH ASHSYURA BINTI NAZLI

**Ip
FPSK5 2021 2**



**IMPACT OF WORK-RELATED STRESS TOWARDS
MOTIVATION TO DELIVER COMPASSIONATE CARE
AMONG STAFF NURSES OF A PUBLIC HOSPITAL IN
SELANGOR.**

SAIDATUL FATIHAH ASHSYURA BINTI NAZLI

**DEPARTMENT OF NURSING
FACULTY OF MEDICINE AND HEALTH SCIENCES
UNIVERSITI PUTRA MALAYSIA
SERDANG, SELANGOR**

AUGUST 2020



**IMPACT OF WORK-RELATED STRESS TOWARDS MOTIVATION TO DELIVER
COMPASSIONATE CARE AMONG STAFF NURSES IN OF A PUBLIC HOSPITAL
IN SELANGOR..**

SAIDATUL FATIHAH ASHSYURA BINTI NAZLI

**This is Submitted to Faculty of Medicine and Health Sciences, Universiti
Putra Malaysia, in Fulfillment of the Requirements for the Degree of Bachelor in
Nursing.**

AUGUST 2020

**IMPACT OF WORK-RELATED STRESS TOWARDS MOTIVATION TO DELIVER
COMPASSIONATE CARE AMONG STAFF NURSES AT A PUBLIC HOSPITAL IN
SELANGOR.**

Saidatul F. A. N., Norafisyah M.

*Department of Nursing, Faculty of Medicine and Health Sciences, University Putra
Malaysia*

Introduction: There is a limited study being conducted regarding motivation to deliver compassionate care among nurses in Malaysia especially studies that links workload and caring motivation. Further research is needed to evaluate the impact of work-related stress on motivation to deliver compassionate care among staff nurses in Malaysia. **Objective:** To study the impact of work-related care towards motivation to deliver compassionate to patient among staff nurses at a public hospital in Selangor. **Method:** A cross-sectional study was carried out among participants recruited by using multistage sampling method. An online survey questionnaire will be used consist of 3 sections. The sections includes (A) sociodemographic characteristics, (B) workload and stress, and (C) motivation to deliver compassionate care. The questionnaire will be distributed through a link via WhatsApp and Telegram to nurses from selected wards. The data collection were done within 3 months. This study used SPSS for data entry and analysis. For descriptive analysis, mean, standard deviation, frequency and percentage will be used. To determine the relationship between motivation to deliver compassionate to patient and work-related stress, One Way Independent ANOVA will be used. **Result:** A total of 63 respondent had participated in the study. The findings of this study showed that the mean \pm SD for a total score of work-related stress is 17.41 ± 2.72 while the mean \pm SD for total score of motivation to deliver compassionate

care is 62.05 ± 7.76 . Analysis done had revealed that there is no significant association between socio-demographic characteristics and motivation to deliver compassionate care among respondents. Another analysis revealed that there is no significant relationship between work-related stress data and motivation to deliver compassionate care among respondents. **Conclusion:** The finding of this study shows that motivation to deliver compassionate care does not influenced by the workload related stress experienced by nurses, thus approved the null hypothesis of this study. These findings showed that despite of having heavy workload, staff nurses are still capable being motivated while delivering compassionate care to patient.

Keywords: Workload, Work-related Stress, Caring Motivation, Motivation to care, Compassionate Care, Staff Nurse.

**IMPAK TEKANAN BERKAITAN KERJAYA TERHADAP MOTIVASI UNTUK
MEMBERI PENJAGAAN YANG PENYAYANG DALAM KALANGAN
JURURAWAT DI HOSPITAL AWAM DI SELANGOR.**

Saidatul F. A. N., Norafisyah M.

Jabatan Kejururawatan, Fakulti Perubatan dan Sains Kesihatan, Universiti Putra

Malaysia

Pengenalan: Terdapat hanya sebilangan kecil kajian berkaitan motivasi untuk memberi penjagaan yang penyayang dalam kalangan jururawat di Malaysia telah dijalankan, terutama sekali kajian yang menghubungkan bebanan kerja dan motivasi penyayang. Kajian yang lebih mendalam adalah diperlukan untuk menilai impak tekanan berkaitan kerjaya terhadap motivasi untuk memberi penjagaan yang penyayang dalam kalangan jururawat di Malaysia. **Objektif:** Untuk mengkaji impak tekanan berkaitan kerjaya terhadap motivasi dalam memberi penjagaan yang penyayang dalam kalangan jururawat di hospital awam di Selangor. **Kaedah:** Satu kajian rentas telah dilakukan dalam kalangan peserta yang direkrut menggunakan kaedah persampelan berperingkat. Satu tinjauan soal selidik secara atas talian telah digunakan, dan mempunyai 3 bahagian. Bahagian-bahagian tersebut termasuk (A) demografi-sosial data, (B) impak tekanan berkaitan kerjaya dan (C) motivasi untuk memberi penjagaan yang penyayang. Borang soal-selidik diedarkan menerusi satu pautan melalui WhatsApp dan Telegram kepada jururawat dari wad terpilih. Koleksi data dilakukan dalam masa 3 bulan. Kajian ini menggunakan SPSS untuk kemasukan data dan analisis. Untuk analisis deskriptif, min, sisihan piawai, kekerapan, dan peratusan akan digunakan. Untuk menentukan perkaitan antara motivasi untuk memberi penjagaan yang penyayang dan impak tekanan berkaitan kerjaya, 'One Way

Independent ANOVA' akan digunakan. **Keputusan:** Seramai 63 jumlah responden telah mengambil bahagian dalam kajian ini. Analisis menunjukkan bahawa terdapat hubungan yang signifikan di antara. **Kesimpulan:** Hasil kajian ini menunjukkan bahawa motivasi untuk memberi penjagaan yang penyayang tidak dipengaruhi dengan impak tekanan berkaitan kerjaya yang dialami oleh jururawat, sekaligus menerima 'null hypothesis' kajian ini. Hasil kajian ini juga menunjukkan bahawa walaupun jururawatan mengalami bebanan kerja yang berat, mereka masih mampu untuk memberi penjagaan yang penyayang dengan penuh motivasi.

Kata kunci: Bebanan kerja, Tekanan berkaitan kerjaya, Motivasi penyayang, Motivasi untuk memberi penjagaan yang penyayang, Jururawat

ACKNOWLEDGEMENTS

In the name of Allah, the Most Gracious and the Most Merciful

Alhamdulillah, all praises to Allah s.w.t. for the strength and His blessings for me in completing this thesis.

Special appreciation goes to my supervisor, Dr. Nurafisyah Binti Makhdzir, for her constant support, guidance, understandings, and encouragement. Her invaluable help of constructive comments and suggestions throughout this study have contributed to the success of this research. Not forgotten, my appreciation to my cliques, especially Mazatul Asmirah binti Hassim Ali for their support and knowledge regarding this topic.

Sincerely thanks to our research course coordinator, Puan Rosna binti Abdul Rahman, all my lecturers and non-academic staffs of the Department Nursing, UPM for their indirect and direct involvement throughout this thesis.

Last but not least, I would like to say big thanks to my beloved grandparent, Hj Mohd Salleh bin Shafii and Nafsiah binti Jakiman, my family members, and all my friends for the endless love, prayers, and encouragement throughout writing this thesis. To those who indirectly contributed in this research, your kindness means a lot to me. Thank you very much.

DECLARATION BY STUDENTS

I hereby confirm that:

- this thesis is my original work; quotations, illustrations and citations have been duly referenced;
- this thesis had not been submitted previously or concurrently for any other degree at any other institutions;
- intellectual property from the thesis and copyright of thesis are fully-owned by Universiti Putra Malaysia (Research) Rules 2012;
- written permission must be obtained from supervisor and the office of Deputy Vice-Chancellor (Research and Innovation) before thesis is published (in the form of written, printed or in electronic form) including books, journals, modules, proceedings, popular writings, seminar papers, manuscripts, posters, reports, lecture notes, learning modules or any other materials as stated in the Universiti Putra Malaysia (Research) Rules 2012;
- there is no plagiarism or data falsification/fabrication in the thesis, and scholarly integrity is upheld as according to the Universiti Putra Malaysia (Graduate Studies) Rules 2003 (Revision 2012-2013) and the Universiti Putra Malaysia (Research) Rules 2012. The thesis undergone plagiarism detection software.

Signature: _____

Date: 10 June 2020

Name and Matric No: Saidatul Fatimah Ashsyura binti Nazli 192255

DECLARATION BY MEMBERS OF SUPERVISORY COMMITTEE

This is to confirm that:

- the research conducted and the writing of this thesis was under our supervision;
- supervision responsibilities as stated in the Universiti Putra Malaysia (Graduate Studies) Rules 2003 (Revision 2012-2013) are adhered to.

DR NURAFISYAH BINTI MAKHDZIR

Supervisor

Department of Nursing

Faculty of Medicine and Health Sciences

Date: 10 June 2022

TABLE OF CONTENTS

	Page
ABSTRACT	ii
ABSTRAK	iii
ACKNOWLEDGEMENTS	vi
DECLARATION BY STUDENT	vii
DECLARATION BY MEMBERS OF SUPERVISOR COMMITTEE	viii
TABLE OF CONTENTS	ix
LIST OF TABLE	xiii
LIST OF FIGURES	xiv
LIST OF APPENDICES	xv
LIST OF ABBREVIATION	xvi
CHAPTER 1	
1. Introduction	
1.0 Background of the study	1
1.1 Problem statement	4
1.2 Significance of the study	7
1.3 Research question	7
1.3 Research objective	7
1.4 Null hypotheses	8
1.5 Conceptual framework	9
1.6 Conceptual and operational definition	11
CHAPTER 2	
2. Literature review	

2.1 Workload	14
2.2 Motivation to deliver compassionate care	18
2.3 The influence of workload on motivation to deliver compassionate care among nurses	23

CHAPTER 3

3. Methodology

3.1 Study design	24
3.2 Study location	24
3.3 Study population	25
3.4 Study criteria	25
3.5 Sample size estimation	26
3.6 Sampling method and subject recruitment	27
3.7 Research instrument	28
3.7.1 Questionnaire development	28
3.7.2 Validity and reliability	28
3.7.3 Scoring method	28
3.8 Data collection	31
3.9 Study flowchart	32
3.10 Data Analysis	33
3.11 Ethical consideration	38
3.12 Declaration of conflict	39
3.13 Honorarium and incentives to respondents	39

CHAPTER 4

4. Results

4.1 Respondent rate	40
---------------------	----

4.2 Socio-demographic data among respondents	40
4.3 Workload and Stress level among respondent	42
4.4 Motivation to deliver compassionate care among respondents	44
4.5 Relationship between socio-demographic characteristic and motivation to deliver compassionate care	46
4.6 the relationship between work-related stress data and motivation to deliver compassionate care among respondents	47
CHAPTER 5	
5. Discussion	
5.1 Socio-demographic data among respondents in Hospital Serdang	49
5.2 Workload and Stress level among respondent	50
5.3 Motivation to deliver compassionate care among respondents	51
5.4 Relationship between socio-demographic data and motivation to deliver compassionate care among respondent.	52
5.5 Relationship between work-related stress data and motivation to deliver compassionate care among respondents	52
5.6 Conclusion	53
CHAPTER 6	
6. Limitation and Recommendation	
6.1 Limitation	54
6.2 Recommendation	55
6.3 Conclusion	55

REFERENCES	56
APPENDICES	64
BIODATA OF STUDENTS	90

LIST OF TABLES

Table	Page
3.10.1 = Statistical tests for data analysis	34
4.2.1 = Socio-demographic data among respondents	41
4.3.1 = Workload related stress among respondent	42
4.4.1 = Motivation to deliver compassionate care among respondents	45
4.5.1 = Relationship between socio-demographic data and motivation to deliver compassionate care among respondents	47
4.6.1 = Relationship between work-related stress data and motivation to deliver compassionate care	48

LIST OF FIGURES

Figure	Page
1.6.1 = Conceptual framework	9
3.9.1 = Study flowchart	32

LIST OF APPENDICES

Appendix	Page
1 = Questionnaire	64
2 = Information Sheet and Consent Form (English and Malay)	77
3 = Permission Approval from Clinical Research Centre, Hospital Serdang	87
4 = Gant Chart	88
5 = Budget	89

LIST OF ABBREVIATION

IM	Intrinsic Motivation
EM	Extrinsic Motivation
SPSS 22.0	Statistical Package for the Social Sciences
UPM	Universiti Putra Malaysia
NMRR	National Medical Research Registry
PIS	Participant Information Sheet

CHAPTER 1

INTRODUCTION

This chapter provides the background of the study, problem statements, and research questions. The objective of this study include the general objective and specific objective. Besides, the null hypotheses, conceptual framework and operational definition also had been discussed in this chapter.

1.1 Background of the study

Nurse as a front liner practitioner, always deal with patient suffering in health care setting (Dewar & Christley, 2013). Thus, compassionate care is highly relevant for nursing practice. Compassion as a powerful emotion has positive consequences for both patients and healthcare providers (Zamanzadeh et al., 2018). It is important for nurses have motivational force in order to provide compassionate care which can persuade patients to have courage during illness recovering process (Van Der Cingel, 2011). Concurrently, compassionate care could also facilitates the development of meaningful nurse-patient relationships and enables nurses to improve therapeutic relationships, provide patient-centered care and prevent themselves from getting burnout (Sundus et al., 2020).

One of the most important key factor to determine the quality of hospital service is through the healthcare provider's performance (Joebagio et al., 2016). However, interaction with patients relies on whether the nurse possesses motivation to deliver compassionate care or not. Motivation is needed for the nurses to deliver compassionate care. Motivation is defined

as processes that initiate and maintain goal-directed activities (Donoso et al., 2015). There are two major types of motivation which are intrinsic motivation (IM) and extrinsic motivation (EM). According to Hee et al. (2016), intrinsic motivation refers to behavior driven by internal rewards while extrinsic motivation refers to behavior driven by external rewards. For examples, when ones become innately satisfied with his work or job scope without the need of having rewards such as money and compliment, it is called intrinsic motivation. When one feels motivated to do his job or work to get a reward in return, it is called extrinsic motivation. In the context of the nursing profession, it shows that motivation to deliver compassionate care may be influenced by both intrinsic and extrinsic types of motivation (Zamanzadeh et al., 2018).

Despite nurses are being encouraged to have compassion when delivering nursing care to patients, however several factors could become determinants in empowering compassionate care among nurses. One of the determinants is work-related stress (Valizadeh et al., 2016). Work-related stress is particularly pertinent to nurses, who make up the largest proportion of the healthcare workforce and are on the front lines of patient care (Sinclair et al., 2017). In 2011, 74% of 4614 nurses in the United States identified acute and chronic effects of stress and overwork as a top safety and health concern (American Nurses Association, 2011). Studies in nurses indicate that their physical, emotional, social and spiritual health is impaired by cumulative stress related to interactions with large volumes of often highly complex patients on an ongoing basis, trauma and practice

environments with limited resources and increased demands (Rantanen et al., 2016).

A study conducted by Valizadeh et al. (2016) on Iranian nurses found that heavy workload does give an impact that can reduce delivering compassionate care within healthcare systems. Result of this study also stated that increase in workload not only increase the occurrence of poor communication and interaction between patients and staff nurses but can also lead to nurses' job dissatisfaction and poor motivation to deliver compassionate care to patient. The finding is supported by previous study conducted among staff nurse in Australia that work-related stress does restrain nurse's ability to convey compassionate care patient (Fry et al., 2013).

This study will determine and explain the relationship between work-related stress and motivation to deliver compassionate care among staff nurses in Hospital Serdang in Selangor.

1.2 Problem statement

Nursing has been identified as an occupation that has high levels of stress (Sharma et al., 2014) The ongoing empathic connection of caring for others, especially those with significant trauma or stress, has consequences that can result to psychological distress and an inability to empathically connect with patients (Salmond et al., 2019). A finding from study conducted by

Romero-Moreno et al. (2011) in Spain stated that staff nurses with low motivational level in delivering care are more likely to report having higher level of work-stress and feeling of powerlessness. Therefore, a study from Malaysian context need to be conducted to view whether work-related stress could influence staff nurse's motivational level to deliver compassionate care.

According to study conducted by Zamanzadeh et al. (2018) on Iranian nurses, it has been found that facilitating compassion in daily practice is a challenging issue which needs further investigation. For example, the cultural context affects the delivery of compassionate care and the significance of compassion may differ in different contexts. Little is known about the association of delivering compassionate care to patient with work-related stress among staff nurse in this study. In addition, there is little understanding of factors which could help nurses to deliver compassionate practice in contemporary healthcare settings.

Next, a previous study has been conducted on nurses working at a health tourism hospital in Malaysia by Hee et al. (2016) to evaluate the effect of workload and work environment on job stress. In this study, the author suggested that motivation plays significant role in delivering a good care to the patients. However, this study has weak evidence between workload and motivation to deliver compassionate care as the authors only aim to study general motivation value (intrinsic and extrinsic value) affects nurse's job performance without assessing whether it could be influenced by workload

factors. Hence, motivation value in nurses that could possibly be influenced by workload remains unknown until to date.

Other than that, there was a study done by Van Den Oetelaar et al. (2016), titled 'Balancing nurses' workload in hospital wards: Study protocol of developing a method to manage workload' that focused on nurses' workload and its outcomes. This study analyzed the association between workload and stress. However, the motivation to deliver compassionate care did not included as a variable for their study. Hence, the study produced inadequate account of the impact of workload on nursing care. From the literature search, there is a limited study being conducted regarding motivation to care among staff nurses in Malaysia, let alone study that links workload and motivation to deliver compassionate care.

Furthermore, studies on motivation to deliver compassionate care linked with work-related stress experienced by staff nurse are needed to develop better coping strategies and identify areas for future research. Thus, this study is aimed to fill the research gap and investigate the relationship between work-related stress and motivation to deliver compassionate care among staff nurses in Hospital Serdang, Selangor.

1.2 Significance of the study

This study will be able to explain precisely how workload could give an impact towards motivation to deliver compassionate care to staff nurses from the Malaysian context. This study is also important for nurses to make their voice heard. This is because nurses often face criticism from the public for the lack of caring. Therefore, this finding of the study could lead to an understanding of the factors that influence the nursing care practice and help the authority to consider effective strategies to improve nursing care. This would contribute to an impact to the quality of nursing care delivery and provide a beneficial effect to the patients.

1.3 Research question

- I. Do sociodemographic characteristics influence motivation to deliver compassionate care among staff nurses in Hospital Serdang, Selangor?
- II. Does work-related stress influence motivation to deliver compassionate care among staff nurses in Hospital Serdang, Selangor?

1.4 Research objectives

General objective:

To determine the impact of work-related stress and motivation to deliver compassionate care among staff nurses in the clinical setting at Hospital Serdang, Selangor.

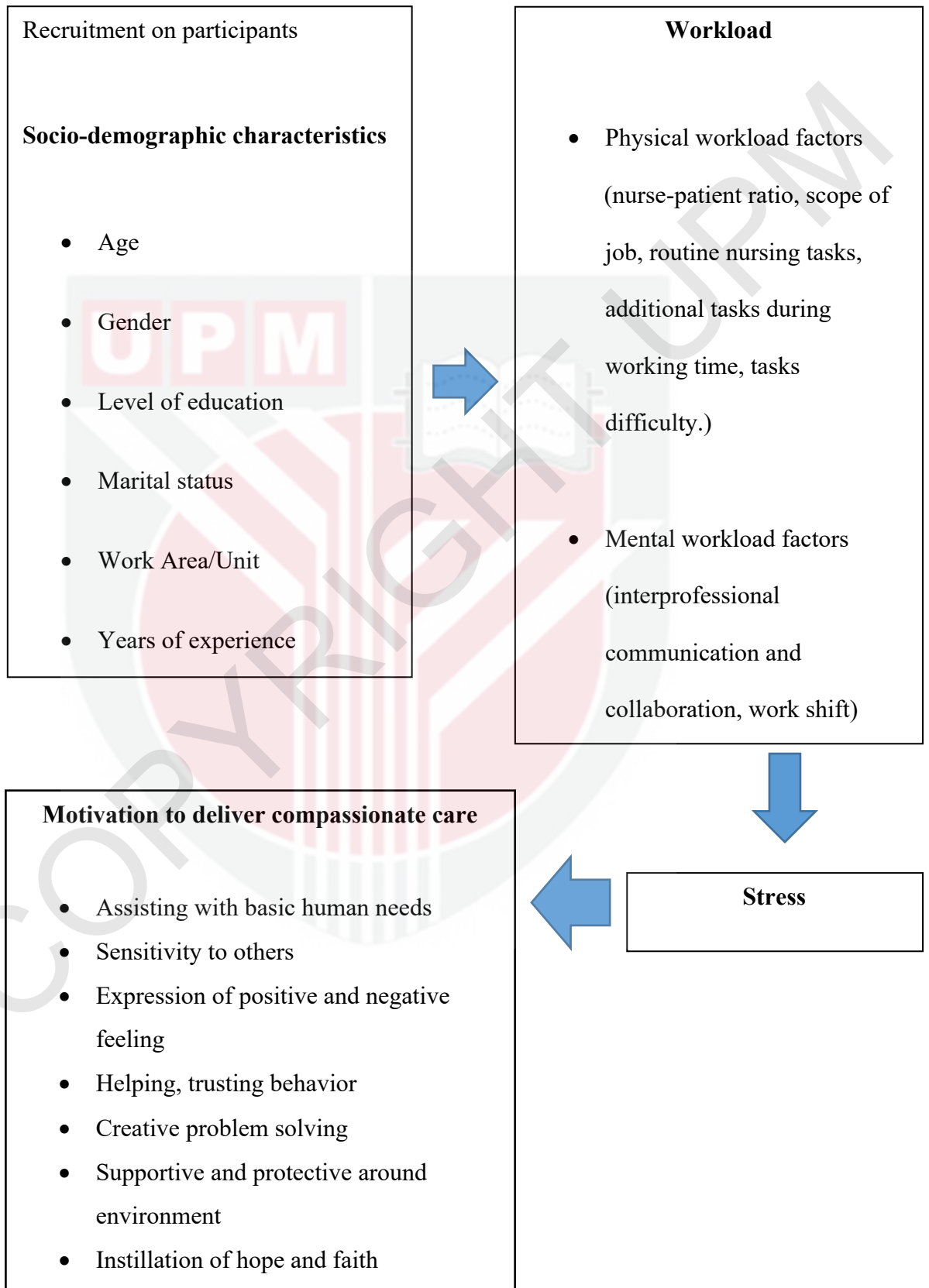
Specific objectives:

- I. To determine the sociodemographic characteristics of the staff nurses in Hospital Serdang, Selangor.
- II. To determine the work-related stress among staff nurses at Hospital Serdang, Selangor.
- III. To determine the motivation to deliver compassionate care of the staff nurses in Hospital Serdang, Selangor.
- IV. To determine the relationship between the sociodemographic characteristics, and motivation to deliver compassionate care among staff nurses in Hospital Serdang, Selangor.
- V. To determine the relationship between work-related stress and motivation to deliver compassionate care among staff nurses in Hospital Serdang, Selangor.

1.5 Null hypotheses

Ho1= There is no relationship between sociodemographic characteristics, work-related stress, and motivation to deliver compassionate care among staff nurses in Hospital Serdang, Selangor.

1.6 Conceptual framework



Based on conceptual framework above, independent variables in this study are sociodemographic characteristic and workload related to stress while dependent variable is motivation to deliver compassionate care. In this study, socio-demographic data (age, gender, marital status , working area and level of education and years of experience), stress level and workload (aspects of physical, psychological and working time) will be analysed whether they influence motivation to deliver compassionate care to patients. Motivation to deliver compassionate care will be determine based on several carative factors by Watson's theory namely assisting with basic human needs, sensitivity to others, expression of positive and negative feeling, helping and trusting behaviour, creative problem solving, supportive and protective around environment and instillation of hope and faith (Watson, 2009).

1.7 Conceptual definition

1.7.1 Sociodemographic

Wachsman (2013) stated that sociodemographic is pertaining to or characterized by a combination of sociological (relating to sociology) and demographics (relating to populations) characteristics. This study will identify the sociodemographic background of the respondents include age, gender, ethnicity, level of education, marital status, work area/unit, and staff position.

1.7.2 Work-related Stress

Workload is defined as the amount of work to be done, especially by a particular person or machine in a period of time (Cambridge Advanced Learner's Dictionary, 2008) and stress is a body's response to a real and perceived threat or reaction to a situation (Canadian Mental Health Association, 2014). According to Alghamdi (2016), the nursing workload is defined as the amount of time and care that a nurse can devote (directly and indirectly) towards patients, the workplace, and professional development. Work-related stress is a response that can happen when there is increase in the demand for nursing services or nursing skills (Brewer, 2006).

1.7.3 Continuous shift

Continuous shift defined as work carried on with consecutive shifts of persons throughout the 24 hours without interruption except during meal breaks or due to unavoidable causes beyond the control of the employer (Law Insider, n.d.). In nursing job scope, nurse often work double shift as continuous shift. This term will be study under variable 'Work-related Stress' as one of the subtopics to determine the relationship between the variable towards motivation to deliver compassionate care among staff nurses.

1.7.4 Motivation to deliver compassionate care

Compassion is defined as deep awareness of the other's suffering, together with a desire to relieve it (Sinclair et al., 2016). In this study, terms motivation to deliver compassionate care will be used and it is defined as innate desire or passion to offers comfort and support for other's suffering, and the component of acting upon feeling compassion differentiates compassion from other emotions such as sympathy or empathy (Zamanzadeh et al., 2018).

1.8 Operational definition

1.8.1 Nursing Workload

The description of the nursing workload defined in this study is the physical aspect, psychological aspect, and aspect of working time (Manuho et al., 2015). In this study, the workload was determined through the physical and mental workload factors such as nurse-patient ratio and non-nursing activities that were reported by the participants.

1.8.2 Motivation to deliver compassionate care

In this study, motivation to deliver compassionate care were being assessed by close-ended questions pertaining to intrinsic and extrinsic factors that motivate staff nurses to deliver compassionate care to the patients. The intrinsic factors involve internal feelings of the participant such as responsibility, appreciation from colleagues, and self-belief, while the extrinsic factors involve incentives and promotion received by the participant in reward of doing their works.

CHAPTER 2

LITERATURE REVIEW

This chapter provides an overview of previous studies on Motivation to deliver compassionate care and Work-related Stress. It introduce the framework of this study that compromises the main focus of the research described in this thesis.

2.1 Workload

The workload is the ability of the body of the worker to accept the work (Choi & Kim, 2014). Each workload obtained by an employee must be appropriate and balanced with the physical and psychological skills of staff (Manuho et al., 2015). The workload of nursing personnel is influenced by professional role in carrying out nursing care and the capacity to perform direct patient care, non-direct patient care and non-nursing activity (Haryanti et al., 2013). This statement was supported by Cawthorn & Rybak (2008) where the author said nursing work includes both works that nurses carry out on behalf of patients and administrative work that unrelated to patients. Several aspects can be used to evaluate the workload of nurses which are: physical aspect, psychological aspect, and aspect of working time (Sumarso et al., 2016). By understanding the workload of nursing, it is easier to measure the nursing intensity and achieve the best nursing practice. The workload is determined from the tasks carried out based on the main function and additional tasks including the number of patients to be treated and their work capacity relevant to the education obtained (Manuho et al., 2015). In

this context, Alghamdi (2016) stated that most study involving nursing workload is often defined in terms of staffing ratios. Optimum nurse-to-patient ratio is the concern of most nurse leaders globally. It has benefits both for nurses and patients; which is essential for patient's safety and quality of care (Chowdhury & Chakraborty, 2017). The lower nurse-to-patient ratio contributes to a higher workload, hence increases the risk of medication errors, health complications, hospital morbidity, prolonged hospital stay, and compromised patient safety. Based on a study conducted by Sin U Leong et al. (2012) in Macao, more than 50% of the respondent elicited a very high level of agreement on item "fixed ratio of nurses and patients", where they agree that the ratio of nurses and patients does contribute to nursing workload. According to Alghamdi (2016), providing a sufficient number of nurses to handle patients was vital to ensure the safety of the patient.

Apart from the nurse-patient ratio, non-nursing activities also one of the workload's physical aspects. A study from Ireland conducted by Butler et al. (2006) finds that there are increases in the level of non-nursing activities, such as staff and unit management, student supervision and training, answering telephone calls, providing medical supplies, staff meetings, and system administrative work, will lead to an increase in nurse's workload. A previous study by Ahmadishad et al. (2019) highlighted that nurses are found to spend their 30–50% time in indirect care activities.

The next aspect that could be classified as workload is on the efforts that nurses put to engage in interpersonal relationships with superiors, colleagues, subordinates and patients (Manuho et al., 2015). According to Hamim (2015), the workload can increase when there was the occurrence of poor communication between nurses with patients, failure of collaboration between nurses and physicians, discharge nurses, and nurse job dissatisfaction. These factors are very influential on the application of behavior nurse caring behaviors in the process of health care to the patient.

Working time is one of the important elements used in measuring the workload. Working time includes the amount of time nurses spend on carrying out basic duties and functions of nurses and additional tasks in accordance with working hours that take place every day. If the working time that must be borne by the nurse exceeds its capacity, it will adversely affect the productivity of the nurse (Sumarso et al., 2016).

Subsequently, staffing can also contribute to whether the workload is perceived as higher as working in the clinical environment of short staffing will cause the nurses being bombarded with workload (Valizadeh et al., 2016). Nursing staffing shortage is a phenomenon associated with many factors such as low salaries, increase workload and poor healthcare management (Walker, 2009). Previous study by Rosseter (2012) stated that nurses' inadequate employment does causes stress, low job satisfaction, and consequently create a desire to leave the profession. It has been found

that this shortage also decreases the quality of care provided by nurses, according to a study conducted by Benton (2013) on staff nurses in Iran.

Work-related stress among staff nurses in Malaysia

Work stress generally refers to various aspects of the work environment, such as time pressure and lack of resources, difficult patients, difficult information processing systems and heavy responsibility (Canadian Centre for Occupational Health and Safety, 2018). Work stress is also results to high workload experienced by an individual. Job stress can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. Based on a study on work stress conducted by Muhamad Robot et al. (2021) in Malaysia, he stated that staff nurses do have high stressors and stress due to the workload they are facing daily. This finding is supported by a previous finding in Australia which found that stress level was significantly high and positively correlated with all components of workplace stressors among nurses (Opie et al., 2011). According to study conducted on Iranian nurses by Salehipour et al. (2020), the author stated that nursing is indeed a stressful job with high workload and does impact caring behaviour among staff nurses. Finding of their study found that staff nurse with severe stress level related to work has poor caring behaviour during care of the patients.

2.2 Motivation to deliver compassionate care

Theory of Human Caring

Theory of Human Caring or Philosophy and Theory of Transpersonal Caring was invented by Jean Watson in 1999 as an attempt to define caring value in the nursing area. According to Watson (2009), caring behaviors are defined as being understanding, smiling, touching, effective listening, empathy, accepting emotions, respecting the privacy and individuality of the patient. The term “transpersonal” means to go beyond one’s ego as it allows one to reach deeper spiritual connections in promoting the patient’s comfort and healing. Theory of Human Caring emphasizes that encouraging patients to believe in themselves, helping them to understand their feelings, providing sufficient information about their illness/health, being willing and readiness to provide nursing care are caring behaviors. The caring behaviors increase nurses’ feelings of self-accomplishment, self-confidence, emotional well-being, and professional satisfaction, thus increasing the quality of care provided to patients.

The core of the Theory of Human Caring is that humans cannot be treated as objects and that humans cannot be separated from self, other, nature, and the larger workforce (Watson, 1997). According to Watson (2001), one of the major elements of this theory is the carative factors. The carative factors are comprised of 10 elements which are forming humanistic-altruistic value systems, instilling faith-hope, cultivating a sensitivity to self and others, developing a helping-trust relationship, promoting an expression of feelings, using problem-solving for decision-making, promoting teaching-learning, promoting a supportive environment, assisting

with the gratification of human needs, and allowing for existential-phenomenological forces. The first three factors form the “philosophical foundation” for the science of caring, and the remaining seven come from that foundation.

Compassion in caring

Compassion is fundamental in delivering care and can create a therapeutic and safe environment for patients and caregivers. It is a continuous process of engaging and meaning-making in clinical practice, occurring both consciously and unconsciously between patient and caregiver (Larkin, 2016). A study conducted by Papadopoulos et al. (2020) in Pakistan, the author managed to identify various compassionate moments in practice, such as comforting patients, listening to their concerns, advocating for them, showing kindness, and soothing their suffering. Compassionate care is built on trust and good interpersonal relationships between the patients, the family, and the caregiver (Tarberg et al., 2020). Research has shown that a person's culture does influence their view and understanding of compassion. For example, previous study on staff nurses from United Kingdom and Philippines defined compassion mostly as empathy and kindness while nurses from other countries such as Columbia defined compassion as having a deep awareness of the suffering of others and in hope to lessen the burden (Papadopoulos et al., 2016). According to Kim and Lee (2020), compassionate care helps patients express their concerns and reveal their symptoms and behaviors, which makes it easier for the caregiver to identify problems and promote better recovery.

Intrinsic and Extrinsic Motivation

Most theorists and researchers consider work motivation as a phenomenon that varies only in its amount (level of motivation) and have focused mainly on intrinsic work motivation and its enhancing factors (Toode et al., 2015). A study conducted by Legault (2020) was attempted to define the distinction between intrinsic and extrinsic motivation. Intrinsic motivation (IM) refers to engagement in behavior that is inherently satisfying or enjoyable. Conversely, Extrinsic motivation (EM) refers to the performance of a behavior that is fundamentally contingent upon the attainment of an outcome that is separable from the action itself. It is performed to pursue some other outcome. Intrinsic motivation is described as a natural and spontaneous human tendency, however, not everyone has intrinsic motivation only for any particular task or activity. In a strict working environment or regulation, extrinsic motivation was also needed to perform some task (Toode et al., 2015). Although intrinsic motivation is considered the most optimal form of motivation and is associated with various benefits including enjoyment, persistence, and psychological well-being (Deci and Ryan 2008), extrinsic motivators are sometimes thought to be helpful to promote action for behaviors that are not intrinsically interesting. Extrinsic motivators such as money or other rewards can produce extrinsic motivation due to the fact that they generate desire for the consequence of the activity; they do not produce the desire to engage in the activity for its own sake (Legault, 2020). Intrinsic motivation exists within the individual and can be harnessed and enhanced by environments that support the individual's autonomy and competence.

McClelland's Theory of Needs

David McClelland proposed the theory of Needs in the early 1960s. It is also known as David McClelland's Three Needs Theory or as The Learned Needs Theory. A past study done by Sumarso et al. (2016) used this theory to measure motivation among nurses at a hospital in Indonesia. The finding of her study shows that motivation does contribute to the performance of the nurse. According to McClelland's Theory of Needs, individual specific needs are acquired over time and are shaped by one's life experiences. Regardless of gender, culture or age, all human has three motivating drivers and one of these will be the dominant motivating driver. The three motivators are achievement, affiliation, and power. A person's motivation and effectiveness in certain job functions are influenced by these three needs.

People who have achievement have their dominant motivator has a strong need to set and accomplish challenging goals. High achievers tend to look for challenging tasks, assume personal responsibility for their performance, and need feedback to confirm their success (Yanti, 2013). People motivated by achievement work very effectively either alone or with other high achievers. There is evidence showing that people who have a high need for achievement perform better at work. Employees with high need of achievement would have a clear and complete plan to help themselves achieve their goals. However, employees having a low need for achievement perform better with money incentives.

Affiliation motivators need harmonious relationships with other people's need to feel accepted by other people. They want to belong to the group, to be liked, and will often go along with whatever the rest of the group wants to do. Those who are motivated by affiliation also favors collaboration over competition and at the same time they do not like high risk or. Employees who are high in need for affiliation would be suitable in roles responsible to create strong long-term relationships. However, they could be less effective in the allocation of decision-making, which could lead to conflict. These employees will create satisfaction and enjoyment in doing their job if the work environment provides close interactions among staff. Last but not least is the power motivator. It is defined as an individual need to influence others can be positive or negative. This need appears to someone who wants to influence others.

Both theories and study have important contributions into understanding motivation to deliver compassionate care. Based on a case study done by Moody and Pesut (2006), nurse's motivation to care is enhanced through meaning-making that supports the moral practice and the ethic of caring. Autonomy in nursing practice contributes to a sense of personal power and competence that empowers the application of a nurses' intelligent skill knowledge as he or she engages in professional nursing work. Both conscientiousness and emotional stability are reported to be the primary base from which behavioral intentions and motives arise (Barrick et al., 2001). These two personality traits in turn drive "accomplishment-striving" or the motivation to achieve goals at work. If nurses are unable to identify

emotional and motivational states as they respond to positive and negative aspects of work, they may be unaware of how these factors influence their assessment of the meaningfulness of work, their professional competence, or the motivation to care. A lack of motivation on the part of individuals can result in apathy, poor health and well-being, and a sense of powerlessness Moody & Pesut, (2006). A lack of motivation to deliver compassionate care is likely to lead to less desirable outcomes for patients in the nurse's care.

2.3 The influence of workload on motivation to deliver compassionate care among nurses

Hamim (2015) stated that workload is very influential in determining the motivation of nurses in implementing nursing care and nurse's caring behavior. The same study indicates that workload would cause psychological repercussions which could contribute to lower nurses' motivation to deliver compassionate care. This study also indicated that extra task that nurses need to implement during normal routine working hours had influenced motivation to deliver compassionate care.

CHAPTER 3

METHODOLOGY

This chapter describes the design and methods to conduct the study, including study location, sampling frame, sample size, sampling method, participant criteria, instrument, pre-test, variability and reliability, data collection procedure, data analysis, and ethical consideration.

3.1 Study Design

This study uses a cross-sectional design to look at the existence and magnitude of causal effects of one or more independent variables upon a dependent variable of interest at a given point of time (Lavrakas, 2008). Thus, it is suitable to determine the effect of work-related stress towards motivation to deliver compassionate care among staff nurses in Hospital Serdang, Selangor.

3.2 Study location

This study was conducted at Hospital Serdang, Selangor. This hospital is located at the district of Sepang in the state of Selangor, Malaysia. This hospital is fully funded by the government which provides medical services to approximately 570,000 residents in the area of Putrajaya, Serdang, Kajang, and Bangi roughly (Hospital Serdang, 2020).

3.3 Sample criteria

3.3.1 Study Duration

The data of the study were collected within two months, from 1st August 2021 to 11 September 2021.

3.3.2 Study Population

The population of this study were registered staff nurses who are working at Hospital Serdang, Selangor.

3.4 Subject criteria

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none">I. Registered staff nurses in Hospital Serdang, Selangor.II. Female and Male	<ul style="list-style-type: none">I. Staff nurses who were on leave throughout the data collection period.II. Staff nurses who work at outpatient clinic, operation theater, and emergency department.III. Staff who refused to participate in this study.IV. Ward manager and Matron

3.5 Sample size estimation

The sample size was calculated using Raosoft calculator by using this formula:

$$n = \frac{Nx}{[(N - 1)E^2 + x]}$$

Where:

n: required sample size

x: Z value (95% confidence level)

N: Population size (906 staff nurse, obtained data from Nursing Unit (Hospital Serdang, 2020))

E: Degree of accuracy (5%), expressed as a proportion (0.05); it is the margin of error.

$$n = (906) (0.95) / ((906-1)0.05^2 + 0.95)$$

$$= 268 \text{ number of participants}$$

So, the estimated sample size, n= 268

Therefore, 268 out of 906 staff nurses in Hospital Serdang, Selangor were chosen to participate as representative of the population to warrant accurate generalization. The estimation of the non-response rate (10%) was added to cover for sample error. Hence, the final sample size needed for this study was 295 participants.

3.6 Sampling method and subject recruitment

For this study, the participants were chosen by using the multi-staging sampling method. At the first stage, the researcher listed all the wards, which are 19 wards in Hospital Serdang, and put the number into randomizer tool (<https://www.randomizer.org/>) to randomly choose only 9 wards out of 19 wards. Selected wards using this method were from the discipline of medical, rehabilitation, orthopaedic, paediatrics, obstetrics, and gynaecology namely Ward 7 C, Ward 8B, Ward 6G, Ward 7E, Ward 7F, Ward 6A, Ward 6D, Ward 5E, and Ward 6B as shown in Table 1. The advantages of using simple random method are the ease of use and accuracy of interpretation.

Medical	Rehabilitation	Orthopaedic	Paediatrics	Obstetrics, and Gynaecology
Ward 7C	Ward 6G	Ward 7E	Ward 5A	Ward 5E
Ward 8B		Ward 7F	Ward 6D	

Table 1

After sorting out the selected wards, the researcher proceeded with the universal sampling method after obtaining list names of staff nurses of each ward from the person in charge, Matron, or Sister in order to answer the questionnaire. A link to the questionnaire was distributed to the staff nurses

from the selected wards through WhatsApp and the link directed them to a Google Form for them to answer. The advantage of using this method are it is convenient and timesaving.

3.7 Research instruments

In this study, the questionnaire was converted to Google Form and be made available through online platform. Each participant received a link that redirects them to the questionnaire. The questionnaire is a modified questionnaire and divided into three sections, which are Section A , Section B, and Section C . It is available in two languages which are in Malay and in English to aid participants into understanding the questions better.

Section A consists of background questions that were modified based on earlier research findings on the relationships between nurses' work motivation and their personal or work-related characteristics (Toode et al., 2011). Of seven questions, five items will be questions on participant's age, gender, marital status, ethnicity, education, work area or unit, and their year of experience in nursing.

For Section B, a modified questionnaire from studies conducted by Amin (2011), Hoonakker et al. (2011), and Parenti et al. (2017) were used to measure workload contributing to stress among staff nurses in the hospital setting. There are 10 items in this section . The participants were required to choose the answer based on the workload that they are facing daily. Example questions of this section are "Do you often feel overworked or

stressed by your work?” and “After your work day, do you feel physically and/or mentally tired?”. A five-point Likert scale were used ranging from never, rarely, sometimes, often, and always. The scoring system for the questions were always (5), often (4), sometimes (3), rarely (2), and never (1). The total score for this section ranges from 10 to 50, which higher score indicating higher workload experienced by staff nurses. Participant's answer regarding the workload were determined by the mean score.

Section C comprises of 15 items to measure on motivation to deliver compassionate care among staff nurses in a hospital setting. This section was modified based on Ryan and Deci's self-determination theory (Toode et al., 2015) and a previous study conducted by Vujanić et al. (2020). Participants were required to choose the most accurate degree of choice to the statement given ranging from 1 to 5 which are 1 indicate 'never', 2 indicate 'rarely', 3 indicate 'sometimes', 4 indicate 'often' and 5 indicate 'always'. The total score for this section regarding motivation to care range from 15 to 75, with higher scores indicating good motivation.

3.8 Pre-Test

The questionnaire was modified to suit the context of this study among staff nurses at Hospital Serdang, Selangor. The pre-test was carried out at non-selected wards, which are Ward 7B and Ward 6C from medical and surgical discipline respectively. Ten percent from the estimated sample size of the sample size which is 29 participants were selected in the pre-test of this questionnaire. This is to ensure that survey instruments are applicable, valid, and reliable to use in the future (Ruel et al., 2016).

3.9 Validity and reliability

This content validity of the modified questionnaire was validated by a supervisor who is a nursing lecturer. The pilot study was done to make sure the questionnaire is reliable and validated before distributed among the respondents. Pre-test questionnaire were distributed to 10% of sample size which is 29 respondents at the non-selected ward namely Ward 7B and Ward 6C in Hospital Serdang. Statistical packages for Social Sciences (SPSS) 22.0 was used to analyze the findings of the pre-test. The values of Cronbach's Alpha, α must be ≥ 0.70 for the indication that the questions asked are reliable to be used for the data and the results for Section B and Section C were 0.7 and 0.93 respectively.

3.8 Data collection

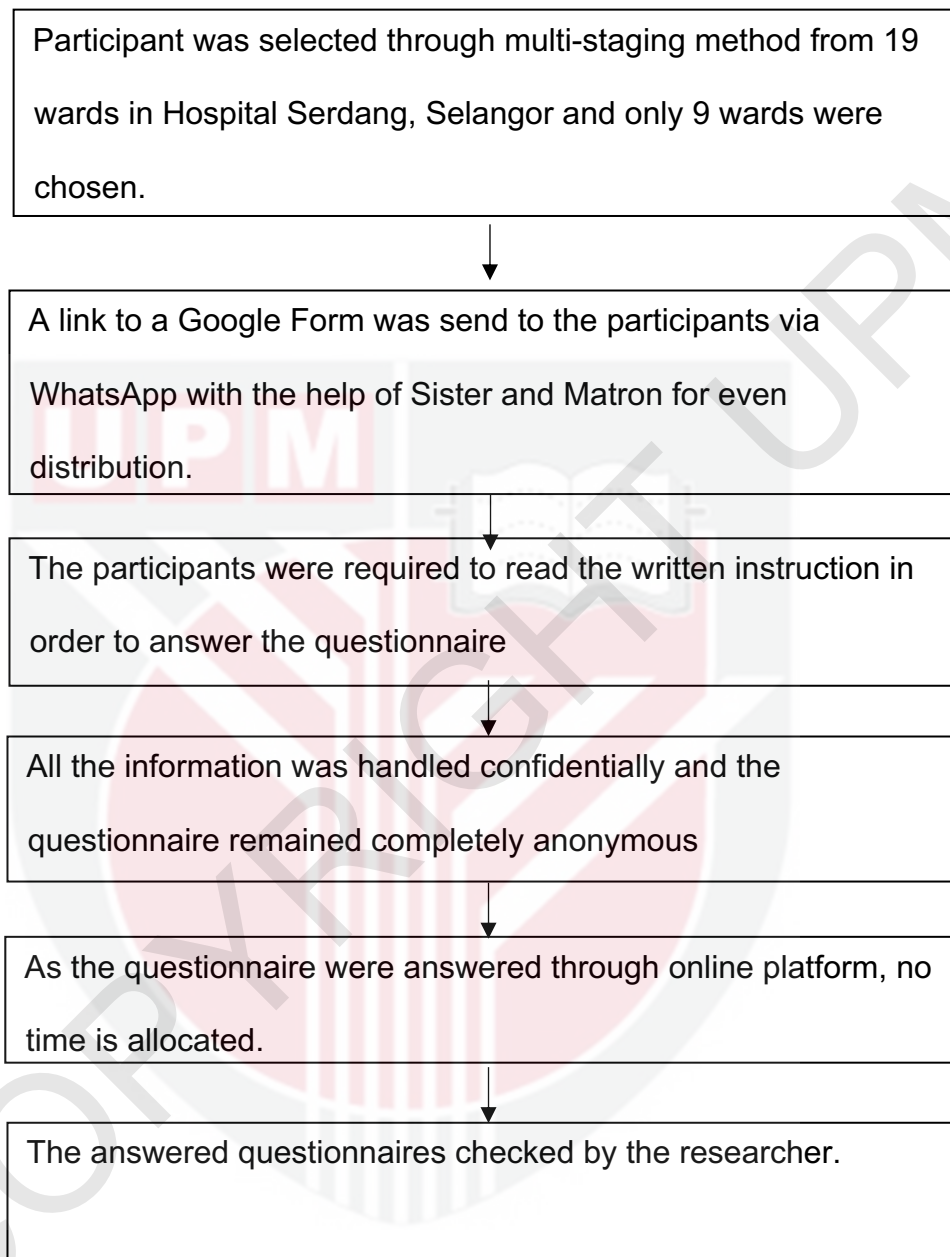
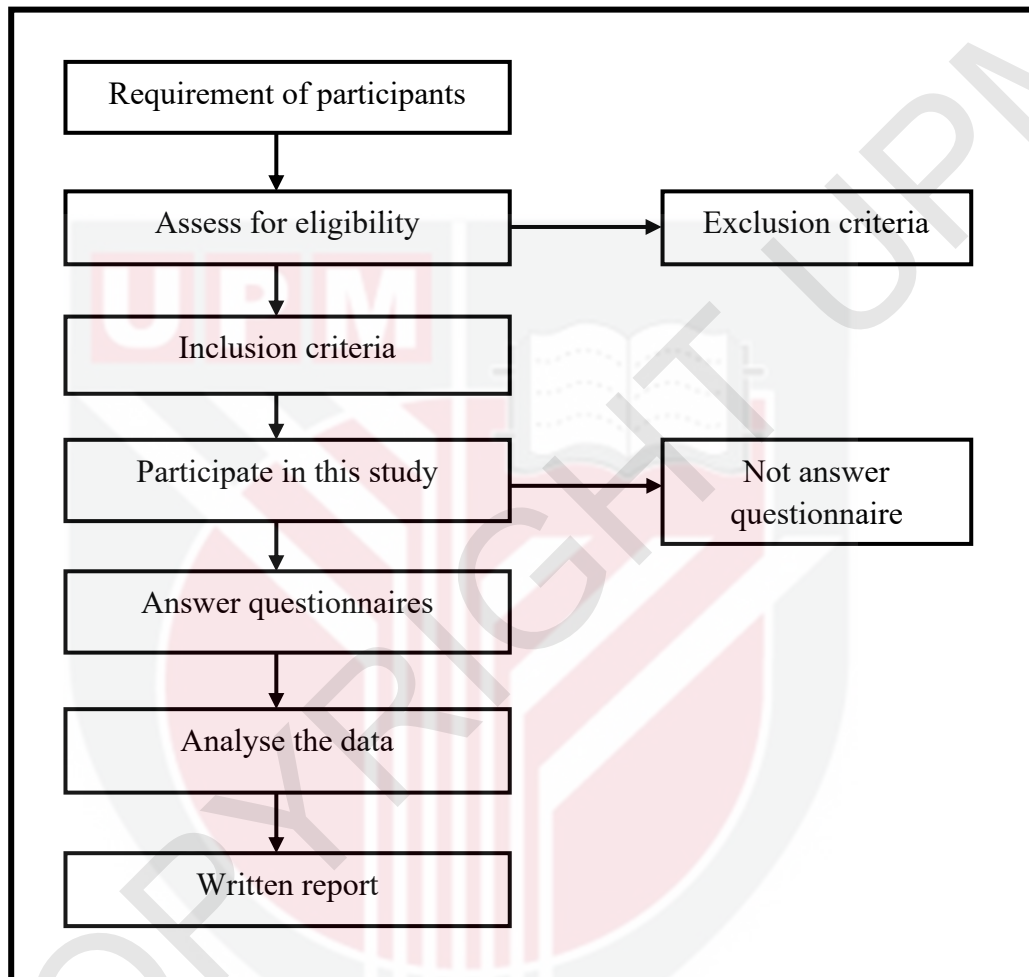


Figure 2: Study Flowchart of Impact Of Work-Related Stress Towards Motivation To Deliver Compassionate Care

3.9 Study flowchart

Figure 3.9.1: Study flowchart of impact of work-related stress towards motivation to deliver compassionate among staff nurses in Hospital Serdang.



3.10 Data analysis

Regarding data analysis of this study, Statistical Packages for Social Sciences (SPSS) 22.0 were being used. Independent variable of this study is work-related stress and the dependent variable is motivation to deliver compassionate care. The normality test were done to determine the distribution of data. The data distribution of motivation to deliver compassionate care was expected by visual inspection of a histogram as shown in Table 4.5. Skewness value of ± 0 and kurtosis value of ± 3 , a bell-shaped histogram, and p-value < 0.05 indicates a normal distribution of data. This distribution of data determines the type of analysis that used in this study.

Data analysis for descriptive data

The numerical data includes ages, years of experience, work-related stress and motivation to deliver compassionate care were described using mean and standard deviation. Median was supposed to be used if the data is skewed. The categorical and nominal data includes gender, education level, marital status, working area or unit were described using frequencies and percentage.

Data analysis for inferential data

The primary analysis is to analyse the strength of the relationship between sociodemographic characteristics, work-related stress and motivation to care among participants. Pearson Correlation were used for normally distributed data to test the relationship between age, years of experience,

workl-related stress with motivation to deliver compassionate care. To test the relationship between gender, level of education, marital status and work area, staff position with motivation to care, One Way Independent ANOVA were used.

Table 3.10.1: Statistical tests for data analysis

DESCRIPTIVE DATA			
Objectives	Variables	Types of variables	Statistical measurements
To determine the socio-demographic characteristics among staff nurse in Hospital Serdang, Selangor	Age	Continuous	Mean and standard deviation / median Percentage / Frequency
	Gender	Categorical	
	Education Level		
	Marital Status		
	Work Area/Unit		
Years of Experience			

<p>To determine the work-related stress among staff nurses at Hospital Serdang, Selangor.</p>	<p>Work-related stress</p>	<p>Continuous</p>	<p>If normal distribution, use Mean and standard deviation</p>
<p>To assess motivation to deliver compassionate care among staff nurses in Hospital Serdang, Selangor.</p>	<p>Motivation to deliver compassionate care</p>	<p>Continuous</p>	<p>If not normal distribution, use Median and mode</p>

INFERENCEAL DATA			
NULL HYPOTHESIS	DEPENDENT VARIABLE	INDEPENDENT VARIABLE	STATISTICAL MEASUREMENT
There is no relationship between sociodemographic characteristics, workload, stress and motivation to deliver compassionate care among staff nurses in Hospital Serdang, Selangor.	Motivation to deliver compassionate care (Continuous)	Age (Continuous)	Parametric: Pearson correlation Nonparametric: Spearman correlation
		Gender (Categorical)	Parametric: Independent T-test Nonparametric: Mann-Whitney U Test
		Education Level	Parametric:

		(Categorical)	One Way Independent ANOVA
		Marital Status (Categorical)	Non- parametric: Kruskal- Wallis Test
		Work Area/Unit (Categorical)	
		Years of Experience (Categorical)	
		Work-related stress (Continuous)	
			Parametric: Pearson correlation Nonparametric: Spearman correlation

3.11 Ethical consideration

3.11.1 Participant

The participants were provided with a participant information sheet to get their consent to join the study. After they agree on joining this study voluntarily and click the consent form, they were directed to the next page which contains the questionnaire. Next, the participant were required to fill in the information such as age, ethnicity, and educational level. Participants were informed that they are free to contact the researcher in case they requires any clarification regarding the questionnaire or other concerns. The researcher contact details such as phone number and email address was provided at the first page and the last page of the questionnaire.

All the information regarding the participants details and the study site were ensured of the anonymity and not be revealed during in any publication materials. The hard and soft copy of the data were accessible to the researcher and supervisor only.

3.11.2 Institution

A written approval and permission were obtained from the National Medical Research Registry (NMRR) by Institute for Clinical Research, Ministry of Health Malaysia to get approval in order to conduct a study involving staff nurses in a hospital.

3.11.3 Study site

An official permission letter from NMRR has been submitted to the Director of Hospital Serdang, Matron, and Sister of selected wards in Hospital Serdang, Selangor prior to data collection period.

3.12 Declaration of conflict of interest

There was no any conflict of interest (COI) was participated in this study.

3.13 Honorarium and incentives to respondents

There was no token of appreciation and no cost for transportation since study was conducted by online using internet link which are Google Form. The researcher got data by internet link and there was no face to face sessions with participants.

CHAPTER 4

RESULTS

All the data had been analysed using IBM Statistical Package for the Social Science (SPSS) 22.0. Kolmogorov- Smirnov test was used in this study to test for normality. Since the study was normally distributed, Pearson correlation, Independent t-test and One way Independent ANOVA had been used to analyse the data.

4.1 Response rate

A total of 63 respondents responded to the online survey. Sample size needed for study was 295 participants with 90% confidence level and 5% margin error but the researcher got lesser participants from the actual sample size. The response rate is 21.36%

4.2 Socio-demographic data among respondents in Serdang (n=63)

Table 4.2.1 shows that the mean age of the respondent is 31.22 (\pm SD 6.22). Out of 63, 7 (11.1%) represented male respondents and 56 (88.9%) represented female respondents. Out of 63 respondent, 55 (87.3) of them are Malay, 4 (6.3%) of them are Chinese and remaining are 2 (3.2%) from Indian with others 2(3.2%).For marital status, there are 26 (41.3%) respondents were single, 36 (57.1%) were married and 1(1.6%) was divorced. Based on the finding, most of the respondent were from adult wards which are 51 (81.8%) and others were from paediatric ward with the number of 12 (19%) respondents. Majority of the respondents' highest educational status were from STPM/ matriculation / diploma/ foundation/ A level which are 47 (74.6%) and minority of them were a degree holder which

are 16 (25.4%). There were more than half from total of respondent, 41 (65.1%) has the experience of working for more than 10 years and 22 (34.9%) has less than 10 years of working.

Table 4.2.1: Socio-Demographic data of the respondents in Serdang (n=63)

Characteristics	n	%	Mean	±SD
Age	63	100	31.22	±6.22
Gender				
Male	7	11.1		
Female	56	88.9		
Ethnicity				
Malay	55	87.3		
Chinese	4	6.3		
Indian	2	3.2		
Other	2	3.2		
Marital Status				
Single	26	41.3		
Married	36	57.1		
Divorced	1	1.6		
Work Area				
Adult Ward	51	81.0		
Paediatric Ward	12	19.0		
Education Level				
STPM/ Matriculation / Diploma/ Foundation/ A Level	47	74.6		
Degree	16	25.4		
Working Experience				
More than 10 years	41	65.1		
Less than 10 years	22	34.9		

4.3 Workload and Stress level among respondent(n=36)

Based on Table 4.3.1, there were 23 (36.5%) of them often work continuous shift, followed by 19 (30.2%) who sometimes worked continuous shift, 11(17.5) rarely on continuous shift, 7 (11.1%) never worked continuous shift and 3 (4.8%) who always had the continuous shift. Most of them (n=30,47.6%) claimed to often worked additional hours for patient related care, often feel overworked or stressed by their work (n=28, 44.4%) , often feel that heavy workload limit their time spend on patient care activities (n=33, 52.4%) and often feel physically and/or mentally tired (n=29, 46%). Further details regarding answers of work related stress among respondent are shown in Table 4.3.2 below.

Table 4.3.1: Workload related stress among respondent (n=36)

Questions	Mean	Standard Deviation
How often do you work continuous shifts (double shift)?	3.06	1.09
How often do you work additional hours for patient related care?	3.38	0.79
On an average, how often do you request assistance from you co-workers?	3.78	0.99
On an average, how often do you assist your co-workers?	4.16	0.75
Do you often feel overworked or stressed by your work?	3.51	0.88
Do you often feel that heavy workload limit your time spend on patient care activities?	3.68	0.84
Have you often felt nervous and stressed after your work day?	3.05	1.11
After your work day, do you feel physically and/or mentally tired?	4.05	0.77
How often do you feel the unit staffing in ward is adequate?	3.03	0.86
Are you comfortable with your current work environment?	3.70	0.78

Table 4.3.2: Workload related stress among respondent (n=36)

Questions	n (%)				
	Never	Rarely	Sometimes	Often	Always
How often do you work continuous shifts (double shift) ?	7 (11.1)	11 (17.5)	19 (30.2)	23 (36.5)	3 (4.8)
How often do you work additional hours for patient related care?	0 (0)	10 (15.9)	21 (33.3)	30 (47.6)	2 (3.2)
On an average, how often do you request assistance from you co-workers?	1 (1.6)	5 (7.9)	18 (28.6)	22 (34.9)	17 (27.0)
On an average, how often do you assist your co-workers?	0 (0)	1 (1.6)	10 (15.9)	30 (47.6)	22 (34.9)
Do you often feel overworked or stressed by your work?	2 (3.2)	4 (6.3)	23 (36.5)	28 (44.4)	6 (9.5)
Do you often feel that heavy workload limit your time spend on patient care activities?	1 (1.6)	4 (6.3)	17 (27.0)	33 (52.4)	8 (12.7)
Have you often felt nervous and stressed after your work day?	16 (9.5)	14 (22.5)	19 (30.2)	19 (30.2)	5 (7.9)
After your work day, do you feel physically and/or mentally tired?	0 (0)	1 (1.6)	14 (22.2)	29 (46.0)	19 (30.2)
How often do you feel the unit staffing in ward is adequate?	1 (1.6)	18 (28.6)	23 (36.5)	20 (31.7)	1 (1.6)
Are you comfortable with your current work environment?	0 (0)	1 (1.6)	25 (39.7)	28 (44.4)	9 (14.3)

4.4 Motivation to deliver compassionate care among respondents

(n=36)

Table 4.4.1 showed that 36 (57.3%) and 18 (28.6%) of the respondents claimed that they often and always encourage patients to believe in self during process of recovery while another 9 (14.3%) have sometimes encourage patients to believe in self during process of recovery. Majority respondents claimed to often 'Praise the efforts of the patients' (47.6%,n=30), 'Answer quickly (go to their cubicle) when patients call for me' (52.4%,n=33), 'encourage patients to talk about how they feel'(41.3%,n=24), 'Help patients to understand their own feelings' (41.3%,n=26), 'Maintain care of patient even when patients are difficult to give cooperation' (66.7%,n=42) and 'Encourage patients to ask questions about their illness and treatment' (46.0%,n=29). They also often to 'Answer patients' questions clearly and patiently' (39.7%,n=25), 'Consider the spiritual needs of patients (example: ablution-kits for Muslim)' (44.4%,n=28), 'Help patients with their care until they are able to do it for themselves' (54.0%,n=34) and 'Check patient's condition very closely' (46.0%,n=29).

Meanwhile, more than half of the respondent claimed that they always 'Explain safety precautions to patients and their families' (42.9%,n=27), 'Encourage patients to do what they can for themselves (example: activity daily living)' (44.4%,n=28) and 'Check patient's condition very closely' (61.9%,n=39). Further details regarding answers of motivation to deliver compassionate care among respondent are shown in Table 4.4.1 below.

Table 4.4.1: Motivation to deliver compassionate care among respondents (n=36)

Questions	n (%)				
	Never	Rarely	Sometimes	Often	Always
Encourage patients to believe in self during process of recovery	0 (0)	0 (0)	9 (14.3)	36 (57.3)	18 (28.6)
Praise the efforts of the patients.	0 (0)	0 (0)	13 (20.6)	30 (47.6)	20 (31.7)
Introduce self to patients.	1 (1.6)	3 (4.8)	15 (23.8)	22 (34.9)	22 (34.9)
Answer quickly (go to their cubicle) when patients call for me	0 (0)	0 (0)	15 (23.8)	33 (52.4)	15 (23.8)
Encourage patients to talk about how they feel.	0 (0)	2 (3.2)	20 (31.7)	24 (41.3)	17 (23.8)
Help patients to understand their own feelings	0 (0)	2 (3.2)	20 (31.7)	26 (41.3)	15 (23.8)
Maintain care of patient even when patients are difficult to give cooperation.	0 (0)	0 (0)	6 (9.5)	42 (66.7)	15 (23.8)
Encourage patients to ask questions about their illness and treatment.	1 (1.6)	1 (1.6)	13 (20.6)	29 (46.0)	19 (30.2)
Answer patients' questions clearly and patiently.	0 (0)	1 (1.6)	13 (20.6)	25 (39.7)	24 (38.1)
Explain safety precautions to patients and their families.	0 (0)	3 (4.8)	8 (12.7)	25 (39.7)	27 (42.9)
Encourage patients to do what they can for themselves (example: activity daily living).	0 (0)	2 (3.2)	9 (14.3)	24 (38.1)	28 (44.4)
Respect modesty of patients (for example:	0 (0)	0 (0)	6 (9.5)	18 (28.6)	39 (61.9)

keeping unnecessary exposed skin covered).					
Consider the spiritual needs of patients (example: ablution-kits for muslim).	1 (1.6)	1 (1.6)	11 (17.5)	28 (44.4)	22 (34.9)
Help patients with their care until they are able to do it for themselves.	0 (0)	0 (0)	4 (6.3)	34 (54.0)	25 (39.7)
Check patient's condition very closely.	0 (0)	0 (0)	5 (7.9)	29 (46.0)	29 (46.0)

4.5 The relationship between socio-demographic characteristic and motivation to deliver compassionate care (n=63)

The data is normally distributed where the range of skewness and kurtosis as shown in Table 4.5.1 for motivation to deliver compassionate care among respondents is between the assumption of normality -1 and 1 (George & Mallery, 2010). Thus, a parametric test had been conducted to rule out the association between socio-demographic data and motivation to deliver compassionate care among respondents. Pearson correlations shows that age has no significant correlation with motivation to deliver compassionate care ($r = -0.188, p = 0.14$). Next, the result of Independent t-test also shows that there is no statistically significant between gender and motivation to deliver compassionate care ($t = -0.38, p = 0.71$). Other than that, one-way independent ANOVA showed that there is no statistically significant between work area, education level, ethnicity, marital status and working experience with motivation to deliver compassionate. The detailed

analysis regarding socio-demographic data and motivation to deliver compassionate care among respondents is shown in Table 4.5.2.

4.5.1: Skewness and Kurtosis of motivation to deliver compassionate care

Statistics				
	Age	Total	TotalMotivation	
N Valid	63	63	63	
Missing	0	0	0	
Mean	31.22	35.40	62.05	
Std Dev	6.22	4.71	7.76	
Kurtosis	-.68	.39	-.94	
Skewness	.48	-.73	-.10	

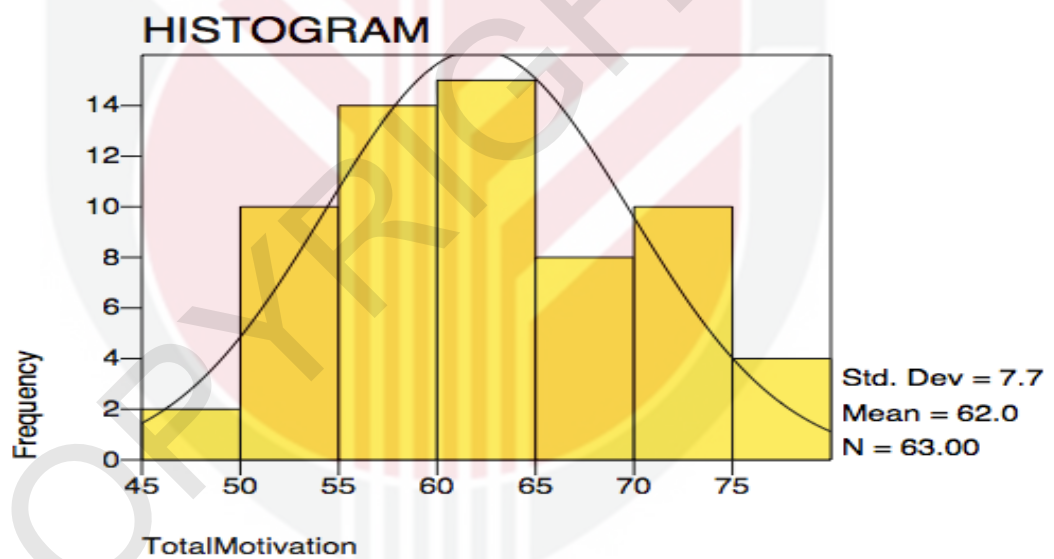


Figure 4.5 Histogram

4.5.2: Relationship between socio-demographic data and motivation to deliver compassionate care among respondents

Variables	Motivation to deliver compassionate care		
	F/t	r	p-value
Age		r =-0.188	0.14 ^a
Gender	-0.38		0.71 ^b
Ethnicity	1.56		0.21 ^c
Marital Status	1.41		0.25 ^c
Work Area	2.33		0.05 ^c
Education Level	0.07		0.79 ^c
Working Experience	0.20		0.82 ^c

*P< 0.05 considered as statistically significant

a. Pearson correlation

b. Independent t-test

c. One way Independent ANOVA

4.6 To determine the relationship between work-related stress data and motivation to deliver compassionate care among respondents

From table 4.6.1, Pearson correlation analysis shows that there is no significant correlation between work-related stress data and motivation to deliver compassionate care among respondents in Hospital Serdang (p=0.51). The detailed analysis regarding the relationship between work-related stress data and motivation to deliver compassionate care among respondents is shown in table below.

Table 4.6.1: Relationship between work-related stress data and motivation to deliver compassionate care

Variables	Motivation to deliver compassionate care	
	r	p-value
How often do you work continuous shifts (double shift) ?	-0.058	0.358
How often do you work additional hours for patient related care?	0.118	0.358
On an average, how often do you request assistance from you co-workers?	-0.70	0.586
Do you often feel overworked or stressed by your work?	0.066	0.609
Do you often feel that heavy workload limit your time spend on patient care activities?	-0.92	0.474
Have you often felt nervous and stressed after your work day?	-0.43	0.737
After your work day, do you feel physically and/or mentally tired?	-0.087	0.499
How often do you feel the unit staffing in ward is adequate?	-0.126	0.326
Are you comfortable with your current work environment?	0.045	0.724

Note: Analysis was perform using Pearson Correlation *Significant at p-value<0.05.

Table 4.6.2: Relationship between work-related stress data and motivation to deliver compassionate care

Variables	Motivation to deliver compassionate care	
	r	p-value
Work-related stress data	-0.084	0.510

Note: Analysis was perform using Pearson Correlation

CHAPTER 5

DISCUSSION

This chapter was presented to discuss the result of the study. Work-related stress and its relationship with socio-demographic data and motivation to deliver compassionate care among staff nurse at Hospital Serdang were discussed further in this study.

5.1 Workload and Stress level among respondent(n=36)

The mean and standard deviation score for work-related stress among respondent is $35.40 \pm SD 4.71$. From the findings of this study, it shows that more than half of total respondent (n= 32, 61.9%) were having moderate level of work-related stress, followed by 23 (36.5%) respondents were experiencing high level of work-related stress. These might probably because nurses had to perform non-professional and non-patient related task such as housekeeping duties, transporting patients, ordering, coordinating and performing ancillary services. These were alike with a study on work stress conducted by Muhamad Robot et al. (2021) in Malaysia where the researchers stated that staff nurses do have high stressors and stress due to the workload they are facing daily. This finding is supported by a previous finding in Australia which found that stress level was significantly high and positively correlated with all components of workplace stressors among nurses (Opie et al., 2011).

Next, most of them claimed often to work additional hours for patient related care to work continuous shift or double shift and feel overworked or stressed

by their work. This is probably due to inadequate number of staff, so they need to work extra hours or shift to cover for patient-related care. 36.5% (n=23) of respondents claimed to feel that unit staffing is sometimes adequate while the other 19% (n=19) respondent claimed to rarely and never feel that the unit staffing is adequate. This findings are supported previous study by Zamanzadeh et al. (2018) as the result showed that nurses in Iran were having excessive workload alongside inadequate staffing. Carayon and Alvarado (2007) also stated that the workload increases for those who remains on the job when a nursing shortage occurs.

Other than that, respondent also claimed to feel nervous or stressed (n=19, 30.2%) and physically and/or mentally tired (n=29, 46.0%) at the end of their shift. This might due to time constraint where they were too occupied doing their work without taking any rest. This finding are similarly observed by Sarafis et. al. (2016), who also reported that excessive workload has negative consequences on psychological well-being (including behavioural, emotional and cognitive level) of staff nurses.

5.2 Motivation to deliver compassionate care among respondents (n=36)

The mean and standard deviation score for motivation to deliver compassionate care among respondents is $62.05 \pm SD 7.76$. This study shows that most respondent have high level of motivation to deliver compassionate care to patient (n=51,81.0%), followed by moderate level

to deliver compassionate care to patient (n=12, 19.0%). This could be that they From the result finding, most of the respondents portrays a good motivation level as they claimed to often praise the efforts of the patients, answer quickly when patients call by going to their cubicle, encourage patients to talk about how they feel, help patients to understand their own feelings, maintain care of patient even when patients are difficult to give cooperation and encourage patients to ask questions about their illness and treatment.

5.3 Relationship between socio-demographic characteristics and motivation to deliver compassionate care among respondent.

Finding of this study shows that there is no significant relationship between age, gender, ethnicity, marital status, education level and motivation to deliver compassionate care among nurses in Serdang Hospital. It means that sociodemographic characteristics have no influences towards motivation for nurse to deliver compassionate care to patients. The nurses seems to have good motivation to deliver compassionate care regardless of different sociodemographic characteristics as in gender, age, education level, marital status and work area. The finding of this study was supported by Vandenhouten et al. (2012) where their study also showed that there were no significant relationship between providing compassionate care behaviour with respect to a nurse's education level. Therefore, the finding of this study shown that sociodemographic characteristics has no influence with motivation for the nurses to deliver compassionate to their patients.

5.4 Relationship between work-related stress data and motivation to deliver compassionate care among respondents

Pearson correlation analysis had shown that there is no significant correlation between work-related stress data and motivation to deliver compassionate care among respondents in Hospital Serdang ($r=-0.084$, $p=0.51$). Hence, the null hypothesis is accepted. It shows that even though most of the respondent experiencing high level of work-related stress, they are still capable of delivering compassionate care with high motivation. This is probably because they were innately satisfied with their jobs, so despite of having high workload, they can still deliver compassionate care with satisfaction at heart. However, a study conducted by Hamim, (2015) indicated that work-related stress would cause psychological repercussions which contribute to lower nurses' motivation to deliver compassionate care. Study by Moody and Pesut (2006) also demonstrated equivalent results that lack of motivation on the part of individuals lead to less desirable outcomes for patients in the nurse's care. Finding of a study Iranian nurses by Salehipour et al. (2020) found that staff nurse with severe stress level related to work has poor caring behaviour during care of the patients. Jose (2008) also found one of the barriers to deliver compassionate care among nurses is increased workload, and rapid patient turnover. All of these four studies show a contrast results compare to this research. This probably due geographically difference and various sample size. This study also has smaller sample size to compare with other findings.

Finding of this study also shows that unit staffing has no significant relationship with motivation to deliver compassionate care. This is probably because this study has very low respond rate lead to small sample size, so the finding of this study different from other studies. Contrary with a study by Zamanzadeh et al. (2018) among nurses in Iran, their study shows a significant relationship where inadequate unit staffing proved to affect compassionate care delivery. However, as work-related stress is affected by more than just staffing levels, a further understanding of nursing workload is required to assess the impact of work-related stress on motivation to deliver compassionate care.

5.6 Conclusion

In conclusion, this study had found that the respondents in this study have high level of work-related stress and high motivation to deliver compassionate care to patients with the mean score for work-related stress is $35.40 \pm SD 4.71$ while the mean score for motivation to deliver compassionate care is $62.05 \pm SD 7.76$. Hence the null hypothesis of this study is accepted as this study really shows that sociodemographic characteristics and work-related stress does not influence nurse's motivation to deliver compassionate care to patient. However this study is conducted in a single clinical hospital with small sample size, so further research are needed to prove this findings.

CHAPTER 6

LIMITATION AND RECOMMENDATION

This chapter compromised further regarding aspects to be improved based on the results and limitations.

6.1 Limitation

There will be several limitations expected in this study that needs to be acknowledged.

First, the time constraint to collect the data as this study was conducted in a limited time frame after receiving the approval from Head of Hospital Serdang. Due to pandemic Covid-19 situation, researcher have the limitation to interact face to face with the respondents during data collection. Other limitation is that during data collection, staff nurses at certain wards have limited period of time to answer the online questionnaire as they may need to manage the rapid turnover of patients. Constant reminder and approach to staff nurse were done as the staff nurse claimed to always forget to answer the questionnaire. However, the response rate was still low.

Next, the motivation to deliver compassionate care section is a self-reporting data, hence, nurses may feel reluctant to reveal the actual responds and this could inflate the total scores for that particular section to be viewed as a more caring health professional. This might lead to response bias, in which the nurses' responses are false and misleading.

6.2 Recommendation

As this study has the limitation of time constraint, researcher need to plan more strategically in order to escalate the response rate of respondents. The study should compromised the larger sample size to represent the target population and use random selection sampling to increase the power of the study. It is also recommended to add another way of collecting data via face-to-face approach with respondents as an effort to reduce the possibility of response bias among respondent. As this research was conducted in a single clinical hospital, further study should be extended to other clinical centres and hospital to gain an overview of work-related stress and motivation to deliver compassionate care. Further research is also needed to understand how compassionate care can be optimised within nursing praxis so that future healthcare goals can be realised.

References

- Ahmadishad, M., Adib-Hajbaghery, M., Rezaei, M., Atoof, F., & Munyisia, E. (2019). Care and noncare-related activities among critical care nurses: A cross-sectional observational time and motion study. *Nursing and Midwifery Studies*.
https://doi.org/10.4103/nms.nms_60_18
- Alghamdi, M. G. (2016). Nursing workload: A concept analysis. *Journal of Nursing Management*, 24(4), 449–457. <https://doi.org/10.1111/jonm.12354>
- American Nurses Association. (2011). *2011 ANA Health and Safety Survey*. 55–56.
www.nursingworld.org/MainMenuCategories/WorkplaceSafety/SafePatient%0Ahttp://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Nurse/bullyingworkplaceviolence/2011-HealthSafetySurvey.html
- Amin, S. G. (2011). A study to determine the influence of workload on nursing personnel. *ProQuest Dissertations and Theses*, 479.
<https://search.proquest.com/docview/868184747?accountid=17242%0Ahttps://scholarworks.wmich.edu/dissertations%0Ahttp://scholarworks.wmich.edu/dissertations/339>
- Benton, D. C. (2013). *Nurses in Iran : A Force for Change*. 2, 47–48.
- Brewer, B. B. (2006). Is patient acuity a proxy for patient characteristics of the AACN Synergy Model for patient care? *Nursing Administration Quarterly*, 30(4), 351–357.
<https://doi.org/10.1097/00006216-200610000-00007>
- Canadian Centre for Occupational Health and Safety. (2018). *Workplace Stress - General*.
<https://www.ccohs.ca/oshanswers/psychosocial/stress.html>
- Canadian Mental Health Association. (2014). *Can I prevent stress?*
- Carayon, P., & Alvarado, C. J. (2007). Workload and Patient Safety Among Critical Care

Nurses. *Critical Care Nursing Clinics of North America*, 19(2), 121–129.

<https://doi.org/10.1016/j.ccell.2007.02.001>

Choi, S. Y., & Kim, K. S. (2014). The effects of work characteristics, supervision, and cultural competence on nurses' burnout. *International Journal of Bio-Science and Bio-Technology*, 6(4), 187–200. <https://doi.org/10.14257/ijbsbt.2014.6.4.18>

Chowdhury, S., & Chakraborty, P. pratim. (2017). Universal health coverage - There is more to it than meets the eye. *Journal of Family Medicine and Primary Care*, 6(2), 169–170. <https://doi.org/10.4103/jfmpe.jfmpe>

Dewar, B., & Christley, Y. (2013). A critical analysis of Compassion in Practice. *Nursing Standard (Royal College of Nursing (Great Britain) : 1987)*, 28(10), 46–50. <https://doi.org/10.7748/ns2013.11.28.10.46.e7828>

Donoso, L. M. B., Demerouti, E., Garrosa Hernández, E., Moreno-Jiménez, B., & Carmona Cobo, I. (2015). Positive benefits of caring on nurses' motivation and well-being: A diary study about the role of emotional regulation abilities at work. *International Journal of Nursing Studies*, 52(4), 804–816. <https://doi.org/10.1016/j.ijnurstu.2015.01.002>

Fry, M., Macgregor, C., Hons, B. A., Jarrett, K., Wheeler, J., Fong, J., & Fetchet, W. (2013). Nursing praxis , compassionate caring and interpersonal relations : An observational study. Kate Ruperto , MN b. *Australasian Emergency Nursing Journal*, 16(2), 37–44. <https://doi.org/10.1016/j.aenj.2013.02.003>

Hamim, N. (2015). Workload and Work Stress on Caring Behavior in nurse on Nursing Services. *International Journal of Human Resource Studies*, 5(3), 148. <https://doi.org/10.5296/ijhrs.v5i3.8236>

Haryanti, H., Aini, F., & Purwaningsih, P. (2013). Hubungan Antara Beban Kerja Dengan Stres Kerja Perawat Di Instalasi Gawat Darurat Rsud Kabupaten Semarang. *Jurnal Manajemen Keperawatan*, 1(1), 111590.

Hee, O. C., Kamaludin, N., & Ping, L. (2016). Motivation and job performance among nurses in the health tourism hospital in Malaysia. *International Review of Management and Marketing*, 6(4), 668–672.

Hoonakker, P., Carayon, P., Gurses, A. P., Brown, R., Khunlertkit, A., McGuire, K., & Walker, J. M. (2011). Measuring workload of ICU nurses with a questionnaire survey: the NASA Task Load Index (TLX). *IIE Transactions on Healthcare Systems Engineering*, 1(2), 131–143. <https://doi.org/10.1080/19488300.2011.609524>

hospital serdang. (2020). *Unit Kejururawatan*.
<https://hserdang.moh.gov.my/index.php/en/department/clinical-support/nursing-unit>

Kim, C., & Lee, Y. (2020). Effects of compassion competence on missed nursing care, professional quality of life and quality of life among Korean nurses. *Journal of Nursing Management*, 28(8), 2118–2127. <https://doi.org/10.1111/jonm.13004>

Larkin Philip. (2016). *Compassion: The Essence of Palliative and End-of-Life Care*. 29(Johannesburgo), 2017.

Lavrakas, P. J. (2008). *Encyclopedia of survey research methods*. 1–0.
<https://doi.org/10.4135/9781412963947>

Legault, L. (2020). Encyclopedia of Personality and Individual Differences. *Encyclopedia of Personality and Individual Differences*, October. <https://doi.org/10.1007/978-3-319-28099-8>

Manuho, E., Warouw, H., & Hamel, R. (2015). Hubungan Beban Kerja Dengan Kinerja

Perawat Dalam Pemberian Asuhan Keperawatan Di Instalasi Rawat Inap C1 Rsup Prof.
Dr. R. D. Kandou Manado. *Jurnal Keperawatan UNSRAT*, 3(2), 110719.

Moody, R. C., & Pesut, D. J. (2006). The motivation to care: Application and extension of motivation theory to professional nursing work. *Journal of Health, Organisation and Management*, 20(1), 15–48. <https://doi.org/10.1108/14777260610656543>

Muhamad R, Mohd M, Mat N, Mohd H, & Harith A. (2021). *Why so stressed? A comparative study on stressors and stress between hospital and non-hospital nurses. BMC Nursing [revista en Internet] 2021 [acceso 01 de febrero de 2021]; 20(1): 1-10.* 1–10.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7780689/pdf/12912_2020_Article_511.pdf

Opie, T., Lenthall, S., Wakerman, J., Dollard, M., MacLeod, M., Knight, S., Rickard, G., & Dunn, S. (2011). Occupational stress in the Australian nursing workforce: A comparison between hospital-based nurses and nurses working in very remote communities. *Australian Journal of Advanced Nursing*, 28(4), 36–43.

Papadopoulos, I., Lazzarino, R., Koulouglioti, C., Aagard, M., Akman, Alpers, L. M., Apostolara, P., Araneda Bernal, J., Biglete-Pangilinan, S., Eldar-Regev, O., González-Gil, M. T., Kouta, C., Krepinska, R., Lesińska-Sawicka, M., Liskova, M., Lopez-Diaz, A. L., Malliarou, M., Martín-García, Muñoz-Salinas, M., ... Zorba, A. (2020). Obstacles to compassion-giving among nursing and midwifery managers: an international study. *International Nursing Review*, 67(4), 453–465. <https://doi.org/10.1111/inr.12611>

Parenti, P., Cataldo, S., Annoni, M. P. G., Mahmoodan, M., Aliakbarzadeh, H., Gholamipour, R., Magnusson, N., Schmidt, S. H. Ma., Magnoni, P., Rebaioli, L., Fassi, I., Pedrocchi, N., Tosatti, L. M., M Nafis, O. Z., Nafrizuan, M. Y., Munira, M. A., Kartina, J., Amin, S. Y. B. M., Muhamad, N., ... Tohirin, M. (2017). No 主観的健康感を中心とした在

宅高齢者における健康関連指標に関する共分散構造分析Title. *Jurnal Sains Dan Seni ITS*, 6(1), 51–66.

<http://repositorio.unan.edu.ni/2986/1/5624.pdf><http://fiskal.kemenkeu.go.id/ejournal>
<http://dx.doi.org/10.1016/j.cirp.2016.06.001><http://dx.doi.org/10.1016/j.powtec.2016.12.055><https://doi.org/10.1016/j.ijfatigue.2019.02.006><https://doi.org/10.1>

Rantanen, A., Pitkänen, A., Paimensalo-Karell, I., Elovainio, M., & Aalto, P. (2016). Two models of nursing practice: A comparative study of motivational characteristics, work satisfaction and stress. *Journal of Nursing Management*, 24(2), 261–270.
<https://doi.org/10.1111/jonm.12313>

Romero-Moreno, R., Márquez-González, M., Losada, A., & López, J. (2011). Motives for caring: Relationship to stress and coping dimensions. *International Psychogeriatrics*, 23(4), 573–582. <https://doi.org/10.1017/S1041610210001821>

Rosseter, R. J. (2012). *Nursing Shortage Fact Sheet. May 2010*.

Salehipour, S.a, Sadeghian, R.b, Kordsalarzahi, F.a, Arbabisarjou, A.cEmail Author, Rafeie, R.a, Payandeh, A. . (2020). *Relationship Between Job Stress , Life Expectancy and caring Behaviors in nurses working in teaching hospitals of Zahedan University of Medical Sciences*. 2021.

Salmond, E., Salmond, S., Ames, M., Kamienski, M., & Holly, C. (2019). Experiences of compassion fatigue in direct care nurses: A qualitative systematic review. *JBIS Database of Systematic Reviews and Implementation Reports*, 17(5), 682–753.
<https://doi.org/10.11124/JBISRIR-2017-003818>

Sharma, P., Davey, A., Davey, S., Shukla, A., Shrivastava, K., & Bansal, R. (2014). Occupational stress among staff nurses: Controlling the risk to health. *Indian Journal of Occupational and Environmental Medicine*, 18(2), 52–56. <https://doi.org/10.4103/0019->

5278.146890

- Sin U Leong, C., Gu, K., & Liu, M. (2012). Findings From a Quantitative Approach of Nurses Possibly Related to the Nursing Shortage Before Policy Modification in Macao. *International Journal of Nursing Science*, 2(1), 1–7.
<https://doi.org/10.5923/j.nursing.20120201.01>
- Sinclair, S., McClement, S., Raffin-Bouchal, S., Hack, T. F., Hagen, N. A., McConnell, S., & Chochinov, H. M. (2016). Compassion in Health Care: An Empirical Model. *Journal of Pain and Symptom Management*, 51(2), 193–203.
<https://doi.org/10.1016/j.jpainsymman.2015.10.009>
- Sinclair, S., Raffin-Bouchal, S., Venturato, L., Mijovic-Kondejewski, J., & Smith-MacDonald, L. (2017). Compassion fatigue: A meta-narrative review of the healthcare literature. *International Journal of Nursing Studies*, 69, 9–24.
<https://doi.org/10.1016/j.ijnurstu.2017.01.003>
- Skorpen Tarberg, A., Landstad, B. J., Hole, T., Thronæs, M., & Kvangarsnes, M. (2020). Nurses' experiences of compassionate care in the palliative pathway. *Journal of Clinical Nursing*, 29(23–24), 4818–4826. <https://doi.org/10.1111/jocn.15528>
- Sumarso, M., Java, E., Sutarto, A., & Joebagio, H. (2016). *Relationship between Motivation , Competence , Workload , and Nurse Performance at Dr . Soediran. 1*, 78–87.
- Sundus, A., Younas, A., Fakhar, J., & Sughra, U. (2020). Pakistani nursing students' perspectives of compassion: A convergent mixed methods study. *Journal of Professional Nursing*, 36(6), 698–706. <https://doi.org/10.1016/j.profnurs.2020.09.014>
- Toode, K., Routasalo, P., Helminen, M., & Suominen, T. (2015). Hospital nurses' work motivation. *Scandinavian Journal of Caring Sciences*, 29(2), 248–257.

<https://doi.org/10.1111/scs.12155>

Toode, K., Routasalo, P., & Suominen, T. (2011). Work motivation of nurses: A literature review. In *International Journal of Nursing Studies* (Vol. 48, Issue 2, pp. 246–257).

Pergamon. <https://doi.org/10.1016/j.ijnurstu.2010.09.013>

Valizadeh, L., Zamanzadeh, V., & Dewar, B. (2016). *Nurse 's perceptions of organisational barriers to delivering compassionate care : a qualitative study.*

Van Den Oetelaar, W. F. J. M., Van Stel, H. F., Van Rhenen, W., Stellato, R. K., & Grolman, W. (2016). Balancing nurses' workload in hospital wards: Study protocol of developing a method to manage workload. *BMJ Open*, 6(11), 1–11.

<https://doi.org/10.1136/bmjopen-2016-012148>

van der Cingel, M. (2011). Compassion in care: A qualitative study of older people with a chronic disease and nurses. *Nursing Ethics*, 18(5), 672–685.

<https://doi.org/10.1177/0969733011403556>

Vujančić, J., Prlić, N., & Lovrić, R. (2020). Nurses' self-assessment of caring behaviors in nurse–patient interactions: A cross-sectional study. *International Journal of Environmental Research and Public Health*, 17(14), 1–15.

<https://doi.org/10.3390/ijerph17145255>

Walker, A. M. (2009). A perspective on the nursing shortage. *Surgical Neurology*, 71(1), 81–82. <https://doi.org/10.1016/j.surneu.2008.06.015>

Watson, J. (1997). The theory of human caring: retrospective and prospective. *Nursing Science Quarterly*. <https://doi.org/10.1177/089431849701000114>

Watson, J. (2009). Caring science and human caring. *Jhhsa*.

Zamanzadeh, V., Valizadeh, L., Rahmani, A., van der Cingel, M., & Ghafourifard, M. (2018).

Factors facilitating nurses to deliver compassionate care: a qualitative study.

Scandinavian Journal of Caring Sciences, 32(1), 92–97.

<https://doi.org/10.1111/scs.12434>



APPENDICES

Appendix : Questionnaire



**FACULTY OF MEDICINE AND HEALTH SCIENCES
FAKULTI PERUBATAN DAN SAINS KESIHATAN**

**DEPARTMENT OF NURSING
JABATAN KEJURURAWATAN**

**NUR4999 FINAL YEAR PROJECT
NUR4999 PROJEK TAHUN AKHIR**

**TITLE: IMPACT OF WORK-RELATED STRESS TOWARDS MOTIVATION
TO DELIVER COMPASSIONATE CARE AMONG STAFF NURSES IN OF A
PUBLIC HOSPITAL IN SELANGOR**

**RESEARCHER : SAIDATUL FATIHAH ASHSYURA BINTI NAZLI
SUPERVISOR : NORAFISYAH BINTI MAKHDZIR**

Instruction:

This study is conducted for academic purpose. All information will be kept private and confidential. Thank you for your cooperation in answering the questionnaire.

Arahan:

Kajian ini dijalankan adalah bertujukan akademi. Sebarang maklumat adalah sulit. Terima kasih atas kerjasama anda dalam menjawab soal selidik ini.

SECTION A: Socio-demographics

Bahagian A: Sosio-demografik

Sila tandakan (✓) pada bahagian yang disediakan.

(Please fill in or tick (✓) in the space provided.)

1. Age (*Umur*) : _____

2. Gender (*Jantina*) :

<input type="checkbox"/>
<input type="checkbox"/>

Male (*Lelaki*)

Female (*Perempuan*)

3. Ethnicity (*Bangsa*):

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Malay (*Melayu*)

Chinese (*Cina*)

Indian (*India*)

Others (*Lain-Lain*) , Specify (*Nyatakan*): _____

4. Highest education status (*Tahap pendidikan tertinggi*):

	SPM
	STPM/Matriculation/Diploma/Foundation/A level
	Degree
	Master
	Doctor of Philosophy (Phd)

5. Marital status (*Status perkahwinan*) :

	Single (<i>Bujang</i>)
	Married (<i>Berkahwin</i>)
	Divorced (<i>Bercerai</i>)

6. Work Area/ Unit (*Bahagian Bertugas*) :

	Medical (<i>Medikal</i>)
	Surgical (<i>Surgikal</i>)
	Orthopedic (<i>Ortopedik</i>)
	Pediatric (<i>Pediatrik</i>)
	Obstetrics and Gynaecology (<i>Obstetrik dan Gynekologi</i>)
	Ophthalmology (<i>Optalmologi</i>)
	Cardiology (<i>Kardiologi</i>)

7. Years of Experience (*Durasi Pengalaman Berkerja*): _____ Month/ Year (Circle as appropriate)

Part B: Workload

Instruction: Please answer all questions and tick (✓) for best answer.

Bahagian B: Bebanan kerja

Arahan : Sila jawab semua soalan dan tandakan (✓) pada pilihan jawapan yang berkaitan.

Statement <i>Kenyataan</i>	Never <i>(Tidak pernah)</i>	Rarely <i>(Jarang-jarang)</i>	Sometimes <i>(Kadang-kadang)</i>	Often <i>(Selalu)</i>	Always <i>(Setiap waktu)</i>
1. How often do you work continuous shifts (double shift) ? <i>Seberapa kerapkah anda berkerja syif secara berterusan (dua syif berturut-turut) ?</i>					
2. How often do you work additional hours for patient related care? <i>Seberapa kerapkah anda bekerja lebih masa untuk menjaga pesakit?</i>					

<p>3. On an average, how often do you request assistance from you co-workers?</p> <p><i>Secara purata, seberapa kerapkah anda meminta bantuan dari rakan sekerja?</i></p>				
<p>4. On an average, how often do you assist your co-workers?</p> <p><i>Secara purata, seberapa kerapkah anda membantu rakan sekerja anda?</i></p>				
<p>5. Do you often feel overworked or stressed by your work?</p> <p><i>Adakah anda selalu terasa seperti membuat kerja berlebihan atau tertekan dengan kerja anda?</i></p>				

<p>Statement</p> <p><i>Pernyataan</i></p>	Never	Rarely	Sometimes	Often	Always
	<i>(Tidak pernah)</i>	<i>(Jarang-jarang)</i>	<i>(Kadang-kadang)</i>	<i>(Selalu)</i>	<i>(Setiap waktu)</i>
<p>6. Do you often feel that heavy workload limit your time spend on patient care activities?</p> <p><i>Adakah anda berasa bebanan kerja yang banyak menghadkan masa anda untuk aktiviti jagarawatan pesakit?</i></p>					
<p>7. Have you often felt nervous and stressed after your work day?</p> <p><i>Adakah anda selalu berasa berdebar selepas seharian berkerja?</i></p>					
<p>8. After your work day, do you feel physically and/or mentally tired?</p> <p><i>Selepas seharian berkerja, adakah ada berasa penat</i></p>					

<p><i>secara fizikal dan/atau mental?</i></p>					
<p>9. How often do you feel the unit staffing in ward is adequate?</p> <p><i>Seberapa kerapkah anda berasa unit kakitangan di wad adalah mencukupi?</i></p>					
<p>10. Are you comfortable with your current work environment?</p> <p><i>Adakah anda selesa dengan persekitaran kerja anda sekarang?</i></p>					

Part C: Motivation to Deliver Compassionate care

Instruction: Please tick (√) the response that is related to you.

Bahagian C: Motivasi untuk memberi penjagaan yang penyayang

Arahan : Sila tandakan tandakan (√) pada pilihan jawapan yang berkaitan.

Statement <i>Pernyataan</i>	Never <i>(Tidak pernah)</i>	Rarely <i>(Jarang-jarang)</i>	Sometimes <i>(Kadang-kadang)</i>	Often <i>(Selalu)</i>	Always <i>(Setiap waktu)</i>
--------------------------------	--------------------------------	----------------------------------	-------------------------------------	--------------------------	---------------------------------

How frequently do you apply behaviours described in each of the following statements?

Sekerap manakah anda mengaplikasi yang tingkah laku yang telah dinyatakan dalam kenyataan berikut?

1. Encourage patients to believe in self during process of recovery. <i>Menggalakkan pesakit untuk percaya pada diri sendiri sepanjang proses pemulihan .</i>					
2. Praise the efforts of the patients.					

<p><i>Memuji usaha yang pesakit telah lakukan.</i></p>					
<p>3. Introduce self to patients.</p> <p><i>Memperkenalkan diri kepada pesakit.</i></p>					
<p>4. Answer quickly (go to their cubicle) when patients call for me.</p> <p><i>Menjawab dengan pantas (pergi ke kubikel mereka) apabila dipanggil pesakit.</i></p>					
<p>5. Encourage patients to talk about how they feel.</p> <p><i>Menggalakkan pesakit untuk memberitahu apa yang mereka rasa.</i></p>					
<p>6. Help patients to understand their own feelings.</p> <p><i>Membantu pesakit untuk faham perasaan mereka sendiri.</i></p>					

<p>Statement</p> <p><i>Pernyataan</i></p>	Never	Rarely	Sometimes	Often	Always
	<i>(Tidak pernah)</i>	<i>(Jarang-jarang)</i>	<i>(Kadang-kadang)</i>	<i>(Selalu)</i>	<i>(Setiap waktu)</i>
<p>7. Maintain care of patient even when patients are difficult to give cooperation.</p> <p><i>Memberikan rawatan walaupun pesakit susah untuk memberi kerjasama.</i></p>					
<p>8. Encourage patients to ask questions about their illness and treatment.</p> <p><i>Menggalakkan pesakit untuk bertanya soalan tentang penyakit dan rawatan mereka.</i></p>					
<p>9. Answer patients' questions clearly and patiently.</p> <p><i>Menjawab soalan pesakit dengan jelas dan sabar.</i></p>					

	Never	Rarely	Sometimes	Often	Always
Statement <i>Pernyataan</i>	<i>(Tidak pernah)</i>	<i>(Jarang-jarang)</i>	<i>(Kadang-kadang)</i>	<i>(Selalu)</i>	<i>(Setiap waktu)</i>
10. Explain safety precautions to patients and their families. <i>Menerangkan langkah-langkah keselamatan kepada pesakit dan keluarga mereka.</i>					
11. Encourage patients to do what they can for themselves (example: activity daily living). <i>Menggalakkan pesakit melakukan yang mereka mampu untuk diri sendiri (contoh: rutin harian kehidupan).</i>					
12. Respect modesty of patients (for example: keeping unnecessary exposed skin covered). <i>Menghormati kesopanan pesakit (contoh: menutup</i>					

<p><i>bahagian kulit yang terdedah).</i></p>					
<p>13. Consider the spiritual needs of patients (example: ablution-kits for muslim).</p> <p><i>Mempertimbangkan keperluan rohani pesakit (Contoh :kit-wuduk untuk muslim).</i></p>					
<p>14. Help patients with their care until they are able to do it for themselves.</p> <p><i>Membantu merawat mereka sehingga mereka mampu melakukan ia dengan sendirinya</i></p>					
<p>15. Check patient's condition very closely.</p> <p><i>Memantau keadaan pesakit dengan teliti</i></p>					

Soalan tamat. Terima kasih atas kerjasama anda.

(End of questions. Thank you for your cooperation.)

Appendix 3: Information Sheet and Consent Form (English and Malay)

PARTICIPANT INFORMATION SHEET AND INFORMED CONSENT FORM

(for adult subjects)

1. Title of study:

Impact of work-related stress towards motivation to deliver compassionate care among staff nurses in of a public hospital in Selangor.

2. Name of investigator and institution:

Saidatul Fatimah Ashsyura Binti Nazli, Universiti Putra Malaysia (UPM)

Dr. Norafisyah binti Makhdzir, Universiti Putra Malaysia (UPM)

3. Name of sponsor:

No external funding

4. Introduction:

This sheet explains the subject of the research in more depth and detail. It is important that you understand why the research is being done and what it will involve. Please take your time to read through and consider this information carefully before you decide if you are willing to participate. Ask the study staff if anything is unclear or if you would like more information. After you are properly satisfied that you understand this study, and that you wish to participate, you must sign this informed consent form.

Your participation in this study is voluntary. You do not have to be in this study if you do not want to. You may also refuse to answer any questions you do not want to answer. If you volunteer to be in this study, you may withdraw from it at any time. If you withdraw, any data collected from you up to your withdrawal

will still be used for the study. Your refusal to participate or withdrawal will not affect any medical or health benefits to which you are otherwise entitled.

This study has been approved by the Medical Research and Ethics Committee, Ministry of Health Malaysia.

5. What is the purpose of the study?

The purpose of this study is to determine impact of work-related stress towards motivation to deliver compassionate care among staff nurses at Hospital Serdang, Selangor. This research is necessary to understand workload facing by the staff nurses and help the healthcare system in proposing the best method to improve this issue effectively for better work performances of staff nurses.

This research will be conducted for duration of 3 months (01/04/2021 till 1/07/2021). The expected number of participants is 295 individuals.

6. What are my responsibilities when taking part in this study?

You are required to answer a given online questionnaire based on your experience in working as a staff nurse in a hospital. Please be assured that you will not need to sign into any account in order to fill in this anonymous survey. The questionnaire provided consists of three parts, which are Section A, Section B and Section C. You need to answer all the questions in both parts. There is no time allocated for you to answer the questions. Your willingness to answer this questionnaire is greatly appreciated.

7. What are the benefits of being in this study?

By participating in this study, the participants may or may not be any benefits to you but your cooperation in participation in this research can help in determining impact of workload towards motivation to care among staff nurses in Malaysia.

8. What are the potential risks and side effects of being in this study?

There is no potential risk or harm to the participants in participating for this study. No clinical procedures included in this study. The participants only need to complete the questionnaire distributed. Also, their data and information will be managed confidentially.

9. Who is funding the research?

No external sponsorship. This research is conducted by students. Therefore, participation is voluntary without payment to be given to participants, as well as, participants are allowed to withdraw at any time without any penalty.

10. Will my medical information be kept private?

All your information obtained in this study will be kept and handled in a confidential manner, in accordance with applicable laws and/or regulations. When publishing or presenting the study results, your identity will not be revealed without your expressed consent. Individuals involved in this study, qualified monitors and auditors, and governmental or regulatory authorities may inspect the study data, where appropriate and necessary.

11. Who should I call if I have questions?

If you have any questions or want to know more about this study, you can contact Saidatul Fatimah Ashsyura binti Nazli at telephone number 017-3847488 or email at ashsyuranazli@gmail.com .

If you have any questions regarding your rights as a participant in this research, please contact the Secretary, Ethics and Medical Research Committee, Ministry of Health Malaysia, by telephone 03-3362 8407/8205/8888.

INFORMED CONSENT FORM

TITLE OF STUDY: IMPACT OF WORK-RELATED STRESS TOWARDS MOTIVATION TO DELIVER COMPASSIONATE CARE AMONG STAFF NURSES IN OF A PUBLIC HOSPITAL IN SELANGOR.

By clicking on 'I agree' below, I confirm the following:

- I have been given oral and written information for the above study and have read and understood the information given.
- I have had sufficient time to consider participation in the study and have had the opportunity to ask questions and all my questions have been answered satisfactorily.
- I understand that my participation is voluntary and I can at any time free withdraw from the study without giving a reason and this will in no way affect my future treatment. I am not taking part in any other research study at this time. I understand the risks and benefits, and I freely give my informed consent to participate under the conditions stated. I understand that I must follow the study doctor's (investigator's) instructions related to my participation in the study.
- I understand that study staff, qualified monitors and auditors, the sponsor or its affiliates, and governmental or regulatory authorities, have direct access to my medical record in order to make sure that the study is conducted correctly and the data are recorded correctly. All personal details will be treated as **STRICTLY CONFIDENTIAL**.

<input type="checkbox"/>	I agree
<input type="checkbox"/>	I disagree

RISALAH MAKLUMAT PESERTA DAN BORANG PERSETUJUAN ATAU KEIZINAN PESERTA

(untuk subjek dewasa)

1. Tajuk penyelidikan:

Impak tekanan berkaitan dengan kerja terhadap motivasi untuk memberi penjagaan yang penyayang dalam kalangan jururawat di hospital awam dalam Selangor.

2. Nama Institusi and nama penyelidik:

Saidatul Fatimah Ashsyura Binti Nazli, Universiti Putra Malaysia (UPM)

Dr. Norafisyah binti Makhdzir, Universiti Putra Malaysia (UPM)

3. Nama penaja:

Tiada tajaan luar

4. Pengenalan:

Risalah ini menjelaskan hal-hal berkenaan penyelidikan tersebut dengan lebih mendalam dan terperinci. Amat penting anda memahami mengapa penyelidikan ini dilakukan dan apa yang dilakukan dalam penyelidikan ini. Sila ambil masa yang secukupnya untuk membaca dan mempertimbangkan dengan teliti penerangan yang diberi sebelum anda bersetuju untuk menyertai penyelidikan ini. Jika ada sebarang kemusykilan ataupun maklumat lanjut yang anda ingin tahu, anda boleh bertanya dengan mana-mana kakitangan yang terlibat dalam penyelidikan ini. Setelah anda berpuas hati bahawa anda memahami penyelidikan ini, dan anda berminat untuk turut serta, anda dikehendaki untuk menandatangani Borang Persetujuan atau Keizinan Peserta, pada muka surat akhir risalah ini.

Penyertaan anda dalam penyelidikan ini adalah secara sukarela. Anda tidak perlu menyertai penyelidikan ini jika anda tidak mahu. Anda juga mempunyai hak untuk tidak menjawab mana-mana soalan yang anda tidak mahu jawab. Anda juga boleh

menarik diri daripada penyelidikan ini pada bila-bila masa sahaja. Jika anda menarik diri, segala maklumat yang telah diperolehi sebelum anda menarik diri tetap akan digunakan dalam penyelidikan ini. Jika anda tidak mahu menyertai ataupun menarik diri dari penyelidikan ini, tindakan anda tidak akan menjejaskan segala hak dan keistimewaan perubatan kesihatan yang selayaknya anda terima.

Penyelidikan ini telah mendapat kelulusan Jawatankuasa Etika dan Penyelidikan Perubatan, Kementerian Kesihatan Malaysia.

5. Apakah tujuan penyelidikan ini dilakukan?

Tujuan penyelidikan ini adalah untuk menentukan impak tekanan berkaitan dengan kerja terhadap motivasi untuk memberi penjagaan yang penyayang dalam kalangan jururawat di hospital awam dalam Selangor. Kajian ini adalah perlu untuk memahami bebanan kerja yang dihadapi oleh para jururawat dan membantu sistem penjagaan kesihatan dalam merangka perancangan terbaik bagi memperbaiki isu ini untuk meningkatkan prestasi kerja para jururawat.

Penyelidikan ini akan berlangsung selama 3 bulan (01/04/2021 sehingga 1/7/2021). Dijangka bahawa 295 individu akan mengambil bahagian dalam kajian ini.

6. Apakah tanggungjawab saya sewaktu menyertai penyelidikan ini?

Anda dikehendaki untuk menjawab satu soalan soal selidik yang diberikan secara atas talian berdasarkan pengalaman lalu anda dalam menerima rawatan kejururawatan di hospital. Untuk menjawab borang penyelidikan ini, anda tidak perlu mendaftar masuk ke sebarang akaun maya. Soal selidik yang diberikan mengandungi tiga bahagian iaitu Bahagian A, Bahagian B dan Bahagian C. Anda perlu menjawab semua soalan di kedua-dua bahagian. Tiada anggaran masa ditentukan dalam menjawab soalan kajian ini. Kesudian anda menjawab soal selidik ini amat saya hargai.

7. Apakah manfaatnya saya menyertai kajian ini?

Dengan menyertai kajian ini, peserta mungkin atau mungkin tidak ada manfaat kepada anda tetapi kerjasama anda mengambil bahagian dalam penyelidikan ini

dapat membantu dalam memastikan impak bebanan kerja terhadap motivasi untuk penyayang dalam kalangan jururawat di Malaysia.

8. Apakah risiko dan kesan-kesan sampingan menyertai penyelidikan ini?

Tiada risiko atau kemudaratan yang berpotensi kepada peserta yang menyertai kajian ini. Tiada prosedur klinikal yang dimasukkan dalam kajian ini. Peserta hanya perlu melengkapkan borang soal selidik yang diedarkan. Data dan maklumat mereka akan diuruskan secara sulit.

9. Siapakah yang membiayai penyelidikan ini?

Tiada tajaan luar. Penyelidikan ini adalah penyelidikan yang dijalankan oleh mahasiswa. Oleh itu, penyertaan merupakan secara sukarela tanpa bayaran yang akan diberikan kepada peserta, serta, peserta dibenarkan menarik diri bila-bila masa tanpa sebarang penalti.

10. Adakah maklumat saya akan dirahsiakan?

Segala maklumat anda yang diperolehi dalam penyelidikan ini akan disimpan dan dikendalikan secara sulit, bersesuaian dengan peraturan-peraturan dan/ atau undang-undang yang berkenaan. Sekiranya hasil penyelidikan ini diterbitkan atau dibentangkan kepada orang ramai, identiti anda tidak akan didedahkan tanpa kebenaran anda terlebih dahulu.

Pihak-pihak tertentu seperti individu yang terlibat dalam penyelidikan ini, juruaudit dan jurupantau yang terlatih, pihak berkuasa kerajaan atau undang-undang, boleh memeriksa maklumat atau data kajian jika diperlukan.

11. Siapakah yang perlu saya hubungi sekiranya saya mempunyai sebarang pertanyaan?

Sekiranya anda mempunyai sebarang pertanyaan atau ingin mengetahui lebih lanjut mengenai kajian ini, anda boleh menghubungi Saidatul Fatimah Ashsyura binti Nazli di talian 017-3847488 atau di pautan email: ashsyuranazli@gmail.com .

Jika anda mempunyai sebarang pertanyaan berkaitan dengan hak-hak anda sebagai peserta dalam penyelidikan ini, sila hubungi Setiausaha, Jawatankuasa Etika dan Penyelidikan Perubatan, Kementerian Kesihatan Malaysia, melalui talian telefon 03-3362 8407/8205/8888.



BORANG PERSETUJUAN/ KEIZINAN PESERTA

TAJUK PENYELIDIKAN: IMPAK TEKANAN BERKAITAN DENGAN KERJA TERHADAP MOTIVASI UNTUK MEMBERI PENJAGAAN YANG PENYAYANG DALAM KALANGAN JURURAWAT DI HOSPITAL AWAM DALAM SELANGOR.

Dengan menekan butang ‘ Saya setuju’ di bawah, saya mengesahkan perkara berikut:

- Saya telah diberi maklumat tentang penyelidikan di atas secara lisan dan bertulis and saya telah membaca dan memahami segala maklumat yang diberikan dalam risalah ini.
- Saya telah diberikan masa yang secukupnya untuk mempertimbangkan penyertaan saya dalam penyelidikan ini dan telah diberi peluang untuk bertanyakan soalan dan semua persoalan saya telah dijawab dengan sempurna dan memuaskan.
- Saya juga faham bahawa penyertaan saya adalah secara sukarela dan pada bila-bila masa saya bebas menarik diri daripada penyelidikan ini tanpa harus memberi sebarang alasan dan ianya sama sekali tidak akan menjejaskan rawatan perubatan saya pada masa akan datang. Saya tidak mengambil bahagian dalam mana-mana penyelidikan lain pada masa ini. Saya juga memahami tentang risiko dan manfaat penyelidikan ini dan saya secara sukarela memberi persetujuan untuk menyertai penyelidikan ini di bawah syarat-syarat yang telah dinyatakan di atas. Saya faham saya harus mematuhi nasihat dan arahan yang berkaitan dengan penyertaan saya dalam penyelidikan ini daripada doktor penyelidikan (penyelidik).
- Saya faham bahawa kakitangan penyelidikan, pemantau dan juruaudit terlatih, pihak penaja atau gabungannya, dan pihak berkuasa kerajaan atau undang-undang, mempunyai akses langsung dan boleh menyemak laporan perubatan saya bagi memastikan penyelidikan ini dijalankan

dengan betul dan data direkodkan dengan betul. Segala maklumat dan data peribadi akan dianggap sebagai **SULIT**.

<input type="checkbox"/>
<input type="checkbox"/>

Saya bersetuju

Saya tidak bersetuju



© COPYRIGHT UPM

Appendix 5: Gantt chart

Project	2020		2021									
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Discussion with supervisor regarding the progress of the study												
Identify the research problem												
Reviewing of literature review												
Proposal progression												
Formulating questionnaire and conduct pre-test questionnaire												
Ethics approval												
Data collection												
Typing research report												
Submit research report												

Appendix 6: Budget

Type of goods	Quantity	Price
Printing (Thesis)	6 X RM 12.00	RM 72.00
Binding	6 X RM 5.00	RM 30.00
Total		RM 102.00



BIODATA OF STUDENT

Student information

Name: Saidatul Fatimah Ashsyura binti Nazli

Matric No.: 192255

Faculty: Medicine and Health Science

Program: Bachelor of Nursing

Sex: Female

Race: Malay

Religion: Islam

Citizen: Malaysia

Home address: Lot 3828 Jalan Salak, Kampung Sri Jaya, 81200
Tampoi

Johor Bahru, Johor.

Educational level

Universiti Putra Malaysia (Degree): 2017 - present

Centre of Foundation Studies for Agricultural Science, UPM : 2015 -
2017

Sek. Men. Keb. Sultan Ismail, Johor Bahru : 2011-2015

Sek. Keb. Kampong Pasir : 2006 - 2010

Why I choose nursing?

Studying nursing is all about the people life that involves diseases, cultures, habits, and treatments. Nursing had become my choice because it offer a meaningful career, filled with many opportunities, challenges, and rewards. It is a career that helps me to save lives, bring happiness to individuals and their families, and comfort to those whose in need. Caring for patients' wellbeing in healthcare facilities can be a challenging experience. For me, nursing career is one of the way for me to help everybody equally without judgemental. Besides, studying nursing can make me learn a diverse range of knowledge and skills related to health. From mental health and aged care to rehabilitation and midwifery, there are many areas that can make me knowledgeable and skilful students.