



UNIVERSITI PUTRA MALAYSIA

***FACTORS CONTRIBUTING TO PSYCHOLOGICAL WELL-BEING
WORK-RELATED STRESS AMONG FRONTLINE HOTEL
EMPLOYEES IN KLANG VALLEY***

NUR SYAFIQAH BINTI HANAPI

**Ip
FPSK4 2019 5**

**FACTORS CONTRIBUTING TO PSYCHOLOGICAL WELL-BEING AND
WORK-RELATED STRESS AMONG FRONTLINE HOTEL EMPLOYEES
IN KLANG VALLEY**



**BY
NUR SYAFIQAH BINTI HANAPI**

**This thesis submitted in fulfilment of the requirement for the degree of Bachelor
Science (Environmental and Occupational Health) from the Faculty of Medicine
and Health Sciences, Universiti Putra Malaysia.**

ACKNOWLEDGEMENTS

First and foremost, Alhamdulillah all praises to Allah for His blessings and giving me strength, good physical and mental health throughout the duration of this research. I would like to express my appreciation to Dr. Ng Yee Guan for his supervision, patience, and constant support in guiding and helping me to the success of this research.

Besides, I would like to express my deepest gratitude to all of the hotel management in Klang Valley and their staff for giving approval, support, and cooperation during my data collection. Special thanks to all of the respondents for their willingness to participate in this research.

Last but not least, I would like to thanks my parents; Mr. Hanapi bin Mat Nooh and Mrs. Maznah binti Abdullah for their endless support, prayers, and encouragement. Also thanks to all my friends and to those who indirectly contributed to this research, your help and support during my ups and downs mean a lot to me.

ABSTRACT

FACTORS CONTRIBUTING TO PSYCHOLOGICAL WELL-BEING AND WORK-RELATED STRESS AMONG FRONTLINE HOTEL EMPLOYEES IN KLANG VALLEY

NUR SYAFIQAH HANAPI

Introduction: In the hospitality industry, hotels play a vital component in the growth of tourism as every tourist wants a comfortable stay and top services. Frontline employees are an important person that links to the performance of a hotel's organization. However, due to certain factors, the employees have to face with psychological health problems and work-related stress, which became a growing concern in public health and organization as it adversely impacts employees as well as organizations. **Objective:** This study aims to identify the factors associated with the prevalence of depression, anxiety and stress among frontline hotel employees in Klang Valley. **Methodology:** This cross-sectional study was conducted within a timeframe of 4 months. A self-administered questionnaire was used to collect information on work-stress factors, psychological well-being (depression and anxiety) and work-related stress (stress) of respondents. The data obtained were then analyzed using HSE Management Standards Indicator Tool, DASS-21 standard scoring sheet and IBM SPSS Statistics Version 22.0. **Results:** The results revealed that contributing factor of control over work (3.45) and role (4.06) was below average score from benchmark data which recommended a clear need for improvement. To add on, results for the prevalence of self-reported depression, anxiety and stress experienced by frontline employees were at normal state; depression (75.5%), anxiety (64.2%) and stress (78.6%). This study also found there was significant relationship between work demand ($p=0.026$), interpersonal relationship ($p<0.001$) and role ($p=0.034$) with the depression; significant relationship between interpersonal relationship ($p=0.001$) with the anxiety; and significant relationship between work demand ($p=0.021$) and interpersonal relationship ($p=0.026$) with the stress. **Conclusion:** Therefore by understanding those factors, the hotel management can take this study as their source of information in creating a stress-free environment for employees in order to improve employee's health and well-being at the workplace.

Keywords: hospitality industry, hotel, psychological well-being, work-related stress, frontline employees

ABSTRAK

FAKTOR-FAKTOR YANG MENYUBANG KEPADA KESIHATAN PSIKOLOGI DAN TEKINAN BERKAITAN KERJA DALAM KALANGAN PEKERJA HOTEL BARISAN HADAPAN DI LEMBAH KLANG

NUR SYAFIQAH HANAPI

Pengenalan: Dalam industri hospitaliti, hotel memainkan komponen penting dalam pertumbuhan pelancongan kerana setiap pelancong inginkan penginapan yang selesa dan perkhidmatan terbaik. Pekerja barisan hadapan adalah orang penting yang berkait dengan prestasi organisasi hotel. Walau bagaimanapun, disebabkan oleh faktor-faktor tertentu, pekerja perlu menghadapi masalah kesihatan psikologi dan tekanan yang berkaitan dengan kerja. Ini menjadi kebimbangan yang semakin meningkat dalam kesihatan awam dan organisasi kerana ia memberi kesan buruk terhadap pekerja dan organisasi. **Objektif:** Kajian ini bertujuan untuk mengenal pasti faktor-faktor yang berkaitan dengan kemurungan, kebimbangan dan tekanan dalam kalangan pekerja hotel barisan hadapan di Lembah Klang. **Metodologi:** Kajian keratan rentas ini dijalankan dalam tempoh 4 bulan. Borang soal selidik telah digunakan untuk mengumpul maklumat tentang faktor tekanan kerja, kesihatan psikologi (kemurungan dan kebimbangan) dan tekanan berkaitan kerja (tekanan) responden. Data yang diperoleh kemudian dianalisis dengan menggunakan Alat Penunjuk Standard Pengurusan HSE, lembaran pemarkahan standard DASS-21 dan Statistik SPSS IBM Versi 22.0. **Keputusan:** Hasil kajian menunjukkan faktor penyumbang di mana kawalan terhadap kerja (3.45) dan peranan (4.06) adalah di bawah skor purata daripada data ukur yang mencadangkan keperluan jelas untuk penambahbaikan. Selain itu, keputusan untuk tekanan kerja yang dilaporkan sendiri oleh pekerja barisan hadapan berada pada keadaan normal untuk kemurungan (75.5%), kebimbangan (64.2%) dan tekanan (78.6%). Kajian ini juga mendapati terdapat hubungan yang signifikan antara permintaan kerja ($p=0.026$), hubungan interpersonal ($p<0.000$) dan peranan ($p=0.034$) dengan kemurungan; hubungan yang signifikan antara hubungan interpersonal ($p=0.001$) dengan kebimbangan; dan hubungan yang signifikan antara permintaan kerja ($p=0.021$) dan perhubungan interpersonal ($p=0.026$) dengan tekanan. **Kesimpulan:** Oleh itu, dengan memahami faktor-faktor tersebut, pihak pengurusan hotel boleh mengambil kajian ini sebagai sumber maklumat mereka dalam mewujudkan persekitaran bebas tekanan kepada pekerja untuk meningkatkan kesihatan dan kesejahteraan pekerja di tempat kerja.

Kata kunci: industri hospitaliti, hotel, kesihatan psikologi, tekanan berkaitan kerja, pekerja barisan hadapan

TABLE OF CONTENTS

	Page
DECLARATION	ii
SIGNATURE OF SUPEVISOR/ INTERNAL EXAMINER	iii
ACKNOWLEDGEMENTS	iv
ABSTRACT	v
ABSTRAK	vi
TABLE OF CONTENTS	vii
LIST OF TABLES	x
LIST OF FIGURES	xi
LIST OF ABBREVIATIONS	xii
CHAPTER 1: INTRODUCTION	
1.1 Background	1
1.2 Problem Statement	4
1.3 Study Justification	6
1.4 Objectives	7
1.5 Hypothesis	8
1.6 Conceptual Framework	9
1.7 Definition of Terms	11

CHAPTER 2: LITERATURE REVIEW

2.1	Overview of Psychological Well-Being and Work-Related Stress	14
2.2	Prevalence of Psychological Well-Being and Work-Related Stress	15
2.3	Work-Stress Factors	16

CHAPTER 3: METHODOLOGY

3.1	Study Design	22
3.2	Study Location	22
3.3	Sampling Method	24
3.3.1	Sampling Strategy	25
3.3.2	Sampling Population	25
3.3.3	Sampling Frame	25
3.3.4	Sampling Unit	25
3.3.5	Sample Size	26
3.4	Study Instrumentation	28
3.5	Data Collection Procedure	30
3.6	Quality Control	32
3.7	Data Analysis	32
3.8	Ethical Consideration	35

CHAPTER 4: RESULTS

4.1	Sociodemographic Background and Occupational Information among Frontline Hotel Employees	36
4.2	Factors Contributing to Psychological Well-Being and Work-Related Stress	39
4.3	Prevalence of Self-Reported Depression, Anxiety and Stress	41

4.4	Associations between Contributing Factors with Depression, Anxiety and Stress among Frontline Employees	44
-----	---	----

CHAPTER 5: DISCUSSION

5.1	Factors Contributing to Psychological Well-Being and Work-Related Stress	47
5.2	Prevalence of Self-Reported Depression, Anxiety and Stress	48
5.3	Associations between Contributing Factors with Depression, Anxiety and Stress among Frontline Employees	50

CHAPTER 6 : CONCLUSION AND RECOMMENDATIONS

6.1	Conclusion	51
6.2	Limitation	52
6.3	Recommendation	52

REFERENCES	53
-------------------	-----------

APPENDICES

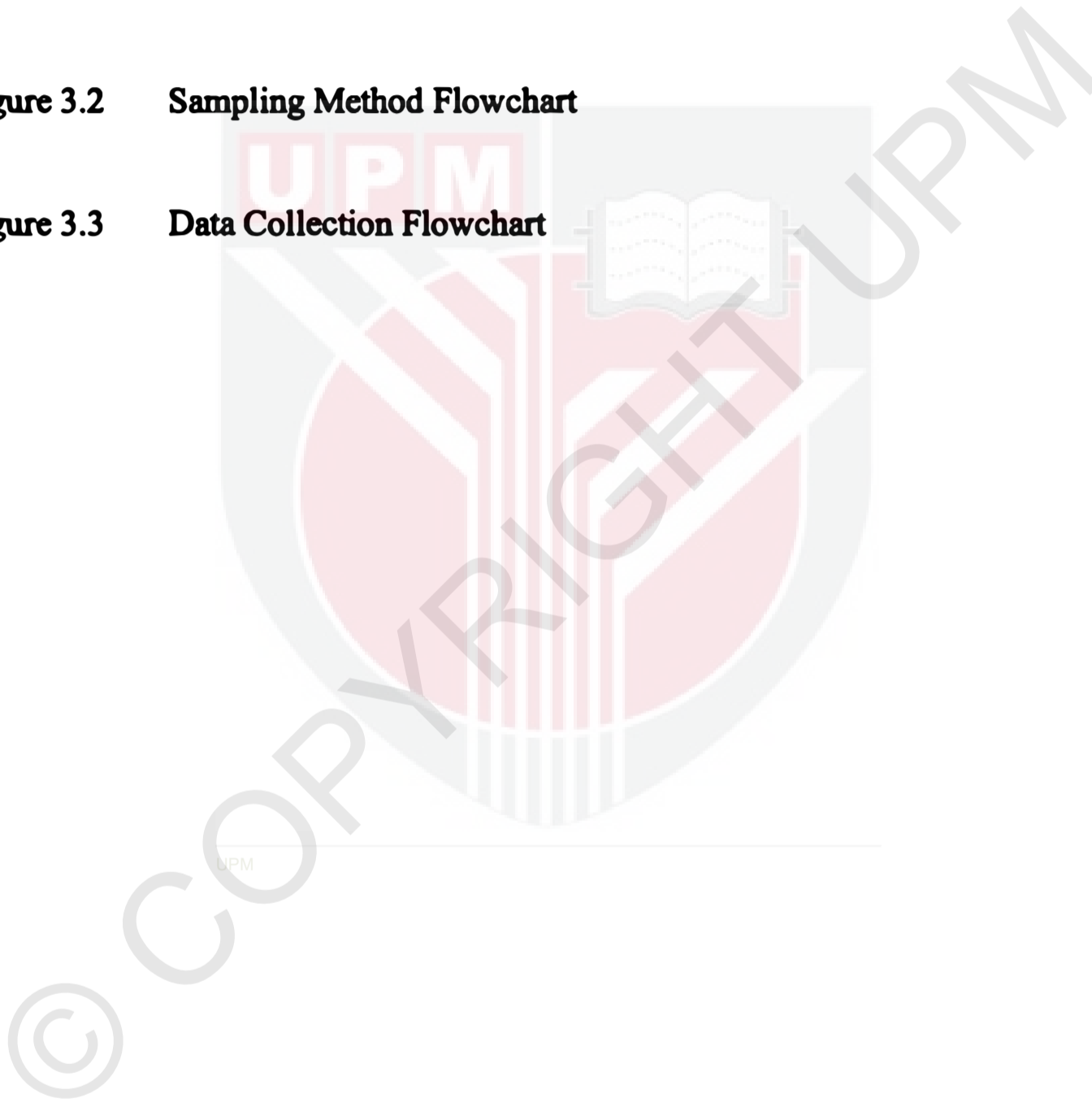
APPENDIX I	Ethical Approval Letter	58
APPENDIX II	DOSH Supporting Letter	60
APPENDIX III	Participant Information Sheet and Informed Consent Form	62
APPENDIX IV	Questionnaire	66
APPENDIX V	Certificate of Translation	76

LIST OF TABLES

		Page
Table 2.1	Findings from previous studies	21
Table 3.1	HSE Management Standards Indicator Tool (35 items)	29
Table 3.2	Depression, Anxiety, Stress Scale-21 (21 items)	30
Table 3.3	Score for main results of contributing factors	33
Table 3.4	DASS-21 severity ratings	34
Table 4.1	Distribution of socio-demographic background and occupational information of frontline hotel employees (N=159)	37
Table 4.2	The score (main results) of work-stress factors compared to the benchmark of Organizational Averages (N=159)	40
Table 4.3	Prevalence of self-reported depression, anxiety and stress experienced by the frontline hotel employees (N=159)	41
Table 4.4	Comparison of the prevalence of self-reported depression, anxiety and stress between a luxury hotel and economy hotel frontline employees (N=159)	42
Table 4.5	Comparison of the prevalence of self-reported depression, anxiety and stress between male and female frontline employees (N=159)	43
Table 4.6	Contributing factors associated with depression, anxiety and stress among frontline hotel employees (N=159)	46

LIST OF FIGURES

	Page
Figure 1.1 Conceptual Framework	10
Figure 3.1 Map of Study Location	23
Figure 3.2 Sampling Method Flowchart	24
Figure 3.3 Data Collection Flowchart	31



LIST OF ABBREVIATIONS

MIDA	Malaysian Investment Development Authority
NKEA	National Key Economic Areas
NAPIC	National Property Information Centre
MAH	Malaysian Association of Hotels
MMHA	Malaysian Mental Health Association
NIOSH	National Institute for Occupational Safety and Health
ILO	International Labor Organization
OSH	Occupational Safety and Health
WHO	World Health Organization
DOSH	Department of Occupational Safety and Health
HSE	Health and Safety Executive
HSE-MS	Health and Safety Executive Management Standard
DASS-21	Depression Anxiety Stress Scale-21
MOTAC	Ministry of Tourism, Arts and Culture Malaysia

DBKL	<i>Dewan Bandaraya Kuala Lumpur</i>
PPj	<i>Perbadanan Putrajaya</i>
MP Sepang	<i>Majlis Perbandaran Sepang</i>
MBSA	<i>Majlis Bandaraya Shah Alam</i>
MBSJ	<i>Majlis Bandaraya Subang Jaya</i>
MBPJ	<i>Dewan Bandaraya Petaling Jaya</i>
MPK	<i>Majlis Perbandaran Klang</i>
MPS	<i>Majlis Perbandaran Selayang</i>
MPAJ	<i>Majlis Perbandaran Ampang Jaya</i>
MPKj	<i>Majlis Perbandaran Kajang</i>

CHAPTER 1

INTRODUCTION

1.1 Background

Hotel industry in Malaysia plays an important role in the growth of tourism as well as in the growth of the economy. As stated by Malaysian Investment Development Authority (MIDA), “Malaysia's tourism sector is one of the 12 National Key Economic Areas (NKEAs) which has been identified as one of the contributing prime sectors in Malaysia economy achievement”. Ng (2018) mentioned in his news article that according to National Property Information Centre (NAPIC) data, end of 2017 showed that existing supply of hotels was a total of 3162 hotels, which was an addition of 8.52% growth from 2879 hotels in 2016. To add on, data from the Malaysian Association of Hotels (MAH, 2009) reveal that in Kuala Lumpur alone, there are approximately 105 hotels with different ratings and sizes which shows the hotels' industry in Malaysia is growing. Hotel industry can be classified into a luxury hotel and economy hotel based on the size and level of services they provided (Wescott, 2012).

As mentioned by Ghazali (2010), hotel industry is a human-based industry that depends on human as part of the product which cannot be separated from the services process. Basically, hotel employees have to build a friendly relationship with the customers in delivering services as this will create customer satisfaction and

affect the hotel's service quality. Services in the hotel industry are the level of assistance provided by hotel staff to fulfill the clients' needs and requests. In this case, frontline hotel employees are the most important person links in the services process. A frontline employee is someone who has a direct contact interaction with the customers, which their job tasks include they have to verify a guest's reservation, answer phone calls or complaints and many other activities that have to deal with customer's concerns. In fact, these job tasks require them to have the ability to be patient, calm and accommodating. They also have to know well on how to handle various types of customer interactions. Moreover, Geetika & Nandan (2015) mentioned that a key factor for enhancing customer's satisfaction depends on the service quality of how well the service meets or exceeds the expectation. Thus, frontline employees play a key role in maintaining a hotel's performance as they interacting and dealing with customers demand.

Nowadays, psychological well-being and work-related stress have been a great issue within the hospitality industry. According to Health and Safety Executive (HSE, 2001), work-related stress is defined as the adverse reaction people have to excessive pressures or other types of demand placed on them at work. Based on a workplace survey conducted of four countries (Singapore, Hong Kong, Australia, and Malaysia) by AIA Vitality 2017, Malaysian employees recorded the second-highest number of absenteeism and presentisms at 67 days a year. Apart from that, Malaysian employees are found to be at high risk of health problems and productivity loss as they are overworked, stressed and lives in a sedentary lifestyle. Furthermore, results from a survey by AIA Vitality 2018 highlighted the increasing prevalence of mental health issues in the workplace with 50.2% of employees having

at least one dimension of work-related stress. Poor employee health and well-being are linked to a major loss in organization productivity with the average yearly cost of health-related absenteeism and presentism per organization in Malaysia is estimated at RM 2.27 million. Workplace depression have recorded as number two cause of disability in the workplace globally and this should be given emphasis in an organization as stated in The Stars article published in the year 2018, *“The Malaysian Mental Health Association (MMHA) is urging employers to pay heed to the mental health needs of their staff and need to view workplace depression as a legitimate problem”*.

Similarly, other country has shown signs of increasing in the rate of work-related stress, depression, and anxiety in recent years. For instance, in Great Britain the total number of cases of work-related stress, depression or anxiety in 2017/18 was 595,000 and it causes the total number of working days lost was 15.4 million days (HSE, 2018). Surprisingly among the many survey reports, a psychological health issue is greatly being ignored in the workplace even though it is a big issue. Above all, the nature of work which includes long working hours, repetitive work, high emotional demand, high work pace, and low influence are the sources of stress at the workplace. In the meantime, excessive stress can lead to counterproductive work behavior which includes poor performance, absenteeism, and also constraint to the emotional and physical health of the employees.

1.2 Problem Statement

In today's complex and developing environment of the hotels' industry, psychological health and work-related stress seem to be a great concern as this industry is constantly under public scrutiny. The frontline employees are potentially exposed to this psychological health and work-related stress issue as every move of them will be judged and watched by the customers; this will give pressure to the employees. Exposure to various form of work-related stress has been found to be associated with physical and psychological consequences. For instance, physical consequences are insomnia, hypertension, migraines, and muscular tension, while psychological consequences are depression, anxiety, and cognitive difficulties such as reduced ability to make decisions or concentrate (Victoria State Government, 2012). Work-related stress also results in employees becoming exhausted and leads to a reduction in their performance levels and affect negatively on service delivery (Kim, 2009). Afterward, the organizations also will be affected as poor physical and psychological health among employees lead to many negatives effects such as high absenteeism, high turnover rates (Imtiaz & Ahmed, 2009), and low level of job satisfaction (Lee & Way, 2010). In other words, poor employee health and well-being are linked to a major loss in organization productivity (Robert Walters, 2017).

In a different part of the world, the study on psychological well-being and work-related stress among workers in hotel industries have been widely studied by the researcher. For instance in India, a study on stress in hotel employees carried out by Bora (2017) shows 77.7% of the workers agree that stress is becoming a significant issue in the hospitality industry. This was due to most of the job was

unplanned activities and there were different types of customers with their own demands which cause stress in the employees. Also, this issue occurs due to a lack of skilled employees in the hotel industry. Furthermore, a study by Anbazhagan et al. (2013) shows 93.33% of the employees in hotel industries suffer from stress; where most of the employees faced unachievable deadlines and role conflict in their workplace. In Turkey, a study by Akgunduz (2013) shows role ambiguity creates more stress among the hotel employees. The problem arises due to employees did not know their roles, no aims regarding their work, did not know what was expected from them, and also they received a lot of demand at the same time.

Contrarily, the study on psychological health and work-related stress issue in Malaysia is still limited. There was only a study regarding this issue found in Malaysian hotel industry that was carried out by Hashemi et al. (2015), where the study explores the role of stress on organizational commitment. A new framework for the relationship of job stress and organizational commitment has developed in this study, which helps the hospitality industry management to review in details on the work-related stress issue. Again, hotel industries are generally seen as a sector whose working environment involves many stress and pressure (Bleadel et al., 2004). Work in this industry, especially as frontline employees are exposed to psychosocial hazards as they involve frequent interaction with customers and required to deal with numerous demands from them. Specifically, the cores problem of work-related stress issue is due to lack of understanding and awareness among the workers and also the organizations which can cause poor mental health and wellbeing of the employees and lead to low performance of the organizations.

1.3 Study Justification

There are many reasons to undertake research on psychological well-being and work-related stress especially among the frontline hotel employees in Malaysia. Firstly, to reduce the gap of knowledge by understanding the problem in a different context so that appropriate action can be taken. Next, this study will identify the factors contributing to psychological well-being and work-related stress among frontline employees as most study conducted in the past has focused on different professionals; which includes among academic staff, employees in financial sectors and office work-based employees on this issue.

Consequently, this research is important to carry out as it will give a contribution in establishing baseline data of psychological well-being and work-related stress among workers in hotel industries. This research also could provide information on potential factors lead to psychological well-being and work-related stress, so that hotel management can take some steps in improving their employee's health. Above all, the employers play legal responsibility to help the workers to overcome this issue. To add on, it is also useful to hotel management for better administrative as well as increase the hotel's reputation, performance and quality service. Hence, this study can be helpful in maximize productivity and minimize profit loss of hotel organizations.

1.4 Objectives

1.4.1 General Objectives

To determine the contributing factors associated with the prevalence of depression, anxiety and work-related stress among frontline hotel employees in Klang Valley.

1.4.2 Specific Objectives

- i. To determine the sociodemographic background and occupational information among frontline hotel employees in Klang Valley.
- ii. To determine factors contributing to depression, anxiety, and stress experienced by the frontline hotel employees in Klang Valley.
- iii. To determine the prevalence of self-reported depression, anxiety, and stress experienced by the frontline hotel employees in Klang Valley.
- iv. To compare the prevalence of self-reported depression, anxiety, and stress between the economy hotel and luxury hotel of frontline employees in Klang Valley.
- v. To compare the prevalence of self-reported depression, anxiety, and stress between male and female frontline hotel employees in Klang Valley.
- vi. To determine the association between contributing factors; work demands (i), control over work (ii), managers' support (iii), peer support (iv), interpersonal relationships (v), role (vi), and organizational change (vii) with depression, anxiety, and stress among frontline hotel employees in Klang Valley.

1.5 Hypothesis

- i. There is a significant difference in the prevalence of self-reported depression, anxiety, and stress between the economy hotel and luxury hotel of frontline employees in Klang Valley.**
- ii. There is a significant difference in the prevalence of self-reported depression, anxiety, and stress between male and female frontline hotel employees in Klang Valley.**
- iii. There is an association between contributing factors; work demands (i), control over work (ii), managers' support (iii), peer support (iv), interpersonal relationships (v), role (vi), and organizational change (vii) with depression, anxiety, and stress among frontline hotel employees in Klang Valley.**

1.6 Conceptual Framework

Figure 1.1 illustrates the conceptual framework for this study. Based on the conceptual framework, the study was conducted on the hospitality sector which is among hotel industries. According to the Hospitality Web Portal (2019), hotels were classified into two; based on the levels of service which are economy hotels (1, 2 and 3-stars) and luxury hotels (4 and 5-stars). Economy hotel is a room with minimum services and amenities required for the comfortable stay, without expensive and costly services. Meanwhile, luxury hotel provides upscale restaurants and lounges, valet, concierge services and also private dining facilities. The conceptual framework also highlights the confounding variables, contributing factors includes work demands (i), control over work (ii), managers' support (iii), peer support (iv), interpersonal relationships (v), role (vi), and organizational change (vii) as the independent variables and the psychological well-being (depression and anxiety) and work-related stress (stress) as the dependent variables.

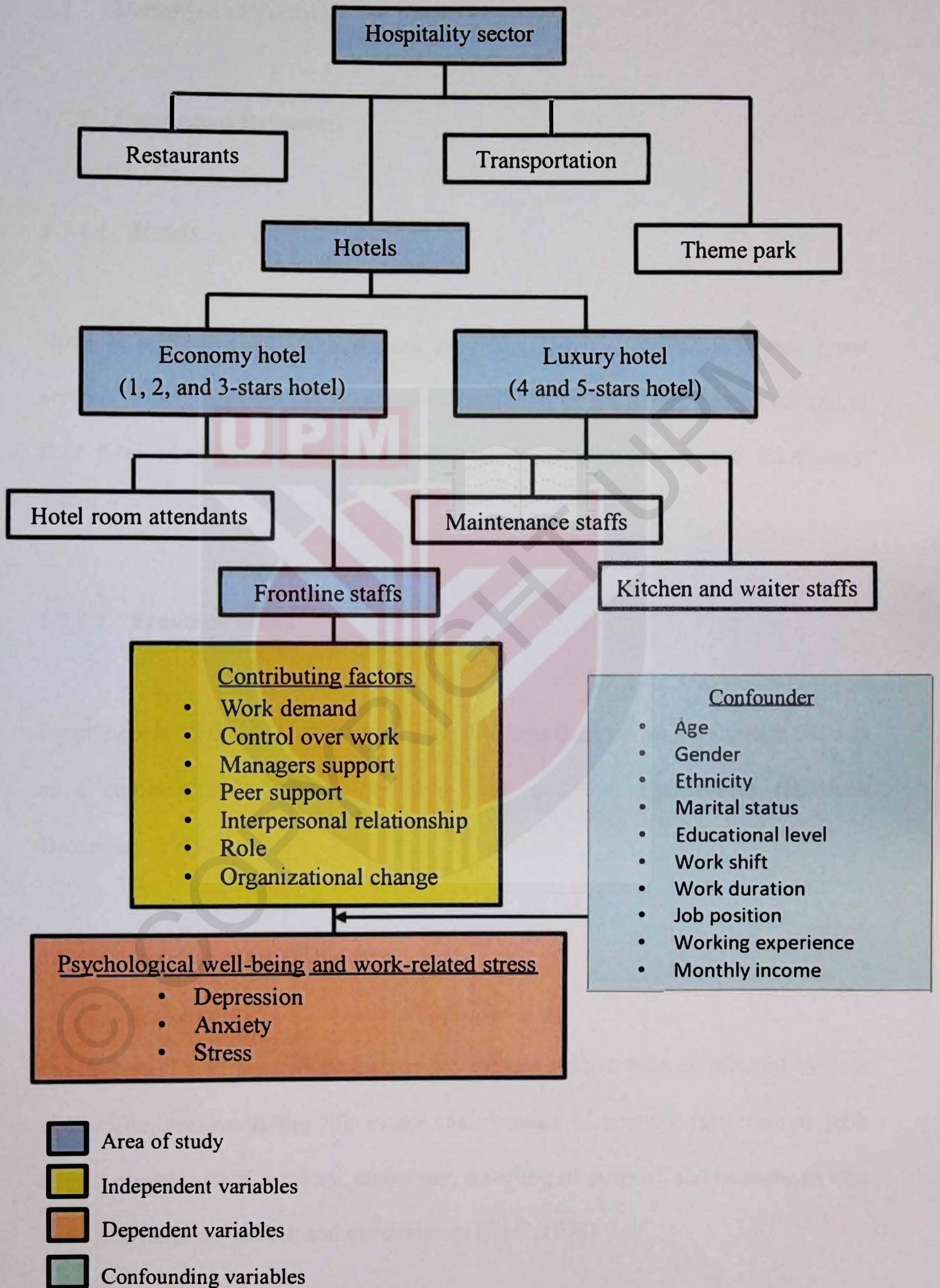


Figure 1.1: Conceptual Framework

1.7 Definition of Terms

1.7.1 Conceptual Definition

1.7.1.1. Hotels

Hotel is a commercial establishment providing lodging, meals, and other guest services which in general it must have a minimum of six letting bedrooms, and at least three of which must have private bathroom facilities (Business Dictionary, 2019).

1.7.1.2. Frontline Staffs

Frontline staff is defined as the employee who deals directly with customers and acts as a communication medium between them and the organizations (Business Dictionary, 2019).

1.7.1.3. Psychological Well-Being

Psychological well-being is defined as achieving a state of balance affected by both challenging and rewarding life events that consists of positive relationships with others, environmental mastery, autonomy, a feeling of purpose and meaning in life, as well as personal growth and development (Ryff, 1996).

1.7.1.4. Work-Related Stress

Work-related stress is defined as the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities, which challenge their ability to cope (World Health Organization, 2019).

1.7.1.5. Work-Stress Factors

Work-stress factors is 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 which can lead to poor health and well-being (National Institute for Occupational Safety and Health, 2014)

1.7.2 Operational Definition

1.7.2.1. Hotels

Hotel includes economy hotels (1, 2, and 3-stars) and luxury hotels (4 and 5-stars). The hotels were classified based on the level of services; where economy hotels provide basic or minimum services and luxury hotels provide upscale of services with more facilities (Hospitality Web Portal, 2019).

1.7.2.2. Frontline Staffs

Frontline staffs that are front desk, steward, bellman, food and beverages worker that are frequently and directly dealing or interacting with the customers.

1.7.2.3. Psychological Well-Being

Psychological well-being which is depression and anxiety were assessed by using Depression, Anxiety and Stress Scale (DASS)-21 and were analyzed using DASS-21 standard scoring sheet.

1.7.2.4. Work-Related Stress

Work-related stress was assessed by using DASS-21 and was analyzed using DASS-21 standard scoring sheet.

1.7.2.5. Work-Stress Factors

Work-stress factors are the contributing factors that include seven primary stressors which are work demands, control over work, managers' support, peer support, interpersonal relationships, role, and organizational change. These factors were assessed by using HSE Management Standards Indicator Tools and were analyzed using HSE Management Standards Analysis Tools.

CHAPTER 2

LITERATURE REVIEW

2.1 Overview of Psychological Well-Being and Work-Related Stress

Nowadays, the employee's health in workplaces became one of the most concerning issues in Occupational Safety and Health (OSH). According to the World Health Organization (WHO), work-related stress has been known as stress caused by poor work organization, poor work design, unsatisfactory working conditions and lack support from colleagues or supervisors. It is different from stress in general, where work-related stress may be a result of an employee's having conflict with the job requirements and demands. Normally, the stress can also occur when the worker feels dissatisfaction or unhappy with the workplace conditions; which lead to the physical and mental health condition. Thus, work-related stress and psychological well-being often go together and the symptoms are alike.

A previous study on violence and stress in workplaces in hotel services, International Labor Organization (ILO) proved that an employee's health status in the hospitality industry is worse than the average population, especially in psychological well-being. Besides, Regus (2013) who is a global workplace provider report in his latest online survey about 70% of Malaysian workers are having stress-related illnesses due to challenging global economic conditions. The study revealed that Malaysian employees were overworked, stressed, led to unhealthy lifestyles, which

results in a high risk of health problems and loss of productivity. In view of that, the state of psychological health and work-related stress in an individual may vary due to different workers experience with work conditions differently and depends on several factors. If the worker is not able to manage the problem, it may be harmful and likely to negatively affect the employees' health and wellbeing.

2.2 Prevalence of Psychological Well-Being and Work-Related Stress

The hotel industry is one of the hospitality sectors that are growing in a complex environment which lead to stress for the workers due to more pressure and demands. As mentioned in a previous study, the hospitality sector is generally seen as a customer-service oriented business mostly depends on its employees having direct contact with their customer (AlBattat & Som, 2013) and it is generally seen as a sector whose working environment prone to stress. Report from WHO in the year 2003 further proved that work-related stress contributed to major poor health, absenteeism and premature death. In fact, by the year 2020, if nothing is done to overcome this issue, the prevalence of mental diseases will increase which will then be the second leading cause of disability as estimated by WHO.

There were several pieces of research on psychological well-being and work-related stress among workers in Asia and from other areas of the world. For instance, a study in Malaysia among primary teachers showed that 71.1% of respondents experienced medium stress and 87.9% has high mental health status (Nurul et al., 2011). Next, an article by Ismail and Arma (2016) study among academician in Research University shows the prevalence of stress was 22.1%, 52.9% had anxiety

and 35.4% had depression. To add on, about 8.1% of academicians experience wild stress, 9.4% moderate and 4.5% with severe stress. A review of work-related stress among selected populations in Malaysia had proved that the prevalence of stress was 29.9% across all the occupation studied (Shaiful et al., 2018).

In a developed country such as Finland, latest work and health survey has been conducted in the year of 2012 showed that the most frequent cause of psychosocial factors was hurrying and unable to complete tasks. According to Kauppinen et al. (2013), the prevalence of feeling hurried at work has not changed in the 2000s. In fact, 53% of the workers experienced prolonged or repeated mental illness in which fatigue was the most commonly mentioned as mental symptoms. This prevalence implies for workers who frequently having human interaction such as among frontline employees.

2.3 Work-Stress Factors

2.3.1 Work Demand

According to OSH, work demand can be defined as the physical, psychological, social or organizational aspects of a job that require continuous physical or psychological effort and therefore associated with certain physiological or psychological costs. A work demand can be classified into four groups which are quantitative demands, cognitive demands, emotional demands or physical demands (Bakker & Demerouti, 2007). Examples of work demands are time pressure, amount of work, difficulty of work, shift work and workload. Study by Greenburg (2005)

stated that employees working in the hotel sector encounter emotional exhaustion while dealing with customers as they have to keep smiling and active for hours. Besides, past study by Karatpe and Uludag (2009) mentioned that people working in the tourism industry show signs of stress and overwork. Some of the reasons are due to long working hours and high demand placed by organizations that tend to give pressure and decrease the performance level of employees to work. Work demands can cause psychological health problems and work-related stress to the employees. Karasek (1979) has mentioned in a Theory of Job-Demand that high work demand can result in poor psychological well-being and work-related stress. In addition, study in other sectors which are among financial sector shows that work intensification is the main stressors. Also, finding from the study shows a negative correlation exists between work-related stress and work performance levels; which means employee that have low performance level cause them to have great work-related stress (Tan & Ismail, 2011).

2.3.2 Control Over Work

Control over work is the worker ability to influence the work environment. Specifically, they can influence matters that are relevant to their personal goals. These include control over work tasks, control over the work pace and physical movement, and freedom from supervision. To add on, employees lack involvement in decision making, working time, work shift or work speed also contribute to work-related stress. The employee who has low control over work shows to experienced high psychological strain and stress (Karasek, 1979). Past research among hotel workers has found that there exists a negative association between job control and

work-related stress (Michie, 2002). However, there was another study conducted among employees and managers in hotel industry found that lack of control over work alone is not a very strong contributing factor to psychological well-being and work-related stress (Zohar, 1994); similar to Job Demand-Control Model that stated job control combined with job demand will determine the stress level. Meaning to say, if the job control is high and then combined with high job demand it will result in a high level of stress (Karasek, 1979).

2.3.3 Support

In this study, support includes managers' support and peer support. A study by Lambert and Hogan (2009) stated that managers' support is important in maintaining and increasing employees' job satisfaction. Lack of support from supervisors and colleague has also been associated with poor health and work-related stress among employees of the hotel industry. According to Pathak (2012), support from managers and colleague helps in reducing stress levels of employees. Study by Panatik (2012), shows peer support was related to turnover intentions; due to friction between co-workers cause employees to find a new job. In addition, superiors and colleagues support can increase employees' job performance and their will to help the organization reach its objectives. Those who are having a bad relationship with the manager or co-worker are tended to experience more work-related stress; meanwhile, when employees getting great support from the manager or co-worker, they tend to do a better job as they feel encouraged.

2.3.4 Interpersonal Relationship

Frontline staffs have to deal with different orders and demands from many sources such as organizations and customers. Interpersonal relations at the workplace are the conflict with the policies of management, conflict with managers or supervisors, and conflict with a colleague; may cause work-related stress. Finding in the study of Lambert and Hogan (2009), stated that key to success in a hotel organization was because of good bonding between the management and employees. Next, poor relationship with colleague is among the strong contributing factors in hotel organization (Galvin & Dileepan, 2002) that further may lead to aggression (Spectore et al., 2000). A previous study conducted by O'Neil and Davis (2011) on hotel managers and hourly employees at 65 different hotels. Results from the study proved that interpersonal tensions are a major source of stress in hotel sectors. Good interpersonal relationship leads the employee to have an emotional attachment to work in the organization as they feel satisfied and secure to work there.

2.3.5 Role

Role factor consists of role conflict and role ambiguity. From the previous study, role conflict is defined as being given different orders and demands (Lambert and Hogan, 2009) from customers, colleagues or managers at the same time that they hardly fulfill all of the different orders (Yesiltas, 2014). Lambert and Hogan (2009) further defined role ambiguity as given unclear direction or orders, and this occurs when there are misunderstandings of employees concerning expectations of their responsibilities. Both role conflict and role ambiguity may result in decreasing the

health and well-being of workers as supported by a study in Taiwan (Yang, 2010). Also, role conflict and role ambiguity may influence employees' well-being and work-related stress in a hotel organization as they have to do different tasks and pressures daily as part of their job.

2.3.6 Organizational Change

According to Dahl (2010), an organizational change is the shifts in strategies or goals that can threaten these values. Examples of organizational change include restricting activities, change technologies or systems, change in management or goals of an organization. The psychological well-being and work-related stress may be affected when these changes occur without asking the employees feedback. A study from the American Psychological Association found that organization changes in a workplace can lead to employees who are overly stressed which cause them to have less trust in their employers and have high intentions to find new jobs. This can reduce performances activity of the employee as they cannot cope with the new practices or system introduced in the workplace. As stated by Doherty (1996), even though the employee can survive the changes, they may suffer in the long term as they facing threat of job loss. This may lead to poor health and work-related stress as they also have to learn the new practices which cause disruption in their job task.

Table 2.1: Findings from Previous Studies

AUTHORS	FINDINGS
Tan & Ismail (2011)	Role ambiguity and work intensification are the main stressors among employees in the financial sector. Also, a negative correlation exists between work-related stress and work performance levels.
Panatik (2012)	Job satisfaction and turnover intentions are significantly related to work-related stress. Results showed only peer support was related to turnover intentions.
Ridzuan (2017)	Role ambiguity, role conflict, and workload were contributed to the employee job performance.
Rao, E. & Goel A. (2017)	Workload, control over work, role clarity, interpersonal relations, managerial support, organizational policies are six major factors leading to work-related stress in the hospitality sector.
Nordin et al. (2017)	Malay DASS-21 has acceptable psychometric construct and high internal consistency reliability to measure self-perceived depression, anxiety, and stress.
Marcotto et al. (2014)	HSE-MS Indicator Tool scales have specific sensitivity to assess different aspects of work-related stress and also a valid instrument for identifying the possible sources of psychosocial risks at works.

CHAPTER 3

METHODOLOGY

3.1 Study Design

This study was a cross-sectional study, aimed to determine the factors contributing to psychological well-being and work-related stress among frontline hotel employees and was started in January until April 2019 within a time frame of 4 months.

3.2 Study Location

This study was conducted among economy hotels (1, 2, and 3-stars) and luxury hotels (4 and 5-stars) located in Klang Valley. Klang Valley is also known as Greater Kuala Lumpur, which covered 10 local authorities and densely populated. The main reason for choosing Klang Valley as a study location is due to the tourism industry and major economic activities occurred here.

Key







Area	Municipality
 Federal Territory of Kuala Lumpur	DBKL (<i>Kuala Lumpur</i>)
 Federal Territory of Putrajaya	PPj (<i>Perbadanan Putrajaya</i>)
 District of Petaling	MP Sepang (<i>Selangor</i>)
	MBSA (<i>Shah Alam</i>)
	MBPJ (<i>Petaling Jaya</i>)
	MBSJ (<i>Subang Jaya</i>)
 District of Klang	MPK (<i>Klang</i>)
 District of Gombak	MPS (<i>Selayang</i>)
 District of Hulu Langat	MPAJ (<i>Ampang Jaya</i>)
	MPKj (<i>Kajang</i>)



Figure 3.1: Map of Study Location

3.3 Sampling Method

The sampling method of this study was multistage random sampling; for selection of districts, selection of hotels and selection of respondents. Randomization method was carried out by entering a list of items (district or hotel) into a randomizer device, and then the chosen items were randomly generated.

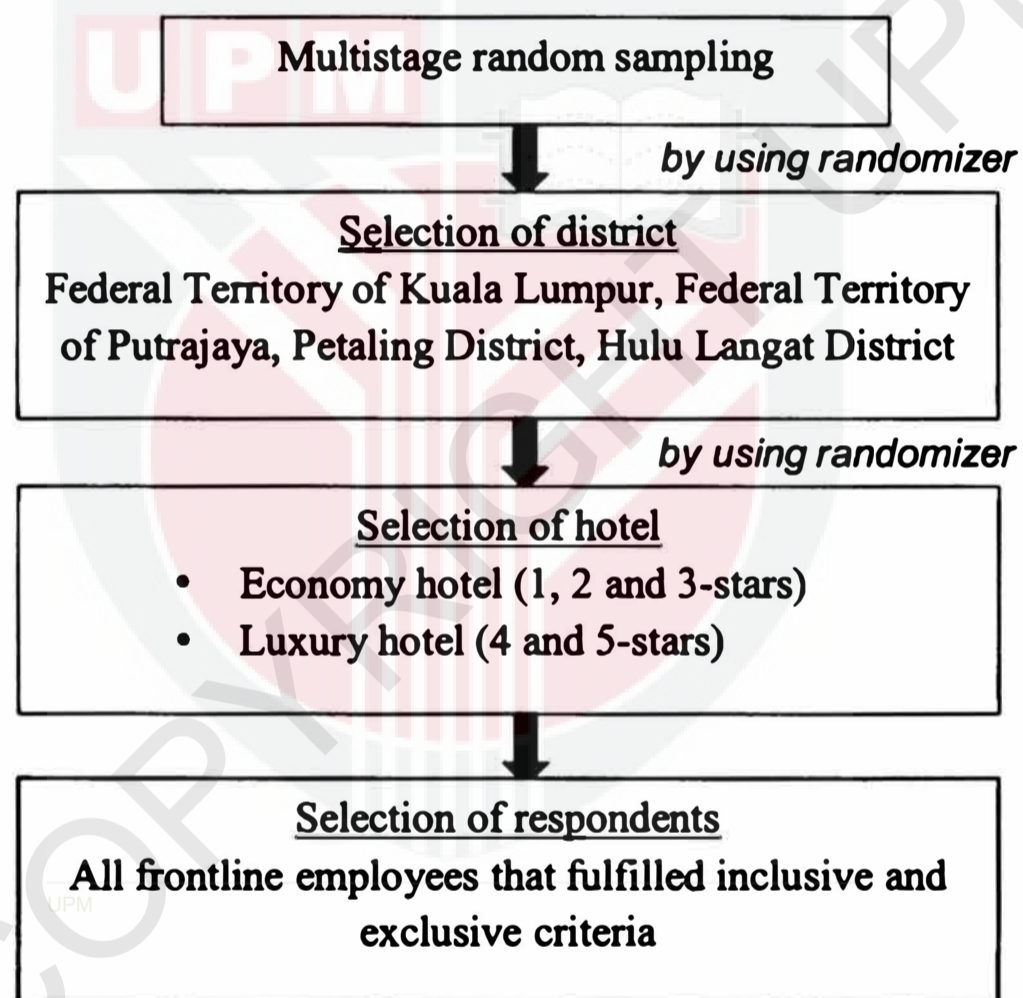


Figure 3.2: Sampling Method Flowchart

3.3.1 Sampling Strategy

The list of hotels industry with ranking 1 to 5-stars in Klang Valley according to the districts was obtained from the official portal of Ministry of Tourism, Arts and Culture Malaysia (MOTAC). Then, the districts and hotels were randomly chosen by using the randomizer which is a device that generates a random sequence of the list.

3.3.2 Sampling Population

The sampling population was hotel employees who work as frontline staff at the hotel ranking 1 to 5-stars in Klang Valley.

3.3.3 Sampling Frame

List of frontline hotel employees located in Klang Valley which was obtained from the Human Resources Department from each of chosen hotel.

3.3.4 Sampling Unit

The frontline employee was selected as the sampling unit based on the inclusion and exclusion criteria below:

3.3.4.1 Inclusion Criteria

- a) Malaysian
- b) Both male and female frontline employees
- c) Age 18 until 60 years old (allowable working age in the private sector)
- d) Healthy; in a state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity (WHO, 1948)
- e) Have been working for at least six months with the company

3.3.4.2 Exclusion Criteria

- a) Have been medically diagnosed as having a mental illness

3.3.5 Sample Size

Sample size calculation for one group population (Lemeshow, Hosmer, Klar, and Lwanga, 1990):

$$n = \frac{z^2_{1-\frac{\alpha}{2}} P(1-P)}{d^2}$$

Where,

P = estimated proportion of prevalence of work-related stress among frontline employees, 0.43 based on a study done by Evelina, 2007

d = desired precision

$$n = \frac{1.96^2 (0.43)(0.57)}{(0.05)^2}$$

$$n = 377$$

Sample size calculation for comparison between two groups (Lemeshow, Hosmer, Klar, and Lwanga, 1990; Lipsey, 1990):

$$n = \frac{\left\{ z_{1-\frac{\alpha}{2}} \sqrt{2P(1-P)} + z_{1-\beta} \sqrt{P_1(1-P_1) + P_2(1-P_2)} \right\}^2}{(P_1 - P_2)^2}$$

Where,

n = estimated population

P = $(P_1 + P_2)/2$

P_1 = estimated proportion of prevalence of work-related stress among receptionists, 0.429 based on a study done by Sampson, 2016

P_2 = estimated proportion of prevalence of work-related stress among non-receptionists, 0.216 based on a study done by Sampson, 2016

To study factors contributing to depression, anxiety and stress among frontline employee would require a sample size as below:

$$n = \frac{\left\{ 1.96 \sqrt{2(0.323)(0.677)} + 0.842 \sqrt{0.429(0.571) + 0.216(0.784)} \right\}^2}{(0.429 - 0.216)^2}$$

$$n = 74$$

For two group proportions:

$$n = 74 \times 2$$

$$n = 148$$

In considering any likelihood of dropout by the respondents, 20% of sample size is added. Thus:

$$\frac{20}{100} \times 148 = 30$$

$$148 + 30 = 178$$

Therefore, the final sample size for this study is 178 respondents.

3.4 Study Instrumentation

A questionnaire was used to collect data in this study. The questionnaire was developed by adopted items from previous studies; HSE Management Standards Indicator Tool (UK HSE, 2004) and Depression Anxiety Stress Scale (DASS)-21 (Lovibond & Lovibond, 1995). It consists of 3 parts (Part A, B, and C) and a total of 66 items with combined both English and Malay translation.

Part A was used to collect the sociodemographic background such as age, gender, race, marital status and educational level and occupational information such as work shift, work duration, work position, work experience, and monthly income (Sampson, 2016). Age was measured in years and grouped into less than 24 years old, 25-34 years old, 35-44 years' old, and more than 45 years old. Marital status was put into 3 groups: single, married, and divorced or widowed. Educational level was grouped into certificate, diploma, degree, Master, and PhD. For job position, it was group into manager, supervisor and hourly employee. Meanwhile for working experience in the current hotel was group into less than 2 years, 2-5 years, and more than 5 years. Then, monthly income was group into less than RM2000, RM2000-

RM3000, and more than RM3000. The variables in Part A (age, gender, race, marital status, educational level, work shift, work position, working experience, and monthly income) were categorized as such to control confounding factors.

Part B consists of 35 items that were used to collect information on work-stress factors which are the contributing factors (Table 3.1 & Appendix IV, pp. 70-72). For Part B, the items were adopted from HSE Management Standards Indicator Tool which is widely used to identify the possible work stressors. The questions consist of seven subscales which are work demand, control over work, managers' support, peer support, interpersonal relationship, role, and organizational change. The questionnaire was sent to the translator to be translated into the Malay language. The respondents were asked to evaluate the items in Part B using five-point rating scale (never, seldom, sometimes, often, always) on how far the statements reflect their work in the last six months.

Table 3.1: HSE Management Standards Indicator Tool (35 items)

Work-stress factors	Items
Work demand	B3, B6, B9, B12, B16, B18, B20, B22
Control over work	B2, B10, B15, B19, B25, B30
Managers' support	B8, B23, B29, B33, B35
Peer support	B7, B24, B27, B31
Interpersonal relationship	B5, B14, B21, B34
Role	B1, B4, B11, B13, B17
Organizational change	B26, B28, B32

Part C consists of 21 items that were used to collect the health information which is psychological well-being and work-related stress in this study (Table 3.2 & Appendix IV, pp. 73-75). For Part C, the items were adopted from DASS-21 from English and Malay version. DASS-21 questionnaire is widely used as a tool to measure depression, anxiety, and stress. The respondents were asked to rate from a scale of 4 (0, 1, 2, and 3) which indicate how much the statement applied to them for the past week.

Table 3.2: Depression, Anxiety, Stress Scale-21 (21 items)

	Items
Depression	C3, C5, C10, C13, C16, C17, C21
Anxiety	C2, C4, C7, C9, C15, C19, C20
Stress	C1, C6, C8, C11, C12, C14, C18

3.5 Data Collection Procedure

Firstly, the study has been approved by Ethics Committee for Research Involving Human Subjects (JKEUPM) of Universiti Putra Malaysia and the supportive letter to conduct study was seeks from Department of Occupational Safety and Health (DOSH) Malaysia. Then, an official letter from university with the DOSH supportive letter to conduct study at the hotels sent to Manager of the Human Resource Department for each of every chosen hotel in Klang Valley. After getting approval from hotel management, questionnaires were handed out specifically to the frontline staffs to every selected hotel with ranking 1 to 5-stars in Klang Valley that were randomly chosen through randomizer from the beginning.

The respondents were given a set of a self-administered questionnaire in both English and Malay language. They were given up to two weeks to complete the questionnaire. After two weeks, the completed questionnaire was collected and a token of appreciation was given to the respondents. Next, the collected data were coded and analyzed using HSE Management Standards Analysis Tools, DASS-21 Scoring Sheets and IBM SPSS Statistics version 22.0. The results were interpreted and discussed.

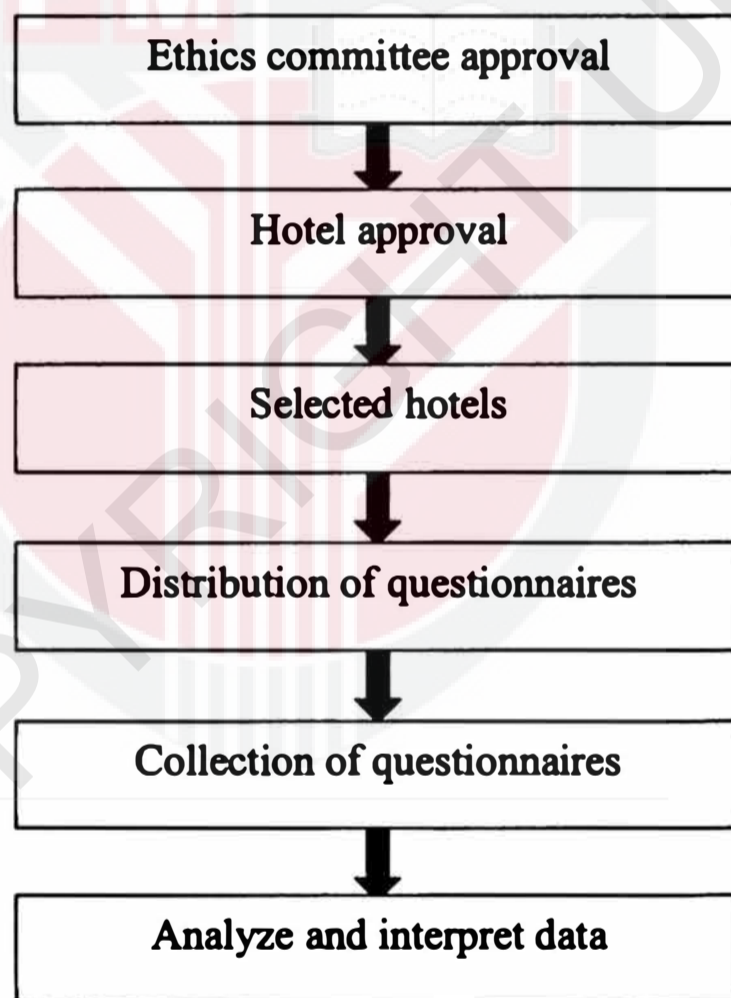


Figure 3.3: Data Collection Flowchart

3.6 Quality Control

Before the actual research started, the questionnaire was reviewed by two expert panels from Universiti Putra Malaysia in the field of Occupational Safety and Health and Occupational Therapy. The content of the questionnaire was validated in order to ensure that the items are related to the objectives of the study. To add on, the questionnaire was also sent online to the proofreading service to be translated into the Malay language; to ensure better understanding for respondents.

Then, a pre-test has been conducted among hotels in Bangi area. The questionnaires were tested for 10% of the total sample population to ensure the questionnaire items reliability. In other words, a Cronbach test was conducted to test the items variation and internal consistency. The Cronbach's alpha value obtained was 0.83 which indicate that this questionnaire has good reliability and internal consistency. A minimum standard of 0.8 indicated good internal consistency for each questionnaire (Santos, 1999).

3.7 Data Analysis





The data analysis was done using IBM SPSS Statistics version 22.0. Descriptive analysis was used to obtain frequency and percentage of socio-demographic background and occupational information of the respondents. The factors contributing to psychological well-being and work-related stress experienced by the frontline hotel employees in Klang Valley was analyzed using HSE Management Standards Analysis Tools. Raw data from the questionnaire was

key-in into the tools to be auto-processed and generated into color coded with a score of the findings (Table 3.3). For example, by referring to the manual of the analysis tools, results that fall below the 20th percentile are colored red and indicate that the average of employees' scores falls in the bottom 20% of those surveyed in the benchmark data. Each percentile rank requires a follow-up action until it achieved a score for suggested longer-term target. Suggested interim target is the standard score that the management has to achieve in a short term and suggested longer-term target is the standard score that has to achieve in a long time being.

Table 3.3: Score for Main Results of Contributing Factors

Work-stress Factors	Main Results	Suggested Interim Target	Suggested Longer Term Target
Work demands			3.29
Control over work			3.72
Managers' Support			3.65
Peer Support			3.89
Interpersonal relationship			4.04
Role			4.31
Organizational change			3.24

Data Set: Organisational Averages

-  **Doing very well - need to maintain performance**
Represents those at, above or close to the 80th percentile
-  **Good, but need for improvement**
Represents those better than average but not yet at, above or close to the 80th percentile
-  **Clear need for improvement**
Represents those likely to be below average but not below the 20th percentile
-  **Urgent action needed**
Represents those below the 20th percentile

Source: HSE Management Standard Analysis Tools (2004)

Moreover, the prevalence of self-reported depression, anxiety, and stress experienced by the respondents were analyzed using a standard scoring sheet of DASS-21 (Table 3.4). DASS-21 is based on three sub-scales; depression, anxiety and stress with each of these sub-scales consist of seven questions. The score for depression, anxiety and stress was quantified by adding together the scores of questions for each sub-scale. The score obtained was then multiplied by two to obtain the final score for each sub-scale. After that, the final score for each sub-scale; depression, anxiety and stress was interpreted by referring to manual DASS-21 and obtained the severity ratings.

Table 3.4: DASS-21 Severity Ratings

	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely severe	28+	20+	34+

Source: Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety & Stress Scales. (2nd Ed.) Sydney: Psychology Foundation.

Furthermore, Mann-Whitney U test was used to compare the prevalence of depression, anxiety, and stress between the economy hotel and luxury hotel of frontline employees (i) and to compare the prevalence of depression, anxiety, and stress between male and female frontline employees (ii). Apart from that, Multiple Linear Regression test was used to determine the association between contributing factors (work demand, control over work, managers' support, peer support,

interpersonal relationship, role, and organizational change) and depression, anxiety, and stress among frontline hotel employees. The method used for the Multiple Linear Regression was 'enter method' as all the independent variables are entered into the equation at the same time.

3.8 Ethical Consideration

The ethical approval was obtained from the Ethics Committee for Research Involving Human Subjects, Universiti Putra Malaysia (JKEUPM). Respondents were given a brief explanation about the assurance of confidentiality and voluntariness through a consent form with the questionnaire. There was no video or photo taken without approval from the respondents.

CHAPTER 4

RESULTS

A total of 200 sets of questionnaires were distributed, however only 159 set questionnaires were completely answered and returned in which represented 80% of response rate.

4.1 Sociodemographic Background and Occupational Information among Frontline Hotel Employees

Table 4.1 presents the distribution of sociodemographic background and occupational information of frontline employees. Among the 159 frontline employees that participated in this study, majority of them 70(44%) were in the age range of 25-34, 88(55.3%) were male and 71(44.7%) were female. Besides, 116(73%) were Malay, 110(69.0%) were single, and 71(45.0%) educational level was certificate level. It also clearly shows about 81(51.0%) of frontline employees worked in the morning shift and the average score work duration of all employees was 8.61(1.252) hours. Apart from that, 117(73.6%) of the employees' job position were an hourly employee, 76(47.8%) work in the current hotel for less than 2 years and 101(63.5%) of the employees had received less than RM2000 monthly income.

Table 4.1: Distribution of socio-demographic background and occupational information of frontline hotel employees (N=159)

Variables	Frequency (%)	Mean (S.D)
Age		
≤ 24	57 (36.0)	
25-34	70 (44.0)	
35-44	22 (14.0)	
≥ 45	10 (6.0)	
Gender		
Male	88 (55.3)	
Female	71 (44.7)	
Race		
Malay	116 (73.0)	
Chinese	14 (8.8)	
Indian	17 (10.7)	
Other	12 (7.5)	
Marital status		
Single	110 (69.0)	
Married	41 (26.0)	
Divorced or widowed	8 (5.0)	
Educational level		
Certificate	71 (45.0)	
Diploma	56 (35.0)	
Degree	30 (19.0)	
Master	2 (1.0)	

Shift

Morning	81 (51.0)
Afternoon/ Evening	50 (31.0)
Night	28 (18.0)

Work duration

8.61 (1.252)

Job position

Manager	11 (6.9)
Supervisor	31 (19.5)
Hourly employee	117 (73.6)

Working experience in the current hotel

Less than 2 years	76 (47.8)
2-5 years	49 (30.8)
More than 5 years	34 (21.4)

Monthly income

Less than RM2000	101 (63.5)
RM2000-RM3000	40 (25.2)
More than RM3000	18 (11.3)

4.2 Factors Contributing to Psychological Well-Being and Work-Related Stress

Table 4.2 shows the results of score for the seven factors that contribute to psychological well-being and work-related stress among frontline hotel employees. The analysis showed that score for work demands (3.37), managers' support (3.65), interpersonal relationship (4.05), and organizational change (3.57) were green colored based on HSE Management Standards Analysis Tool with the recommendation of 'doing very well'. The term 'doing very well' means that performance of hotel organization for those contributing factors has achieved a score above or close to the 80th percentile and just need to maintain the performance. Besides, score for peer support (3.87) were blue colored with the recommendation of 'good, but need for improvement'. The term of 'good' in the tools mean that performance of hotel organization for those contributing factors has achieved better than average score but not yet at, above or close to the 80th percentile thus it needs improvement in the performance. However, the score for controls over work (3.45) and role (4.06) was yellow colored with the recommendation of 'clear need for improvement'. The term 'clear need for improvement' in the tools means that performance of hotel organization for those contributing factors has achieved below average score but not below the 20th percentile. The scores obtained were compared to the Organizational Averages (2004) because this is the benchmark data gathered from organizations in Britain.

Table 4.2: The score (main results) of work-stress factors compared to the benchmark of Organizational Averages (N=159)

Work-stress factors	Main results	Suggested interim target	Suggested longer-term target
Work demands	3.37	3.37	3.37
Control over work	3.45	3.56	3.72
Managers' Support	3.65	3.65	3.65
Peer Support	3.87	3.89	3.89
Interpersonal relationship	4.05	4.05	4.05
Role	4.06	4.15	4.31
Organizational change	3.57	3.57	3.57

Data Set: Organizational Averages



Doing very well - need to maintain performance
Represents those at, above or close to the 80th percentile



Good, but need for improvement
Represents those better than average but not yet at, above or close to the 80th percentile



Clear need for improvement
Represents those likely to be below average but not below the 20th percentile



Urgent action needed
Represents those below the 20th percentile

4.3 Prevalence of Self-Reported Depression, Anxiety and Stress

4.3.1 The Prevalence of Self-Reported Depression, Anxiety and Stress Experienced by the Frontline Employees

Table 4.3 summarizes the prevalence of self-reported depression, anxiety and stress experienced by the frontline hotel employees; specified into severity level. Overall, most of the employee reported being in a normal state of depression (75.5%), anxiety (64.2%), and stress (78.6%). Results of severity level for depression concluded that 4.4% were mild, 14.5% were moderate, 3.8% were severe, and 1.9% were extremely severe. The table also shows that the percentage of frontline employee experienced anxiety at a severity level of moderate and extremely severe were the same, which is 12.6%. Furthermore, there were only 5.7% and 5% were reported had mild and severe anxiety respectively. Consequently, the stress level among frontline hotel employees was 9.4% mild, 7.5% moderate, 3.8% severe, and only 0.6% extremely severe.

Table 4.3: Prevalence of self-reported depression, anxiety and stress experienced by the frontline hotel employees (N=159)

	Depression (%)	Anxiety (%)	Stress (%)
Normal	75.5	64.2	78.6
Mild	4.4	5.7	9.4
Moderate	14.5	12.6	7.5
Severe	3.8	5	3.8
Extremely severe	1.9	12.6	0.6

4.3.2 Comparison of the Prevalence of Self-Reported Depression, Anxiety and Stress among Frontline Employees of Luxury Hotel and Economy Hotel

Results in Table 4.4 show a comparison of the prevalence of self-reported depression, anxiety and stress between a luxury hotel and economy hotel frontline employees. Refer to mean rank; the analysis reported that the luxury hotel group (83.59) had experienced depression higher than economy hotel group (74.81). Besides, anxiety was found to be higher in employees from the luxury hotel group (81.28) compared to the economy hotel group (78.15). This is also similar to stress, which employees in the luxury hotel group (84.29) reported experiencing the stress higher than economy hotel group (73.80). However, the test shows no significant difference in the prevalence of self-reported depression, anxiety and stress between a luxury hotel and economy hotel frontline employees for depression, anxiety, and stress; $p > 0.05$.

Table 4.4: Comparison of the prevalence of self-reported depression, anxiety and stress between a luxury hotel and economy hotel frontline employees (N=159)

Variables	N	Mean rank	Median (IQR)	Z	p
Depression			1(0)	-1.570	0.116
Luxury	94	83.59			
Economy	65	74.81			
Anxiety			1(2)	-0.491	0.623
Luxury	94	81.28			
Economy	65	78.15			
Stress			1(0)	-1.972	0.49
Luxury	94	84.29			
Economy	65	73.80			

Z=Mann-Whitney U Test

4.3.3 Comparison of the Prevalence of Self-Reported Depression, Anxiety and Stress among Male and Female Frontline Employees

A comparison of the prevalence of self-reported depression, anxiety and stress between male and female frontline employees is presented in Table 4.5. Refer to mean rank; the analysis showed that male employees (81.05) had experienced depression higher compared to female employees (78.70). Anxiety was found to be higher in male employees (81.21) than female employees (78.50). The result also shows that female employees (82.03) experienced stress higher than male employees (78.36). However, the test shows no significant difference in the prevalence of self-reported depression, anxiety and stress between male and female frontline employees; $p > 0.05$.

Table 4.5: Comparison of the prevalence of self-reported depression, anxiety and stress between male and female frontline employees (N=159)

Variables	N	Mean rank	Median (IQR)	Z	p
Depression			1(0)	-0.423	0.672
Male	88	81.05			
Female	71	78.70			
Anxiety			1(2)	-0.431	0.666
Male	88	81.21			
Female	71	78.50			
Stress			1(0)	-0.697	0.486
Male	88	78.36			
Female	71	82.03			

Z=Mann-Whitney U Test

4.4 Associations between Contributing Factors with Depression, Anxiety and Stress among Frontline Employees

Table 4.6 presents the association between contributing factors with depression, anxiety and stress among frontline hotel employees. Firstly, results for depression as the dependent variable revealed that r^2 value is 0.307, which indicates independent variables explain 30.7% of the variability of the dependent variable. The prediction model of depression among frontline hotel employees is:

$$\text{Depression} = 39.992 - (2.361 \times \text{work demands}) - (3.291 \times \text{interpersonal relationship}) \\ - (2.768 \times \text{role})$$

From seven contributing factors; work demands, interpersonal relationship, and role added statistically significantly to the prediction of depression, $p < 0.05$. From the analysis, it is noted that work demands, interpersonal relationship as well as role have negative relationship and significantly related with depression ($r = 0.319^{**}$, $p=0.026$; $r = -0.347^{**}$, $p < 0.001$; $r = -0.239^{**}$, $p=0.034$).

Next, results for anxiety as the dependent variable revealed that r^2 value is 0.226, which indicates independent variables explain 22.6% of the variability of the dependent variable. The prediction model of anxiety among frontline hotel employees is:

$$\text{Anxiety} = 32.600 + (1.457 \times \text{organizational change})$$

From seven contributing factors; only interpersonal relationship added statistically significantly to the prediction, $p < 0.05$. From the analysis, it is noted that the interpersonal relationship has a negative relationship and significantly related with anxiety ($r = -0.375^{**}$, $p=0.001$).

Results for stress as dependent variable revealed that r^2 value is 0.181, which indicates independent variables explain 18.1% of the variability of the dependent variable. The prediction model of stress among frontline hotel employees is:

$$\text{Stress} = 27.942 - (2.801 \times \text{work demands}) - (2.590 \times \text{interpersonal relationship})$$

From seven contributing factors; work demands and interpersonal relationship added statistically significantly to the prediction, $p < 0.05$. From the analysis, it is also noted that the work demands and interpersonal relationship has a negative relationship and significantly related with stress ($r = -0.312^{**}$, $p=0.026$).

Table 4.6: Contributing factors associated with depression, anxiety and stress among frontline hotel employees (N=159)

Variables	Adjusted <i>b</i> (95% CI)	<i>t</i>	<i>p</i>
Depression			
(Constant)	39.992 (29.81,50.17)		0.000
Work demands	-2.361 (-4.44,-0.28)	-0.203	0.026*
Control over work	-2.064 (-4.28,0.15)	-0.163	0.067
Managers' support	-0.182 (-2.84,2.47)	-0.014	0.892
Peer support	1.274 (-1.357,3.91)	0.097	0.340
Interpersonal relationship	-3.291 (-5.03,-1.55)	-0.348	0.001***
Role	-2.768 (-5.33,-0.206)	-0.199	0.034*
Organizational change	0.443 (-1.70,2.59)	0.036	0.684
Anxiety			
(Constant)	32.600 (21.44,43.76)		0.000
Work demands	-2.233 (-4.51,0.045)	-0.185	0.055
Control over work	-1.172 (-3.60)	-0.089	0.341
Managers' support	0.270 (-2.64,3.18)	0.020	0.855
Peer support	0.155 (-2.73,3.04)	0.011	0.916
Interpersonal relationship	-3.188 (-5.10,-1.28)	-0.325	0.001**
Role	-1.881 (-4.69, 0.93)	-0.131	0.188
Organizational change	1.457 (-0.90,3.81)	0.114	0.223
Stress			
(Constant)	27.942 (16.30,39.58)		0.000
Work demands	-2.801(-5.18,-0.425)	-0.229	0.021*
Control over work	-1.148 (-3.68,1.38)	-0.086	0.371
Managers' support	1.091 (-1.94,4.13)	0.081	0.478
Peer support	1.925 (-1.08,4.93)	0.139	0.208
Interpersonal relationship	-2.590 (-4.58,-0.597)	-0.261	0.011*
Role	-2.140 (-5.07,0.79)	-0.147	0.151
Organizational change	0.376 (-2.08,2.83)	0.029	0.762

Multiple Linear Regression (*Enter*)

**p*-value significant at 0.05 level

***p*-value significant at 0.001 level

****p*-value significant at <0.001 level

CHAPTER 5

DISCUSSION

5.1 Factors Contributing to Psychological Well-Being and Work-Related Stress

There was no previous study found in Malaysia on the factors contributing to psychological well-being and work-related stress specifically among frontline employees. As such, a comparison to study by Ridzuan (2017) among office workers can be made because of the similar nature of work to the frontline hotel employees. The finding mentioned role ambiguity, role conflict and workload are the three contributing factors in the hospitality industry. Besides, a comparison also can be made to a study in India by Rao & Goel (2017) where it was found that workload, control over work, role clarity, interpersonal relations, managerial support, and organizational policies as six major contributing factors in the hotel sector. Similarly, finding in this study shows that control over work and role factor are the contributing factors to psychological well-being and work-related stress among frontline hotel employees. This result portrays a reliable view in order for the hotel management or organization to develop effective prevention strategies.

5.2 Prevalence of Self-Reported Depression, Anxiety and Stress

5.2.1 The Prevalence of Self-Reported Depression, Anxiety and Stress Experienced by the Frontline Employees

Previously, AIA Vitality survey results in 2017 and 2018 stated that Malaysian employees are found to be at high risk of health problems and highlighted the prevalence of mental health issues in the workplace is increasing with 50.2% of employees having at least one dimension of work-related stress. In this study, results of the prevalence of self-reported depression, anxiety, and stress among frontline hotel employees were seen to be high in the normal state. However, prevalence for self-reported depression, anxiety, and stress in mild, moderate, severe, and extremely severe category was also found to be as high as the normal state which cannot be overlooked; as this shows some of the respondents have developed the symptoms and may be worse in the future. In fact, it is important to keep aware on these groups of people and take a step to improve their health and well-being in the workplace.

5.2.2 Comparison of the Prevalence of Self-Reported Depression, Anxiety and Stress among Frontline Employees of Luxury Hotel and Economy Hotel

There was no previous study on depression, anxiety and stress based on hotel size found in Malaysia. As such, study on job satisfaction and turnover rates can be related to this study; a similar outcome of psychological well-being and work-related stress. The Demand-Control Model (Karasek, 1979) stated that the highest level of stress-related problem and other negative consequences occur when there were high

demand and low job control at work. Past study has mentioned that work-related stress can cause in low job satisfaction (Lee & Way, 2010) and high turnover rates (Imtiaz & Ahmed, 2009). Besides, study by Mount (2006) in other country shows that there was no significant relationship between employees' satisfaction and hotel size. Similarly, this study identified that there was no significant difference in the prevalence of self-reported depression, anxiety and stress between the economy hotel and luxury hotel of frontline employees.

5.2.3 Comparison of the Prevalence of Self-Reported Work-Related Stress among Male and Female Frontline Employees

Previous study by Michael et al. (2009) found that women generally experiencing greater occupational stress than men. However, there was a study by Shani and Pizam (2009) found that gender had no statistically significant effect on psychological well-being and work-related stress. Similarly, there was no significant difference in the prevalence of self-reported work-related stress between male and female frontline employees found in this study. Basically, the results of no significant difference found based on gender might be due to individuals' have learned the strategies on how to cope with stress-related problems in their work environment (Parasuraman & Cleek, 1984); past study stated that courses on public relation and how to interact with customers or organizations can helps and contribute in reducing stressful conditions at work.

5.3 Associations between Contributing Factors with Depression, Anxiety and Stress among Frontline Employees

In this study, the data revealed that work demands, interpersonal relationship and role have an association with depression among frontline hotel employees. It was found that these three factors are negatively and significantly related with depression; meaning to say that when there is a decrease in these three factors, there will be an increase in depression. A similar study from Zhao (2016), the findings identified that role of job such as task identity had a significant negative relationship with work-related stress. This indicated the employees that know specifically their job role or task would have less work-related stress in the workplace. Moreover, employees that have a good interpersonal relationship also would have less stress in the workplace. This can be proven by referring to the theory of Job Demand-Resources Model; where good working condition includes organization and co-worker can result in a positive outcome (Bakker & Demerouti, 2007).

Besides, this study revealed interpersonal relationship has an association with anxiety and stress among frontline employees. It was found that interpersonal relationship is negatively and significantly related with anxiety and stress; when there is a decrease in these two factors, there will be an increase in anxiety and stress. This finding can be supported by the study of Lee (2012) where it was proved work-stress factors; strain relationship and customer orientation had negative and significant effects among the hotel employees. Thus, the phenomenon in this current study met the theory of Person-Environment (P-E) Fit; *stress is caused by a bad "person-environment fit"* (French, Rodgers & Cobb, 1974).

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

In summary, there are few factors which were significantly contributing to psychological well-being and work-related stress among the workers in the hospitality sectors. Work demands, interpersonal relationship and role show a significant association with the depression, anxiety and stress. Meanwhile, only interpersonal relationship contributed to anxiety and stress. Besides, there was no significant different on prevalence of depression, anxiety and stress based on hotel's service level and gender. Also, this cross-sectional study provides new baseline data that can be used for further study and highlights the factors that lead to psychological well-being and work-related stress among the workers in the hospitality sectors. Overall, hotels management need to take a step and do something for improving the working environment as it was found some of the workers have developed the symptoms of depression, anxiety, and stress. Thus, by understanding those contributing factors, the hotel management can take this study as their source of information in creating a stress-free environment to employees in order to improve employee's well-being and reduced the work-related stress issue. With that, the hotel's performance and quality service are also indirectly can be improved.

6.2 Limitation

There are a few limitations in this study. Firstly, the data were only collected using a questionnaire that might cause bias as it is a self-reporting from the employees and no confirmation on the honesty of them could be taken during the completion of the questionnaire. This is because the employees tend to answer the questionnaire in a way that portrays them in a good condition. Apart from that, limited cooperation from hotel management caused the results from this study cannot be generalized to the hotel industry in other states.

6.3 Recommendation

For future study, it is recommended that a cortisol test with questionnaire should be used instead of using the questionnaire only. Besides, a larger survey should be done in the future where more than one region must be included as this will help to provide a more accurate picture of this issue. Further research on other group work of employees is needed so that a comparison of results among them in hotel industries can be made. Above all, findings from this study would suggest the hotel management to always monitoring the needs of the employees and regularly seeking their feedback on any initiative to make the work environment more meaningful. Besides, management should always give reward or promotion to the employees as appreciating their hard work. Moreover, it is also suggested for the upper management to always have an attitude of supportive and caring to the employees. Last but not least, provide more training for the employees to learn more about public relation and to differentiate task according to priority so that unnecessary stress in the workplace can be overcome.

REFERENCES

- Ahmad Nur Azam Ahmad Ridzuan, Norlida Zakirai@Zakaria, Erratul Shela Eshak, Munirah Mohd Jidi, Norida Abu Bakar, Nur Faithzah Jamian, & Amirudin Mohd Zani. (2017). Occupational Stress on Job Performance of Office WorkBased Employees in Malaysia's Port. *International Journal of Academic Research in Business and Social Sciences*, 7(11). Retrieved from <http://dx.doi.org/10.6007/IJARBSS/v7-i11/3568>
- AIA Vitality. (2017, March 16). AIA Launches Malaysia's Healthiest Workplace by AIA Vitality. Retrieved from <https://www.aia.com.my/en/about-aia/media-centre/press-releases/2017/aia-launches-malaysias-healthiest-workplace-by-aia-vitality.html>
- AIA Vitality. (2018, November 26). One Year Later: Malaysian Workforce Experience High Productivity Loss and Work-related Stress. Retrieved from <https://www.aia.com.my/en/about-aia/media-centre/press-releases/2018/one-year-later-malaysian-workforce-experience-high-productivity-loss-and-work-related-stress.html>
- Clark, L. A., & Watson, D. (1995). Constructing validity: Basic issues in objective scale development. *Psychological Assessment*, 7 (3), 309.
- David Soo-Quee Koh, & Gerald Choon-Huat Koh. (2007). The Use of Salivary Biomarkers in Occupational and Environmental Medicine. *Occupational Environment Medicine*, 64: 202-210. DOI: 10.1136/oem.2006.026567
- Essays, UK. (November 2018). Analysis of the Hotel Industry in Malaysia. Retrieved from <https://www.ukessays.com/dissertation/examples/project-management/hotel-industry-in-malaysia.php?vref=1>
- Front line operators. *BusinessDictionary.com*. Retrieved April 18, 2019, from *BusinessDictionary.com* website: <http://www.businessdictionary.com/definition/front-line-operators.html>
- Ghazali, H. (2010). *Employee intention to leave a job: A case of Malaysian fast food industry*. New Zealand, Wellington: University of Waikato.
- Geetika, & Shefali Nandan. (2010). Determinants of Customer Satisfaction on Service Quality: A Study of Railway Platforms in India. *Journal of Public Transportation*, 13(1). Retrieved from <https://scholarcommons.usf.edu/cgi/viewcontent.cgi?article=1149&context=jpt>
- Gobelna, A., Sidorkiewicz, M., & Tokarz-Kocik, A. (2016). Job Satisfaction among Hotel Employees: Analyzing Selected Antecedents and Job Outcomes. A Case Study from Poland. DOI: 10.15611/aoe.2016.2.11

- Health and Safety Executive. (2018, October 31). Work-related Stress, Depression or Anxiety Statistics in Great Britain, 2018. Retrieved from <http://www.hse.gov.uk/statistics/causdis/stress.pdf>
- Health and Safety Executive. (n.d.). What are the Management Standards?. Retrieved from <http://www.hse.gov.uk/stress/standards/index.htm>
- Hotel. BusinessDictionary.com. Retrieved April 18, 2019, from BusinessDictionary.com website: <http://www.businessdictionary.com/definition/hotel.html>
- International Labour Organization. (n.d.). ILO report examines mental health in the workplace in Finland, Germany, Poland, United Kingdom and United States. Retrieved from <https://www.thestar.com.my/news/nation/2018/10/02/stress-and-workplace-depression-must-be-addressed-says-mental-health-association/>
- Imtiaz, S., & Ahmad Muhammad Shakil. (2009). Impact Of Stress On Employee Productivity, Performance And Turnover; An Important Managerial Issue. *International Review of Business Research Papers*, 5(4), 468-477.
- Jusoh, J., Mohammadi, S., Hashemi & Kiurmasi, S. (2015). Exploring the Role of Stress on Organizational Commitment Among Employees in Hospitality Industry : the Mediating Role of Job. *Internaional Journal of Information Research and Review*, 2(9), 1144–1150.
- Karasek, R., & Theorell, T. (1990). Healthy work: stress, productivity and reconstruction of working life. (pp. 31–40, 161–167). New York, USA: Basic Books.
- Karasek, R. A., Brisson, C., Kawakami, N., Houtman, I., Bongers, P., & Amick, B. (1998). The job content questionnaire (JCQ): an instrument for internationally comparative assessments of psychological job characteristics. *J Occup Health Psychol*, 3(4), 322–355.
- Karatepe, O. M., & Uludag, O. (2009). Role stress, burnout and their effects on frontline hotel employees' job performance: Evidence from Northern Cyprus. *International Journal of Tourism Research*, 10(2), 111–126. <https://doi.org/10.1002/jtr.645>
- Kim, B. C. P., Murrmann, S. K., & Lee, G. M. (2009). Moderating effects of gender and organizational level between role stress and job satisfaction among hotel employees. *International Journal of Hospitality Management*, 28(4), 612-619. doi: [10.1016/j.ijhm.2009.04.001](https://doi.org/10.1016/j.ijhm.2009.04.001)
- Kotera, Y., Adhikari, P. & Van Gordon, W. (2018). Motivation Types and Mental Health of UK Hospitality Workers. *International Journal of Mental Health Addiction* 16(3): 751-763. Retrieved from <https://doi.org/10.1007/s11469-018-9874-z>

- Ledgerwood, C. E., Crotts, J. C., & Everett, A. M. (1998). Antecedents of Employee Burnout in the Hotel Industry. *Progress in Tourism and Hospitality Research*, 4(1), 31-44. Retrieved from [https://doi.org/10.1002/\(SICI\)1099-1603\(199803\)4:1<31::AID-PTH127>3.0.CO;2-5](https://doi.org/10.1002/(SICI)1099-1603(199803)4:1<31::AID-PTH127>3.0.CO;2-5)
- Lin, J.H., Wong, J.Y., & Ho, C.H. (2013), "Promoting frontline employees' quality of life: leisure benefit systems and work-to-leisure conflicts". *Tourism Management*, 36(3), pp. 178-187.
- Lee, G., Kim, T., Shin, S. H., & OH, I. K. (2012). The managed heart: The structural analysis of the stressor–strain relationship and customer orientation among emotional labor workers in Korean hotels. *International Journal of Hospitality Management*, 31(4):1067-1082. Retrieved from <https://doi.org/10.1016/j.ijhm.2012.01.003>
- Lee, C., & Way, K. (2010). Individual employment characteristics of hotel employees that play a role in employee satisfaction and work retention. *International Journal of Hospitality Management*, 29(3):344-353. DOI: [10.1016/j.ijhm.2009.08.008](https://doi.org/10.1016/j.ijhm.2009.08.008)
- Mount, D. J. & Frye, W. D. (2006). The Impact of Hotel Size and Service Type on Employee Job Satisfaction. *Hospitality Review*, 24(1): 60-68. Retrieved from <http://digitalcommons.fiu.edu/hospitalityreview/vol24/iss1/7>
- Malaysian Investment Development Authority (MIDA). (2019). *Hospitality*. Retrieved from <http://www.mida.gov.my/home/hospitality/posts/>
- Marcotto, F., Colautti, L. Filon, F. L., Luis, O., & Ferrante, D. (2014). The HSE Management Standards Indicator Tool: concurrent and construct validity. *Occupational Medicine*, 64(5), 365–371. Retrieved from <https://doi.org/10.1093/occmed/kqu038>
- Noor Hassim Ismail & Arma Noor. (2016). Occupational Stress and Its Associated Factors Among Academician in a Research University, Malaysia. *Malaysian Journal of Public Health Medicine*, 16 (1)
- Ng, Shawn. (2018, May 25). Hotels mushrooming in Malaysia. *EdgeProp.my*. Retrieved from <https://www.edgeprop.my/content/1350899/hotels-mushrooming-malaysia>
- Parasuraman, S., & Cleek, M.A. (1984). Coping Behaviors and Managers' Affective Reactions to Role Stressors. *Journal of Vocational Behavior*, 24, 179–193.
- Rao, E., & Goel, A. (2017). Factors causing work-related stress in the Hospitality Sector: A study of employees in three-star hotels in Dehradun Region - India. *International Journal of Multidisciplinary Research*, 3(2). Retrieved from <http://research.iars.info/index.php/curie/article/view/65>

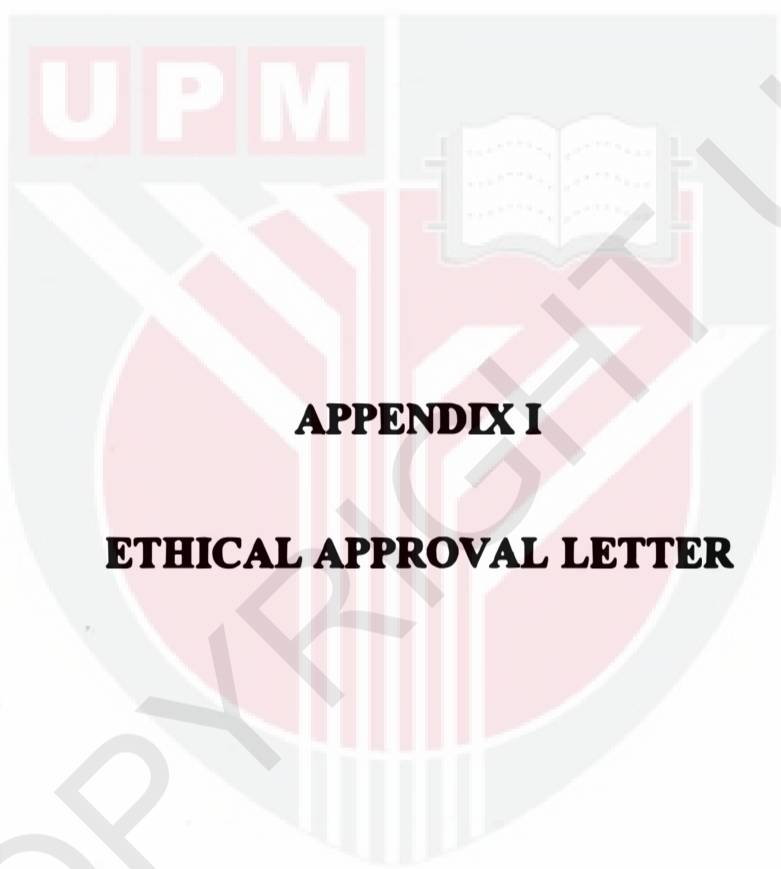
- Regus: 70% M'sian workers see increase in stress-related illnesses. *The Star Online*. Retrieved 22 November 2013, from <https://www.thestar.com.my/news/nation/2018/10/02/stress-and-workplace-depression-must-be-addressed-says-mental-health-association/>
- Robert, K., McHugh, M., & McCrory, M. (2009). HSE Management Standards and stress-related work outcomes. *Occupational Medicine*, 59(8), 574–579. Retrieved from <https://doi.org/10.1093/occmed/kqp146>
- Robert Walters. (2017). The Value of Promoting Employee Health and Wellbeing. Retrieved from <https://www.robertwalters.com/content/dam/robert-walters/corporate/news-and-pr/files/whitepapers/health-and-wellbeing-whitepaper-aus.pdf>
- Rusli Nordin, Amrina Kaur, Trivedi Soni, Loh Kean Por, & Shashi Miranda. (2017). Construct validity and internal consistency reliability of the Malay version of the 21-item depression anxiety stress scale (Malay-DASS-21) among male outpatient clinic attendees in Johor. *Med J Malaysia*, 72(5), 264-270. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/29197880>
- Siti Aisyah Panatik, Azizah Rajab, Roziana Shaari, Ishak Mad Shah, Hamidah Abdul Rahman, & Siti Khadijah Zainal Badri. (2012). Impact of Work-related Stress on Well-being among Academician in Malaysian Research University. *International Conference on Education and Management Innovation IPEDR*, 30. Retrieved from: <https://www.researchgate.net/publication/267203835>
- SetupMyHotel. (2018). Types of Hotels/ Classifications of Hotels. Retrieved from <https://setupmyhotel.com/train-my-hotel-staff/front-office-training/76-classification-of-hotels.html>
- Tan Teck-Hong, & Mohamed Irfan Ismail. (2011). Identifying Work-Related Stress among Employees in the Malaysian Financial Sector. Retrieved from <https://pdfs.semanticscholar.org/29a0/e4c079d449d135ba7f3badc6605ecc7b9401.pdf>
- Tsai, Y., & Liu, C. (2012). Factors and symptoms associated with work stress and health-promoting lifestyles among hospital staffs: a pilot study in Taiwan. *BMC Health Services Research*, 12: 199.
- Victoria State Government. (2012, June). Work-related Stress. Better Health Channel. Retrieved from <https://www.betterhealth.vic.gov.au/health/healthyliving/work-related-stress>
- Wani Muthiah. (2018, October 2). Stress and workplace depression must be addressed, says mental health association. *The Star Online*. Retrieved from <https://www.thestar.com.my/news/nation/2018/10/02/stress-and-workplace-depression-must-be-addressed-says-mental-health-association/>

Wireko-Gyebi, S. (2016). Influence of socio-demographic characteristics and occupational attributes on work-related stress among frontline hotel employees in the Kumasi metropolis. *African Journal of Hospitality, Tourism and Leisure*, 5(2). Retrieved from http://www.ajhtl.com/uploads/7/1/6/3/7163688/2016_article_31_vol_5_2.pdf

Wireko-Gyebi, S., & Ohenaba, A. (2014). Work-related Stress in Hotels: An Analysis of the Causes and Effects among Frontline Hotel Employees in the Kumasi Metropolis, Ghana. *Journal of Tourism and Hospitality*, 3(2): 127. doi:10.4172/2167-0269.1000127

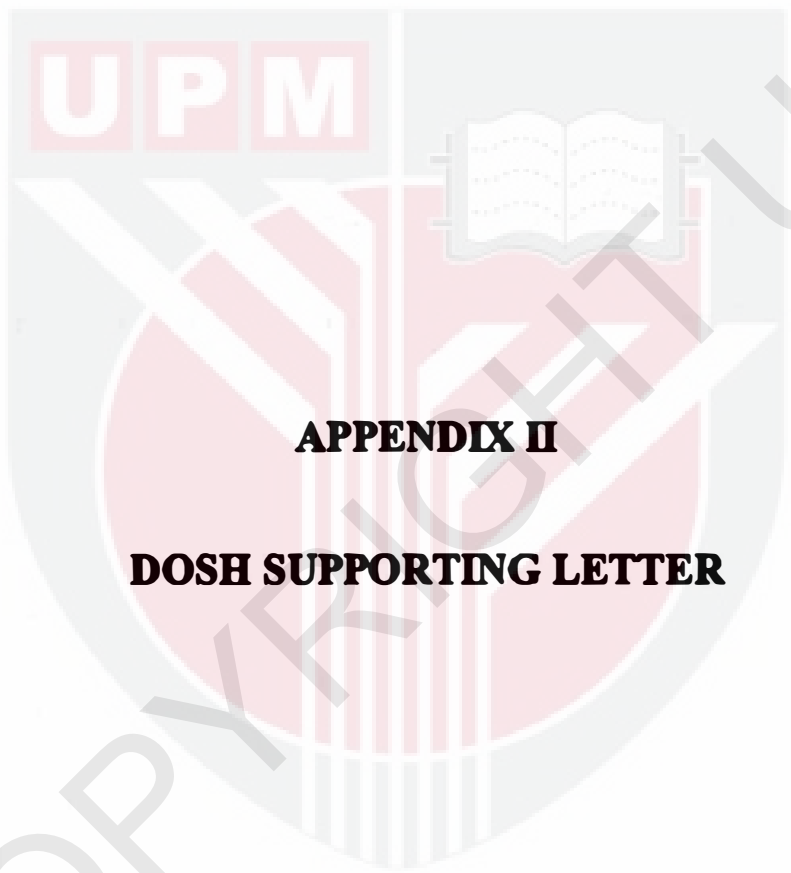
World Health Organization. (2019). Stress at the Workplace. Retrieved from https://www.who.int/occupational_health/topics/stressatwp/en/





APPENDIX I

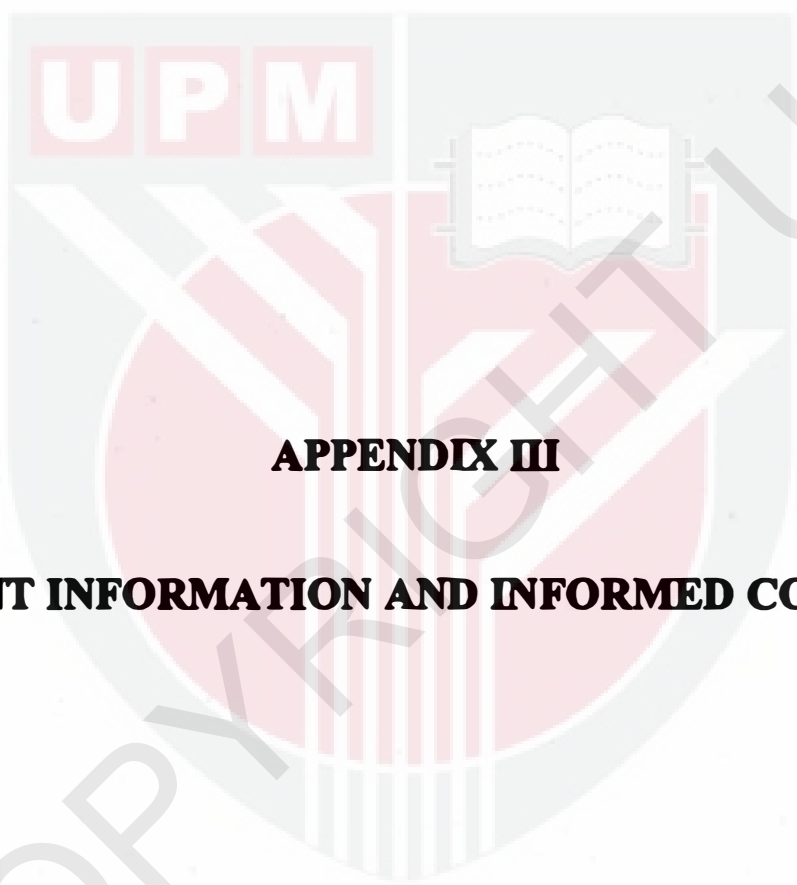
ETHICAL APPROVAL LETTER



APPENDIX II

DOSH SUPPORTING LETTER

© COPYRIGHT UPM



APPENDIX III

PARTICIPANT INFORMATION AND INFORMED CONSENT FORM



UPM
UNIVERSITI PUTRA MALAYSIA

**JAWATANKUASA ETIKA UNIVERSITI UNTUK
PENYELIDIKAN MELIBATKAN MANUSIA (JKEUPM)
UNIVERSITI PUTRA MALAYSIA, 43400 UPM SERDANG,
SELANGOR, MALAYSIA**

FORM 2.4: RESPONDENT'S INFORMATION SHEET AND INFORMED CONSENT FORM

Please read the following information carefully and do not hesitate to discuss any questions you may have with the researcher.

1. STUDY TITLE :

Factors Contributing to Work-Related Stress among Frontline Hotel Employees in Klang Valley.

2. INTRODUCTION:

Work-related stress is the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope. Working in hotel industry, especially as frontline employees are exposed to pressure as they involve frequent interaction with customers and required to deal with numerous demands from them. This is due to the nature of work which includes interactions with various types of guests, long working hours, high emotional demand, high work pace, and problems with coordination of work. Work-related stress became a growing problem in public health and organization because it is adversely impact to the employees. In Malaysia, study on the factors that contribute to work-related stress especially among hospitality industries are still limited. Thus, this study aims to present the overview of factors causing work-related stress among frontline hotel employees in Klang Valley.

3. WHAT WILL YOU HAVE TO DO?

This study involve a questionnaire survey. Your participation in this study is voluntary and you do not have to participate in this study if you do not want to. If you volunteer to participate, you may withdraw from this study at any time without penalty or any kind. Before answering the questionnaire, you are advised to read carefully, understand, and answer all of the questions in the questionnaire. After answer all of the questions, the questionnaire should be returned to the researcher.

4. WHO SHOULD NOT PARTICIPATE IN THE STUDY?

Respondents who have this criteria are excluded from participate in this study:

- i) Hotel employees who are not directly dealing with customers

5. WHAT WILL BE THE BENEFITS OF THE STUDY:

(a) TO YOU AS THE SUBJECT?

This study will give you new knowledge on work-related stress and the common workplace stressors that lead to the stress. You will also get benefit from the results of survey, as you will know if you are experience work-related stress, and from that you can take action to manage it.

(b) TO THE INVESTIGATOR?

This study will be new study on the factors that lead to work-related stress among hotel employees.

6. WHAT ARE THE POSSIBLE RISKS?

This study will not imposed any physical or psychological risks to the subjects.

7. WILL THE INFORMATION THAT YOU PROVIDE AND YOUR IDENTITY REMAIN CONFIDENTIAL?

All of the information from questionnaire and respondent's information sheet and informed consent form are private and confidential, which it will not be exposed to the third party. Questionnaire that are completed will be coding using code. Finally, respondent's individual information will not be include into any reasearch and publication.

8. WHO SHOULD YOU CONTACT IF YOU HAVE ADDITIONAL QUESTIONS DURING THE COURSE OF THE RESEARCH?

If you have any enquiry about this study, you can direct contact **Ms Nur Syafiqah binti Hanapi, 011-62321859 (or email to syaf5098@gmail.com)** or the researcher's supervisor:

Dr. Ng Yee Guan,
Department of Environmental and Occupational Health
Faculty of Medicine and Health Sciences
Universiti Putra Malaysia

Tel: 03-89472396
Fax: 03-89472395
Email: shah86zam@upm.edu.my

Please initial here if you have read and understood the contents of this page_____

9. CONSENT

I Identity Card No.
address.....
.....hereby voluntarily agree to take part in the research stated
above *(clinical /drug trial/video recording/ focus group/interview-based/ questionnaire-based).

I have been informed about the nature of the research in terms of methodology, possible adverse effects and complications (as written in the Respondent's Information Sheet). I understand that I have the right to withdraw from this research at any time without giving any reason whatsoever. I also understand that this study is confidential and all information provided with regard to my identity will remain private and confidential.

I* wish / do not wish to know the results related to my participation in the research

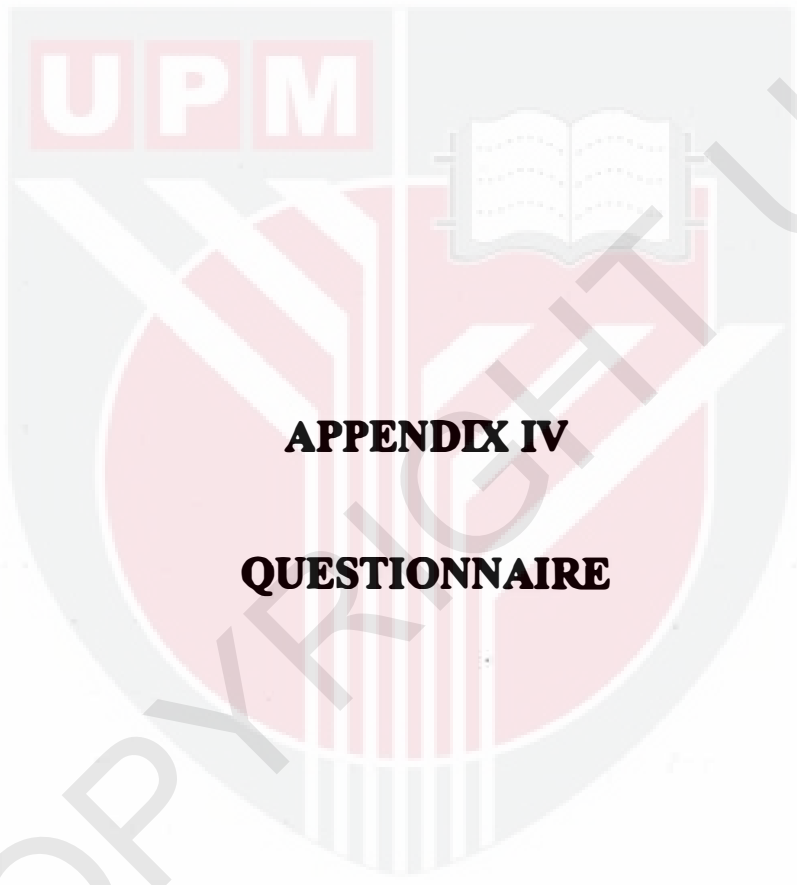
I agree/do not agree that the images/photos/video recordings/voice recordings related to me be used in any form of publication or presentation (if applicable)

* delete where necessary

Signature Signature
(Respondent) (Witness)
Date : Name :
I/C No. :

I confirm that I have explained to the respondent the nature and purpose of the above-mentioned research.

Date Signature
(Researcher)



APPENDIX IV
QUESTIONNAIRE



**Department of Environment and Occupational Health
Faculty of Medicine and Health Sciences
Universiti Putra Malaysia**

**TITLE: FACTORS CONTRIBUTING TO WORK-RELATED STRESS AMONG
FRONTLINE HOTEL EMPLOYEES IN KLANG VALLEY**

**TAJUK: FAKTOR-FAKTOR YANG MENYUMBANG KEPADA TEKANAN BERKAITAN DENGAN KERJA
DALAM KALANGAN PEKERJA HOTEL BARISAN HADAPAN DI LEMBAH KLANG**

Questionnaire instruction

This questionnaire contains 3 parts:

Part A: Socio-demographic and occupational information

(Maklumat sociodemografi dan pekerjaan)

Part B: Work stress factors

(Faktor-faktor tekanan berkaitan dengan kerja)

Part C: Health information

(Maklumat kesihatan)

**Respondent required answering all questions in this questionnaire and please mark
your answer clearly. Answer will be private and confidential, only for study purpose.**

Please return this questionnaire booklet to researcher upon completion.

Part A: Socio-demographic and occupational information

Bahagian A: Maklumat sosio-demografi dan pekerjaan

Age / Umur : _____ years old / tahun

Gender / Jantina : Male / Lelaki Female / Perempuan

Race / Bangsa : Malay / Melayu
 Chinese / Cina
 Indian / India
 Others (please state) : _____
Lain-lain (Sila nyatakan)

Marital status / Status perkahwinan : Single / Bujang
 Married / Berkahwin
 Divorced or Widowed / Berceraai atau Duda

Education level : Certificate / Sijil Diploma / Diploma
Tahap pendidikan Degree / Ijazah Master / Ijazah sarjana
 PhD / PhD Others (please state) : _____
Lain-lain (Sila nyatakan)

Shift / Syif : _____

Duration of work / Tempoh bekerja : _____ hours / jam

Job position / Jawatan

- : **Manager / Pengurus**
 Supervisor / Peyella
 Hourly employee / Pekerja biasa
 Other (please state) : _____
Lain-lain (Sila nyatakan)

Working experience in the current hotel / :
Pengalaman bekerja di hotel semasa

- less than 2 years / kurang dari 2 tahun**
 2-5 years / 2-5 tahun
 more than 5 years / lebih dari 5 tahun

Monthly income / Pendapatan bulanan :

- <RM2000**
 RM2000-RM3000
 >RM3000

Part B: Work stress factors

Bahagian B: Faktor tekanan kerja

Please read each statement and mark on how far they apply to you. Your responses to these statements reflect your work in the LAST SIX MONTHS.

Sila baca setiap kenyataan dan tandakan sejauh mana ia berlaku kepada anda. Respon anda kepada kenyataan ini menggambarkan kerja anda dalam ENAM BULAN LEPAS.

	Items Perkara	Never Tidak pernah	Seldom Jarang	Sometimes Kadang kala	Often Selalu	Always Sangat kerap
1	I am clear what is expected of me at work <i>Saya jelas dengan apa yang diharapkan daripada saya di tempat kerja</i>					
2	I can decide when to take a break <i>Saya boleh membuat keputusan bila ingin mengambil waktu rehat</i>					
3	Different groups at work demand things from me that are hard to combine <i>Kumpulan-kumpulan yang berbeza di tempat kerja membuat suatu permintaan daripada saya yang sukar untuk digabungkan</i>					
4	I know how to go about getting my job done <i>Saya tahu bagaimana menyelesaikan tugas saya</i>					
5	I am subject to personal harassment in the form of unkind words or behaviour <i>Saya diganggu secara peribadi melalui kata-kata atau perilaku yang tidak baik</i>					
6	I have unachievable deadlines <i>Saya mempunyai tarikh akhir yang belum dicapai</i>					
7	If work gets difficult, my colleagues will help me <i>Jika tugas menjadi sukar, rakan-rakan sekerja akan membantu saya</i>					
8	I am given supportive feedback on the work I do <i>Saya diberikan maklum balas yang amat membantu terhadap tugas yang dilaksanakan</i>					

	Items Perkara	Never Tidak pernah	Seldom Jarang	Sometimes Kadang kala	Often Selalu	Always Sangat kerap
9	I have to work very intensively <i>Saya harus bekerja dengan begitu intensif</i>					
10	I have a say in my own speed of work <i>Saya boleh membuat keputusan dalam kelajuan menjalankan tugas saya</i>					
11	I am clear what my duties and responsibilities are <i>Saya jelas dengan tugas dan tanggungjawab saya</i>					
12	I have to neglect some tasks because I have too much to do <i>Saya terpaksa meninggalkan beberapa tugas kerana saya mempunyai terlalu banyak benda yang harus dilakukan</i>					
13	I am clear about the goals and objectives for my department <i>Saya jelas dengan matlamat dan objektif jabatan saya</i>					
14	There is friction or anger between colleagues <i>Ada berlakunya pergeseran atau keberangan antara rakan sekerja</i>					
15	I have a choice in deciding how I do my work <i>Saya mempunyai pilihan untuk membuat keputusan bagaimana saya menjalankan tugas</i>					
16	I am unable to take sufficient breaks <i>Saya tidak dapat mengambil waktu rehat yang secukupnya</i>					
17	I understand how my work fits into the overall aim of the organisation <i>Saya faham bagaimana tugas saya sesuai dengan matlamat keseluruhan organisasi</i>					
18	I am pressured to work long hours <i>Saya dipaksa bekerja untuk jangka masa yang panjang</i>					
19	I have a choice in deciding what I do at work <i>Saya mempunyai pilihan untuk membuat keputusan tentang apa yang dilakukan di tempat kerja</i>					
20	I have to work very fast <i>Saya harus bekerja dengan sangat pantas</i>					
21	I am subject to bullying at work <i>Saya dibuli di tempat kerja</i>					
22	I have unrealistic time pressures <i>Saya mendapat tekanan masa yang tidak realistik</i>					
23	I can rely on my immediate supervisor/ manager to help me out with a work problem <i>Saya boleh bergantung harap kepada pengurus terdekat saya untuk membantu saya dalam masalah kerja</i>					

	Items Perkara	Strongly disagree Sangat tidak setuju	Disagree Tidak setuju	Neutral Neutral	Agree Setuju	Strongly agree Sangat setuju
24	I get help and support I need from colleagues <i>Saya mendapat bantuan dan sokongan yang diperlukan daripada rakan sekerja</i>					
25	I have some say over the way I work <i>Saya boleh membuat keputusan atas cara kerja saya</i>					
26	I have sufficient opportunities to question managers about change at work <i>Saya mempunyai peluang yang cukup untuk menyoal pengurus saya tentang perubahan di tempat kerja</i>					
27	I receive the respect at work I deserve from my colleagues <i>Saya dihormati di tempat kerja oleh rakan-rakan sekerja saya</i>					
28	Staff are always consulted about change at work <i>Para pekerja sering dirujuk tentang perubahan di tempat kerja</i>					
29	I can talk to my immediate supervisor/ manager about something that has upset or annoyed me about work <i>Saya boleh berbincang dengan pengurus terdekat saya tentang apa-apa yang mengganggu atau menyakitkan hati saya tentang kerja</i>					
30	My working time can be flexible <i>Waktu kerja saya adalah fleksibel</i>					
31	My colleagues are willing to listen to my work-related problems <i>Rakan-rakan sekerja saya bersedia mendengar masalah saya yang berkaitan dengan kerja</i>					
32	When changes are made at work, I am clear how they will work out in practice <i>Apabila berlakunya perubahan di tempat kerja, saya jelas tentang bagaimana ia akan dilaksanakan secara praktikal</i>					
33	I am supported through emotionally demanding work <i>Saya mendapat sokongan semasa menempuhi kerja yang mendesak emosi</i>					
34	Relationships at work are strained <i>Hubungan di tempat kerja adalah tegang</i>					
35	My immediate supervisor/ manager encourages me at work <i>Pengurus terdekat saya memberi galakan kepada saya di tempat kerja</i>					

Part C: Health Information

Bahagian C: Maklumat kesihatan

Please read each statement and circle a number 0, 1, 2, or 3 which indicates how much the statement applied to you over the **PAST WEEK**. There are no right or wrong answers. Do not spend too much time on any statement.

Sila baca setiap pernyataan dan tandakan nombor 0, 1, 2, atau 3 yang menunjukkan berapa banyak pernyataan yang berkaitan dengan anda sepanjang **MINGGU LALU**. Tiada jawapan yang betul atau salah. Jangan mengambil masa yang terlalu lama untuk menjawab mana-mana kenyataan.

The rating scale is as follows:

Skala pemarkahan adalah seperti berikut:

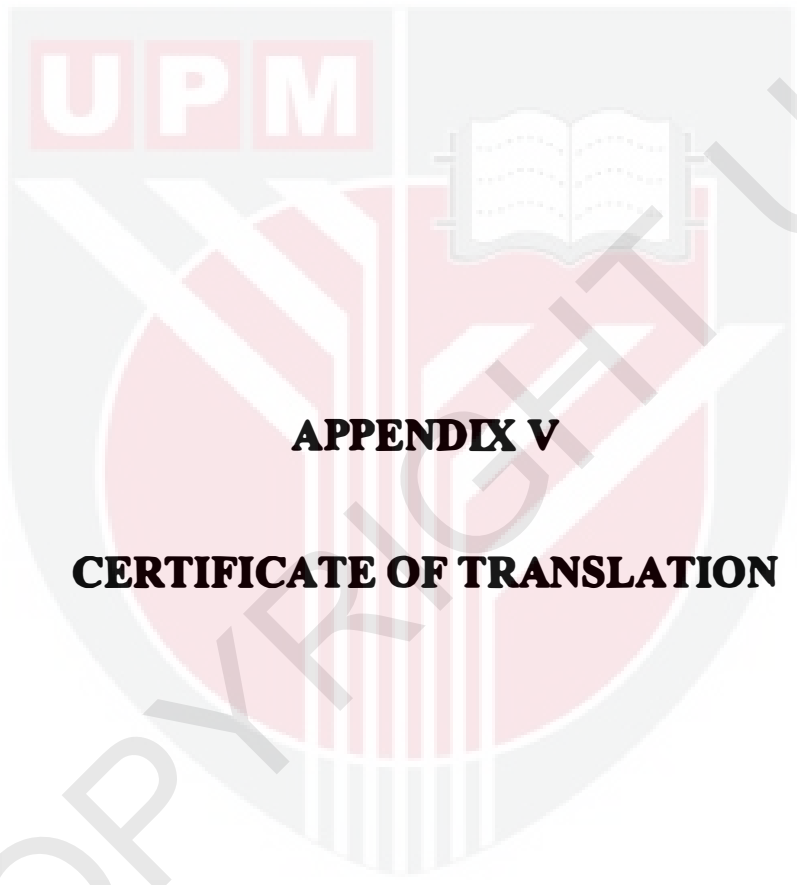
0	1	2	3
Did not apply to me at all <i>Tidak langsung menggambarkan keadaan saya</i>	Applied to me to some degree, or some of the time <i>Sedikit atau jarang-jarang menggambarkan keadaan saya</i>	Applied to me to a considerable degree, or a good part of time <i>Banyak atau kerap kali menggambarkan keadaan saya</i>	Applied to me very much, or most of the time <i>Sangat banyak atau sangat kerap menggambarkan keadaan saya</i>

1	I found it hard to wind down <i>Saya dapati diri saya sukar untuk ditenteramkan</i>	0	1	2	3
2	I was aware of dryness of my mouth <i>Saya sedar mulut saya terasa kering</i>	0	1	2	3
3	I couldn't seem to experience any positive feeling at all <i>Saya tidak dapat mengalami perasaan positif sama sekali</i>	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion) <i>Saya mengalami kesukaran bernafas (contohnya pernafasan yang laju, tercungap-cungap walaupun tidak melakukan senaman fizikal)</i>	0	1	2	3

5	I found it difficult to work up the initiative to do things <i>Saya sukar untuk mendapatkan semangat bagi melakukan sesuatu perkara</i>	0	1	2	3
6	I tended to over-react to situations <i>Saya cenderung untuk bertindak keterlaluan dalam sesuatu keadaan</i>	0	1	2	3
7	I experienced trembling (e.g. in the hands) <i>Saya rasa menggeletar (contohnya pada tangan)</i>	0	1	2	3
8	I felt that I was using a lot of nervous energy <i>Saya rasa saya menggunakan banyak tenaga dalam keadaan cemas</i>	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself <i>Saya bimbang tentang keadaan di mana saya mungkin menjadi panik dan melakukan perkara yang membodohkan diri sendiri</i>	0	1	2	3
10	I felt that I had nothing to look forward to <i>Saya rasa saya tidak mempunyai apa-apa untuk diharapkan</i>	0	1	2	3
11	I found myself getting agitated <i>Saya dapati diri saya semakin gelisah</i>	0	1	2	3
12	I found it difficult to relax <i>Saya rasa sukar untuk relaks</i>	0	1	2	3
13	I felt down-hearted and blue <i>Saya rasa sedih dan murung</i>	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing <i>Saya tidak dapat bersabar dengan perkara yang menghalang saya meneruskan apa yang saya lakukan</i>	0	1	2	3
15	I felt I was close to panic <i>Saya rasa hampir-hampir menjadi panik/ cemas</i>	0	1	2	3
16	I was unable to become enthusiastic about anything <i>Saya tidak bersemangat dengan apa jua yang saya lakukan</i>	0	1	2	3
17	I felt I wasn't worth much as a person <i>Saya rasa tidak begitu berharga sebagai seorang individu</i>	0	1	2	3

18	I felt that I was rather touchy <i>Saya rasa yang saya mudah tersentuh</i>	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat) <i>Saya sedar tindakbalas jantung saya walaupun tidak melakukan aktiviti fizikal (contohnya kadar denyutan jantung bertambah, atau denyutan jantung berkurangan)</i>	0	1	2	3
20	I felt scared without any good reason <i>Saya berasa takut tanpa sebab yang munasabah</i>	0	1	2	3
21	I felt that life was meaningless <i>Saya rasa hidup ini tidak bermakna</i>	0	1	2	3

**End of questionnaire. Thank you.
Tamat borang soal selidik. Terima kasih.**



APPENDIX V

CERTIFICATE OF TRANSLATION