THE INFLUENCE OF LEADERSHIP STYLE, SOCIAL SUPPORT AND WORKLOAD TOWARD STRESS AMONG NURSES

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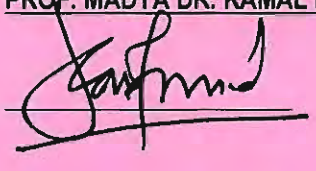

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ABSTRACT

The purpose of the study is to investigate the relationship between leadership style, social support and workload with stress among nurses in Gua Musang Hospital, Kelantan. The health professionals are a group at significant risk from the negative effects of stressful including nurses. Through this study, data were collected successfully from 96 nurses of Gua Musang Hospital and data were analyzed using Statistical Package for Social Science (SPSS) version 22.0. Techniques of data analysis used in this study are frequency analysis, descriptive analysis and reliability analysis. Pearson correlation analysis was performed to examine the relationship between leadership style, social support and workload with stress and also to answer the objective of this research. Besides that, multiple regression analysis is conducted to analyse the relationship between independent variables and dependent variable. From the research finding, it provides better understanding of the factor influence the stress among nurses. The findings revealed that social support and workload was significantly influence to the stress while leadership style was not significantly influence to the stress.

Keyword: Leadership style, Social Support, Workload and Stress

ABSTRAK

Kajian ini bertujuan mengenal pasti hubungan antara gaya kepimpinan, sokongan sosial dan beban kerja dengan tekanan dalam kalangan jururawat di Hospital Gua Musang, Kelantan. Warga kerja kesihatan, termasuklah jururawat merupakan golongan individu yang paling kerap berhadapan dengan kesan negatif tekanan jiwa. Untuk memenuhi tujuan kajian ini, data telah dikumpul dengan jayanya daripada 96 orang jururawat yang berkhidmat di Hospital Gua Musang. Data kemudiannya dianalisis dengan menggunakan perisian pakej statistik untuk sosial sains (*SPSS*) versi 22.0. Kajian turut menggunakan pendekatan analisis kekerapan, analisis deskriptif dan analisis kebolehpercayaan untuk menganalisis data. Analisis korelasi Pearson telah dijalankan untuk meneliti hubungan antara gaya kepimpinan, sokongan sosial dan beban kerja dengan tekanan dan juga untuk menjawab objektif kajian. Selain itu, analisis regresi berganda telah dikendalikan untuk menganalisis hubungan antara pemboleh ubah bersandar dengan pemboleh ubah tak bersandar. Hasil kajian memberikan pemahaman yang lebih baik tentang faktor yang menyebabkan tekanan dalam kalangan jururawat. Dapatan kajian memperlihatkan bahawa terdapat hubungan yang signifikan antara sokongan sosial dan beban kerja dengan tekanan, manakala gaya kepimpinan tidak mempunyai hubungan yang signifikan dengan tekanan.

Kata kunci: Gaya kepimpinan, sokongan sosial, beban kerja dan tekanan

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CHAPTER 1

INTRODUCTION

1.1 Introduction

This chapter explains the background of the study, problem statement, research objectives, research questions and significance of the study. Following that, this chapter also highlights the scope and also the organization of chapter in this study.

1.2 Background of the Study

In Malaysia, nurse is the most necessary component and largest workforce in the areas of healthcare. Nurses will work under the instructionsprovided by physicians and they are also trained to work independently in case of emergencies. Hundred years ago, Florence Nightingale defined nursing as the function of utilizing the environmental of a patient for their recovery (Wilkins, 2007). Nightingale agreed that having a healthy, clean, well-ventilated, and peaceful environment would result in early recovery of sick patients. In view of Nightingale's definition, nursing consists of three aspects: patient care in the hospital, nursing service administration and nurse's education (Arnstein, 1956). However, she was concerned of the ways how a patient's diseasewas affected by his or her state of mind, worries, the environment, and the sound levels around him or her

(Arnstein, 1956). She asserted on "nursing the sick; not nursing sickness". It means a nursetakes care of the patient as an individual not only the disease.

The profession of nursing in the field of health care in Malaysia is for the increasingconcern and care of patients, families, and also society. Nurses cannot be replaced with other healthcare providers because the nurse's approach to health care is in accordance with patients' care, training and scope of practice (Primary care for the 21st century, 2012). Depending on the level of training, nurses are trained to work independently in a variety of conditions and situations without seeking the permissions from the physicians. Nurses are required to monitor patients' health including doing activities that do not require an approval from physicians such asmaking diagnosis to identify the patients' conditions and administering suitable treatment which include cleansing, irrigating, probing, packing and dressing of wounds; gathering of blood samples, oxygen administration and humidifying (Primary care for the 21st century, 2012).

It is not wrong to say that nursing career is interesting, rewarding and challenging at the same time (NHS, 2012). According to Stanley (2006), nurses must havestrong leadership skills which are necessary for team building and they need to be confident, an excellent, has to act as motivators, respect other people and have a vision (Stanley, 2006). They must have good interpersonal and communication skills to communicate with their colleagues and doctors to make a successful teamwork. Knowledge of teamwork skills

and also qualities of personals which includeefficiency, confidence, bravery, spirit of cooperation and creativity are needed (Rowe, 2007).

Nurse leaders are expected to provide vision to their followers and to authorize others in the purpose of having better health and better health care (Stanley, 2006). They are expected to have the ability to show and translate their values and beliefs into actions, to be an example to their followers and to be highly skilled and a specialistin clinical aspect. They should aim for leadership styles that enable consistent and outstanding achievements with long term benefits to all. Other than that, there are other functions of a nurse leader including provision of information and support, and also being an advocate for patients and the organization of health care (Dowding, 2012). Nurse leaders must have management knowledge so that they can manage every situation in an efficient way. This is in accordance with Nightningale's principles on preserving the nurse's time and energy even though her influence in the nursing profession related to hospital management is limited (Arstein, 1956).

However, leadership role is not the same with management. It is mentioned in Stephen Covey's (1989) book, "The Seven Habits of Highly Effective People" that management is about doing things right, while leadership is about do the right things. Moreover, management is directly connected with the task that must be finished while leadership is indirectly connected with how the task will be done (Carr, 2009). A manager focuses on systems and structure while leaders focus on people associated with the organization. Therefore, the leadership and management must be in line as their

functions complement each other and they are linked together (Jones, 2009). Although leadership is needed for nursing, it can be obtained only if the nurses are satisfied with the work. If not, she would not be able to establish a sense of leadership in her profession (Milt, 2009).

Besides that, social support is also important in nursing profession. Although social supportis always negatively associated to the stress, is comforting for employees including nurses. Social support is often defined as the actions of others which is either helpful or intended to be helpful (Macdonald, 2003; Muhonen & Torkelson, 2003). It includes a variety of interpersonal behavior that enhance individual psychological or behaviors' functioning (Muhonen & Torkelson, 2003). Social support has been added as a third dimension and as anecessary extension of the demand-control model (Muhonen & Torkelson, 2003). Social support can have a main effect, whether directly or indirectly to reduce stress or act as anabutment in interaction with the stressors (Muhonen & Torkelson, 2003).

In surveys of nurses and as reported in literature reviews, lack of staff and the resulting increased workload have led to emphases inproviding health care andpatients' quality (Aiken, Clarke, Sloane, & Sochalski, 2001; Haberfelde, Bedecarre, & Buffum, 2005; Lankshear, Sheldon, & Maynard, 2005). In the UK, Adams, Lugsden, Chase, Arber, and Bond (2000) found when a mixture of skills have declined, nurses reporting increased work intensity with a heavy workload continued with important role changes and pressures to expand several of nursing skills, and more workedovertime. However,

pressure of workloadand inadequate staff sometimes can be balancedin ward by a positive nursing environment team (Sexton et al., 2006).

The main sources of stresses for nurses as stated in literature (Sharma et al. 2008; Lockley et al. 2007; Embriaco et al. 2007) include workload, working hours, work environment and interpersonal relationship. Staff shortages and high turnover, having so many work to do (overload), having to assume unpleasant tasks, having to pursue the career to the point ofbreakage of the familiar life, insufficientoversight of the superiors and feeling separated among others also contribute to stress. Stress can be experienced in an organization because of many factors like effective communication, irregular working time, and the heavy workload among staff.

In any profession, stress is experienced by staff at one time or another. But, if we compare nursing with other professions in the health care services, the stress level that lingers on the mind of nurses is greater (Fegan, 2012). According to Aljunid (2011), stress is defined as a situation where people tend to concentrate on the negative feelings and negative emotions it. Stress in the nursing profession could be defined as the emotional and physical reaction that is results of communication between nurse and the environment of work where the job demand exceeds capabilities and resources (Nitasha Sharma, 2011). The factors of stress may be internal or external forces such as patient's behaviors, meet of responsibilities, low wages, and heavy workload or demands. It can lead the nurses to feel depressed, angry, and worried, react negatively at work and being absent from work.

1.3 Problem Statement

In Malaysia, the nursing profession comprises the largest part of the workforce in Malaysia (Vincent, 2011). In 2011, approximately 2.25 peopleper 1,000 populations out of 60, 000 total workforce were in the nursing profession. Every nurse works by following the code of ethics for nursing care which is outlined by the Nursing Board of Malaysia and in April 1988 the first edition of the code was published. Conducts of nurses, it's mentioned that the values, responsibilities and nurse's duties are required to comply to this codein the course of making sound ethical decision and provide high quality nursing practice.

Research evidence has shown that health professionals are a group at significant risk from the negative effects of stressful workplaces, with nurses at risk from stress related problems, with high rates of turnover, absenteeism, and burnout (Kirkcaldy & Martin 2000). Ultimately, excessive exposure to stressors and work-related stress that is left unaddressed could result in the development of burnout (Maslach 2003). In the past, the effects and consequences stress was not seen as prominent workplace problem, however, due to the impact of stress on both individuals and organizations, its prevention is a challenge for nursing and healthcare institutions (Macleod et al. 2002).

There are always certain situations in the nursing profession where nurses are frequently challenged with clinical situations that pose ethical conflicts (Ethical Situations and Dilemmas in Clinical Practice, 2005). In this situation the carelessness,

informed consent and confidentiality of nurses are bounded by legal action. The case of Dr. K.S, Sivananthanv versus's The Government of Malaysia & Anor (as cited in Lee, 2012) on medical negligence for the delaying in giving proper treatment to the patient has impacted the nurse's role. However, in Malaysia under Act 1950 (Act 14) nurses are not alleged for such actions but if a nurse is convicted of her action, a disciplinary action may be taken by the Nursing Board of Malaysia. The board may either suspend or remove the registered nurseslist from the registered or suspend the registered nurse as it considers fit for a period of not more than 2 years.

Likewise if the nurses do not have the leadershipstyle and the capability to deal with everyday problems, this will certainlybring to an increase in the levelof stress which will affect directly or indirectly the working capacity of the nurses as shown by nurses in Gua Musang Hospital. However if the nurses posses leadership style and capability to solve their daily problems, and have the capability to get out of a complex situation resulting from the operation of nursing, they will certainly be able to reduce their stress level to a level that will not hinder day-to-day operations. According to the statistic from the Record Department of the Gua Musang Hospital, in 2012 a total of 32,703 patients were admitted in to the hospital. This figure certainly gives a big challenge to the nurses working of Gua Musang Hospital.

In considering the potential for poor leadership to affect stress, poor leadership is a problem that might be a root cause of stressors. That is, the presence, absence, or intensity of particular stressors may be determined by the quality of leadership in the

workplace. The leadership might play a role in creating stress. To evaluate how leadership might act as a root cause can refer the NIOSH model of workplace stress (Sauter, Murphy, & Hurrell, 1990). In fact, Clegg (2001) states that leadership style in nursing is associated with reduced levels of stress.

In addition, Sarason et al. (1990; 1990a; 1994a; Sarason, Pierce, and Sarason, 1990) define the social support as the support that people get from others, or the enacted support. The perceived support, however, refers to a person's belief that some social support is available if needed. Stressors can diminish social support in several ways, i.e., by removing members of a social network who create social obstacles to maintaining network relationships and build psychological barriers to the relationships by stigma or alter the context of network relationships. Sometimes individuals are contributors to the stress as well as its victims. Stressors may also enhance and mobilize social support, and also promote positive appraisal of support by initiating support resources that an individual was unaware of. Family, on one hand, provides the background (Vaux, 1988) for the ways in which the social support network of an individual will be developed and maintained.

Referring to nurses' stress in Malaysia, it is reported that the stressors identified are heavy workloads, repetitive works, and poor working environments. Besides that, other factors highlighted are inconsiderate and inequitable superior or matron, lack of recognition, conflict in and amongst groups (Beh & Loo, 2012). Other factors that contribute stress are when the nurses face with death, when facing the relatives'dead

patients, when facing uncertainties, when facing the needs to make critical judgments in related to intervention and treatment, and the balance between work and family commitments (Aurelio, 1993; Gordon, 1999). This stress may affect physical, behavioral and psychological (mood swings, negative emotions) on the nurse and gives effects to the organizational effectiveness (Yates, 1979).

However, the relationship between stress-related nursing and coping strategies in a sample of 129 volunteer registered nurses from Melbourne, Victoria, both from metropolitan and regional institutions have been examined (Healy & McKay, 2000). The stressors of work were evaluated using Gray-Toft and Anderson's (1981). Healy and McKay revealed that workload was tapped into the issue of nurses' working environment. The workload was tapped into issues arising out the physical environment like actual workload, insufficient staffing levels and time to complete work tasks. However, most empirical studies (Cronin-Stubbs & Brophy, 1985; Dewe, 1989; Foxall et al., 1990; Gray-Toft & Anderson, 1981; Power & Sharp, 1988; Wheeler, 1994, 1998) consistently found that dying patients, workloads, and role preparations are the key situational contexts thatcausedstress (Farrington, 1995).

Therefore, from the problem statement above it is intention of the researcher to seek a clearer understanding of the relationship between leadership style, social support and workload with stress among nurses.

1.4 Research Objective

The objectives of this study are as follows:

1.4.1 To investigate the relationship between leadership style and stress.

1.4.2 To examine the relationship between social support and stress.

1.4.3 To identify the relationship between workload and stress.

1.5 Research Question

The research questions to be addressed are:

1.5.1 Does leadership style has relationship with the stress?

1.5.2 Does social support has relationship with the stress?

1.5.3 Does workload has relationship with the stress?

1.6 Significance of the Study

The significant of the research finding able to contribute the advantages to many practices such as corporate strategy, organization unit level students and also analytical and empirical researches.

For a practical perspective, the finding of this study will be useful to enhance the managerial productivity in whole structure of the organization in any sector and industry. Managing of stress among the nurses will help the organization towards to accomplish long term goal and objective, increasing the stability of organizational performance and ability to adapt more effectively to the environment changes. These findings also useful in assist the top management in finding ways of reducing stress among nurse so that they can perform better, enhance nurse performance and commitment. The top management also will have an awareness to find strategy on stress reduction in order to help managing respondent and its environment. The finding of this study will provide information and recommendations with regard to measures that can be implemented by the hospital to deal with stress experienced by the nurses in the hospital.

Finally, the findings of this study theoretically will be used as a reference material and a guide for students and future researchers who wish to conduct the same experimental study and also contribute to the body of knowledge.

1.7 Scope of Study

This study was conducted in health care sector, Gua Musang Hospital which is located in Kelantan. This study only focuses the nurses as the respondent and involved a survey of 96 nurses. There are several categories of level that being chosen which are sister, staff nurse and community nurse. All respondents are selected with the criteria that respondents understand Malay or English well to avoid miscommunication and understanding errors in the questionnaire's distribution.

1.8 Definition of Key Terms

1.8.1 Stress

Stress is defined as either physical or mental strain that is caused by an inability to adjust to the environmental factors that result in physiological tension or pressure (Makie, 2006). According to D'Arcy (2007) stress is the way of body rising to a challenge and ready to meet difficult situations with focus, strength, stamina and heightened intelligent.

1.8.2 Leadership style

Leadership style is about listening to people, supporting and encouraging them and involving them in the decision-making and problem-solving processes. The leadership style that used in this study is transformational and transactional leadership.

1.8.2.1 Transformational Leadership

Transformational leadership is explained as the process that facilitates major changes in attitudes and assumptions of organizational members and builds commitment for the organization's mission and objectives (Yukl, 1998).

1.8.2.2 Transactional Leadership

Transactional leadership can be defined by three core elements: contingent reward, management-by-exception and laissez-faire leadership. It was highlighted by Cook in 1999 (cited in Kleiman, 2004) that the traditional concepts in healthcare leadership were mainly based on a transactional model that highlighted the authority and hierarchy prevailing in the organization.

1.8.3 Social support

Social support has been broadly defined as "social transactions that are perceived by the recipient or intended by the provider to facilitate the coping daily life, especially in response to stressful conditions" (Pierce, Sarason, & Sarason, 1990). More simply, social support is "the assistance one receives through his or her interpersonal relationship" (Quick et. el., 1997).

1.8.4 Workload

The term workload generally refers to the quantity of physical and cognitive work that workers can perform without endangering their own health and safety or that of others, yet still remain efficient (Bouzit, et al., 2002). According to Boles & Law (1998), workload aspects seem to fall into three broad categories; the volume of work and number of things to do, time and certain aspect of time one is concerned with, and the subjective psychological experiences of the human operator.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter will discuss the review of literature in the study. The variables that affect stress (dependent variable) will be discussed in this chapter such as leadership style, social support and workload (independent variables). The relationship between variables, research framework and definition of key terms also include in this chapter.

2.2 The Concept of Stress

Stress is something which is difficult to define because it is a unique, individual and subjective experience. For instance, if something is stressful for someone, it is not necessary that it will be stressful for others as well. According to Nordqyist (2009), some researches define stress as a physical reaction, mental or emotional response to any events that causes tension of body or mental. Dr. Hans Selye, a pioneer in stress research, defined stress as "the body's non-specific response to any demand". Selye categorize stress into two, with two variations of each: distress (harmful or disease-producing stress) and eustress (useful stress) (Drafke & Kossen, 2002).

According to Huber (1996), stress is an inevitable feature of modern living caused by dynamic and volatile environment characterized by reorganizing, reengineering, downsizing and layoffs which threatened the security of personal work. In general, stress is always thinking in terms of negatives because stress is seen as something bad, annoying, threatening and not wanted (Mckenna, 1994). For example, words or phrases such as depression, feeling out of control, overworked, migraine or headache, time pressure, anxiety, cannot sleep, are commonly used to express what stress means to us personally (Sutherland & Cooper, 2000).As indicated by Luthans (1998), there are three major misconceptions about stress which is:

i. Stress is not just anxiety. Anxiety operates a mere emotional and psychological area, while stress operates both and also in the field of physiological. Therefore, stress can be accompanied by anxiety, but the two cannot be equated.

ii. Stress is not just tension of nerves. Like anxiety, tension of nerves may be caused by stress, but the two are different. Unconsciously people have exhibited stress and some people may keep it "bottled up" and not expose it through tension of nerves.

iii. Stress is not always something damaging, bad or should be avoided. Stress is inevitable. Stress does not bring harm or bad but it is something that people need to seek out rather than avoid. The important thing is how the person handles stress.

Understanding the definition of stress, especially stress in organization is important because it can have both positive and negative effects and people can learn how to face stress. According to Robbins and Dedenzo (2001), stress is something an individual feels when faced with opportunities, constraints or commands perceived to be both uncertain and important which can show itself in both positive and negative. A certain amount of stress is necessary to maintain life and moderate amount serves as stimuli to implement improvements but overpowering stress can cause a person to respond in a maladaptive physiological or psychological manner (Sullivan & Decker, 2001).

Stress can be further classified into two groups; good stress and bad stress. The majority of people believe that stress is always bad. However, it is found that a little stress is requisite for our survival. Good stress is known as eustress and bad stress is called distress (Deshpande, 2010). Eustress is the kind of good stress that helps an individual to improve performance (Scott, 2012). On the other hand, distress is the worst stress that happens when stress gets out of hand. This stress helps in bringing out the weaknesses of an individual that makes him or her vulnerable to fatigue and illness. If distress is not controlled, it will lead to ill-effects of stress (Bansi, 2012).

At Gua Musang Hospital, the researcher communicated verbally with some of the nurses, and found that, the nurses experienced distress and anxiety, at one time or another during their nursing career, especially when they were unable to cope with the demands

at the workplace coupled with family demands. The management should work on helping the nurses affected so that they can provide quality care to patients.

2.3 Stress among nurses

Stress among nurses is an important issue as it can give effects to the nurses' health (Gonge et al. 2002), the quality of the care they provide (Leveck & Jones, 1996) and their desire to remain in nursing profession (Hasselhorn et al. 2008).According to Yahaya & Husain (2007), basically the word 'stress' was used in social science research long time ago and this was strengthened by famous medical experts, e.g. Selye which pioneered research for psychological stress since 1950's. According to Bhatia (2010), a study conducted in India showed almost 90% of the respondent (nurses) from the sample experienced stress. In a current study, the majority of participants (81%) agreed, that nurses felt stress during their job, while remaining (19%) did not agree that nursing was a stressful job (Khan *et al.,* 2015).

Stress exists in all professions, however the nursing profession seem to have more stress at work compared to other health care workers (Zainiyah *et al.*, 2011). This is proven by a research done by Huang (2007) where lots of studies examined stresses in nurses especially in clinical settings and the result was stressors were many and varied. Stress among nurses has become a problem and it results in decrease in their work capabilities and efficiency (Olayinka *et al.,* 2013). Stressful conditions may cause the high turnover and burn out among nurses (Zainiyah *et al.,* 2011). According to Better

Health Channel (2012), stress has many causes, including long working hours, work overload, feeling insecure about job, risk of work loss, job turnover and conflicts with colleagues or superior.

There are many bad impacts that result from stress such as decrease in health condition, sicknesses, lowering of the quality of patients' care, dissatisfaction with job performance, bad attendance which increases absenteeism and job turnover (Schwab, 1996). According to Rita *et al.*, (2013), stress has a relationship with individuals functioning in their workplace and other bad effects like less efficiency, incapable to perform, slow progress, no interest in working, increased negative thought, less concern on organization and colleagues, and less responsibility (Rita *et al.*, 2013).

Stress is a good and important topic for all staff because there are several factors that interfere with the problems in his or her physical, psychological, and also in his or her social life (Lou, 1997). According to Rees & Cooper (1992), it is reported that nurses have become a profession with highest stress among all professions of health care in a survey in UK (United Kingdom). Nurses are exposed to a lot of occupational stressors globally which may lead to dissatisfaction in work among them thus increase their stress level. As respondents to a sample survey, most nurses stated that stress at work as a condition caused by work issues and environment among nurses and the pressure felt by them (Hajbaghery *et al.*, 2012).

2.4 Leadership Style in Nursing

The interaction process between leaders and subordinates defines of leadership. Basically, leadership is described as the influence in basic selection (Krause, 2004). However, according to Kanungo (1998) leadership is considered as exercising influence over others by utilizing various social power bases to achieve objectives of organizations. The earlier studies on leadership have adopted several different stages, i.e. the research can be divided into four approaches. It includes trait approach, behavior approach, power influence approach, and situational approach (Yukl 2005, Alimo-Metcalfe et al., 2008).

The adequacy of nursing staff in order to provide safe care environment is essential for the management of organizational practices and for a good nursing practice. It is a part of human resource management and the nurse leader also has to manage the non-human resources (Laschinger & Leiter, 2006). Being nursing leaders, the professional nurses need to ensure that mentoring is part of the nursing customs and that value, goals, targets and mentoring are lined up as per the managerial ethics (Berwick, 2003). However, the efficiency of implementing leadership training will not be up to the mark if there is no appreciation of the organizational culture (Kefela, 2010). Thus such problems may affect the organization productivity, efficiency and effectiveness (Robbins & Langton, 2000).

In order to become a successful, efficient and an effective leader, a person needs to be equipped with knowledge in nursing practice and management skills. The

knowledge and the skills in management and attitude can only be improved through learning, training and education (Oliver, 2008). A nurse leader should focus on training and motivational courses and continuous nursing education that will help in the improvement of skills, knowledge and attitude of the nurses. Moreover, this type of training and learning will equip nurses with knowledge that will help them in delivering a better nursing care (Crabtree 2002).

Furthermore, the moral of the followers (nurses), their patients and other categories of staff are also affected by the personality of a leader. A leader should skillfully empower and facilitate others; and develop knowledge, positive thinking, effective communication and problem solving skills while making good decisions. All these factors will help the leader to be a good role model for their followers since she or he will be modeling good leadership qualities (Schein, 1992).

2.4.1 Transformational leadership

Transformational leadership is a process in which actions are taken by the leaders in order to raise the awareness of their followers about what is right and essential while transformational leaders are known to generate a spirit of commitment from their employees (Bass, 1997). Transformational leadership differs from the transactional leader in view of not only recognizing the needs and the wants of the followers but also in attempting to develop such needs ranging from higher to lower levels of maturity (Bass, 1997).

A transformational leader is the one who provides direction to the followers. In the healthcare units, the nursing leaders use the phenomenon of transformational leadership in managing their unit. They delegate some of their assigned work to their followers and remain accountable for any decisions that are taken by the staff. It was emphasized by Grossman & Valiga, 2009 (cited in Grossman, 2009) that a leader in the nursing profession required some practical knowledge and skills to handle conflicts and similar situations among the followers. This could be a slightly different from that of the nursing practice but it is requisite for every nurse leader. The leaders should understand that they are going to direct their followers, thus they have to be very systematic and influential while doing so.

Today, creating a sustainable nursing workforce in a health care system is an essential task for nursing leaders. Previous studies reported that transformational leadership is more effective, more efficient, more innovative, and generates satisfaction of followers because both sides work towards the betterment of an organization which is driven by shared visions and values, trust and respect of each other (Avolio & Bass 1997; Fairholm 1991, Lowe *et al.*, 1996, Stevens *et al.*, 1995). According to Lee (2005) a transformational leader treats his or her followers as individuals and will take the time to guide them to develop their own capacity, and then to establish a significant exchange.

Furthermore, Baltimore (2006) state that there are many reports showing a surprising number of registered nurses leaving professional nursing practice because of them feeling stress, inadequacy, fear, oppression, and disempowerment. According to

Angelini (1995) mentoring can reduce nurses' feelings that they are being devalued, discriminated against, and disempowered by their colleagues. The nurse leaders need to understand the interrelationships among mentoring, organizational culture, and leadership for the optimal development of effective mentoring (Callahan & Ruchlin, 2003). With transformational leadership principle, nurses can help the lower staff in order to create an innovative, empowering and dynamic culture which successful mentoring could be developed and maintained. This will enhance the nurses' ability to cope with stress as well.

2.4.2 Transactional Leadership

It was highlighted by Cook in 1999 (cited in Kleiman, 2004) that the traditional concepts in healthcare leadership were mainly based on a transactional model that highlighted the authority and hierarchy prevailing in the organization. The reason behind this could be that a transactional leader focused basically on the day to day operations. In exchange for the desired goals, the transactional leader would identify the expectations of followers and promises rewards. Contingent reward, management-by-exception and laissez-faire leadership are three core element of transactional leadership definitions. The extent to which the transaction and exchange is effectively set-up between leaders and followers are described as contingent reward (Howell, 1993).

The contingent rewarding leaders provide rewards to their followers for their good or disciplined performance. Management by exception identifies if the managers are

working in the direction of either prevent (active management) or resolve (passive management) problems as they arise (Avolio, 1996). As explained, transactional leaders set aims, provide directions and influence the followers with the use of incentives.

However in some cases, it was found that it may affect the reputation of the leaders if they lack the resources to deliver the promised rewards and thus become ineffective transactional leaders (Bass, 1997). The leaders also interact with the top management and work to maintain the status and give feedback to staff only when an error occurs (Packard, 2004).

2.4.3 Relationship between Leadership Style and Stress

The job of a nursing leader is to manage the challenging healthcare workplace and workforce. The main focus of a nurse leader is to improve nurse's outcome, work environments and to ensure the productivity and effectiveness of the healthcare organizations (Ward, 2001). In order to ensure less stress in a hospital setting, the leaders in hospitals need to maintain a supportive work environment. This empowers the nurses to overcome stress (Slattery & Olsen, 1984).In 2002, Corley expanded on Jameton's (1984) work to include conflict arising when nurses' commitment to the organization and physician is misaligned with their duty to patients. Repenshek (2009) reported that this continuing conflict eventually leads to chronic stress for patient care providers.

Nursing leaders and professional organizations have made it clear that nursing leaders are responsible for creating cultures that support acts of courage in nursing. The American Organization of Nurse Executives has advocated for the creation of healthful work environments that support moral courage by identifying nine elements for nurse leaders to integrate into member organizations. Buresh and Gordon (2006) shared that nurses must find their 'voice of agency' to act with courage, conviction, and capacity. Such courage to speak up is supported by many state nurse practice acts that require nurses to act out their professional duty as agents of patient safety, maintain professional practice boundaries, and protect patient rights.

The nursing leader which is matron should adopt a leadership style that communicates empathy, respect and trust. This type of leadership refers to the transformational leadership. Thus transformational leadership is preferred over transactional leadership (Muenjohn, 2005). With the implementation of transformational leadership style, the leaders would be able to enhance nurses' job satisfaction, increase morale, reduce stress and increase the level of commitment among nurses (Abu-Zinadah, 2004).Likewise, factors such as poor working relationships, absence of adequate supervisory or peer support and poor leadership style have been reported to be connected with stress (Demerouti et al. 2000). In fact, research studies have indicated that most nurses do not have or perceive supportive leadership will led to stress (Spence 2004).

The nurse leaders should not only possess knowledge and skill but they should also empower their nurses by promoting autonomy through delegation (Bass, 1997). It is

obvious that an ineffective leadership will undermine the efforts of nurses in their work (Comer, Jolson, Dubinsky, & Yammarino, 1995). Thus it is necessary for nurse leaders to build collaborative relationships and employ a participatory leadership style that empowers without stress (Faugier, 2002).

Hypothesis 1: There is a relationship between leadership style and stress

2.5 The Concept of Social support

Social support refers to the interpersonal interaction that involves assistance and emotional and informational support in dealing with stressful situations (McShane & Glinow, 2000). Social network system consists of friends, family, coworkers, customers, health professionals and self-help groups (Gibson et al., 2009; McShane & Glinow, 2000). The support and assistance from social relationship are essential to mitigate stress and reduce the negative emotions of the individuals including nurses.

In stress research, the inclusion of social support has been common. Social support has been defined as the actions of others that are either helpful or intended to be helpful (Macdonald, 2003; Muhonen & Torkelson, 2003). It includes a variety of interpersonal behaviors among workers that enhance individual psychological or behaviors functioning (Muhonen & Torkelson, 2003). The decline in the health and well-being is expected to appear in a work situation that is characterized by high demands, low latitude of decisions and lack of support.

Furthermore, social support can also refer to problematic situations either in private life or at work (Muhonen & Torkelson, 2003). One way to measure social support at work is in terms of the source of the support, i.e. whether support is received from one's supervisor, colleagues, friends or family (Muhonen & Torkelson, 2003). Social support can have a main effect, either alleviates stress directly or act as a buffer in interaction with the stressors (Muhonen & Torkelson, 2003). In addition, support can be structural (i.e., the employee is embedded in a social network) or functional (people in the support network perform supportive functions for the employee (Beehr, Jex, Stacy & Murray, 2000).

Nurses who have good relationships at work will receive timely feedback and support from supervisor and co-workers, which can serve as a social resource to contribute to their goal achievement via informational or instrumental support and help buffer their stress via emotional support (House, 1981; Edwards & Rothbard, 1999). The research finding of Buunk, Doosje, Jans & Hopstaken seem (1993) asserted that, with regard to stress, the amount of support received in proportion to the amount of support given may be important.

The evidence indicates that work-based support is very important to preventing or reducing the adverse stress effects (House, 1981; Beehr, King & King, 1990; Noblet & Rodwell; 2008). A study conducted by Quick (1979) in an insurance company also reported a significant decline in stress when the managerial and staff employees with their supervisors improved significantly in goal behaviors after a training of goal setting.

However, Love, Irani, Standing & Themistocleous (2007) found that among Information System professionals of UK, social support from outside the work environment was more significant than work-related support.

2.5.1 Relationship between Social Support and Stress

Social support can be defined in different ways, e.g. House (1981) has divided social support into four different types: Emotional, appraisal, informational, and instrumental social support. Emotional support includes affective participation, empathy, liking, or respect (House, 1981). Appraisal support can be expressed through shared opinions and provides information relevant to self-evaluation, such as a supervisor telling a person that he or she is doing a good job (House, 1981). Informational support includes offering information needed to get a job done, and instrumental support may include various sorts of direct help (House, 1981).

Staff support refers to social support received from colleagues which is the combination of social association, emotional and cognitive activity in workplace. According to Abu AlRub R.F (2004), social support received from colleagues will increase job performance and decrease the stress level. Previous research conducted by Abu AlRub R. F. (2004) show the importance of co-worker social support. Social support was explained as an important tool in dealing with individuals stress and helps in prevent emotional problems (Hamaideh *et al.,* 2008).

According to Hall E. (2005), response from superiors and other colleagues in the organization, and relationship between them either inside or outside the organization are other important contributors. Moore (2001) found that nurse's stress during restructuring was mediated by them by viewing restructuring changes as a challenge and by social support and communication by colleagues and their managers. Based on Sveinsdottir (2006), another study shows that low social support from colleagues and superiors and dissatisfaction with the head nurses cause the appearance of nurses' stress. All the previous studies from other researcher suggest that lack of support influences perceived nurses' stress.

According to Blair & Littlewood (1995), work relationships are potential stressors. Two sources of stress in this field are the conflicts with co-workers and the lack of staff support. Additional assessment indicate that lack of social support from colleagues and superiors and less satisfaction with the head nurses can also lead to the appearance of stress (Sveinsdottir, 2006), while the Health and Safety Executive identify the negative effects of lack of understanding and support from their managers on workers' stress. Much of the research concerning stress and the potential effects of social support has been conducted on nursing professionals. In a cross-cultural assessment of job performance of nurses, Abu AlRub (2004) found a significant negative relationship between self reported stress and co-worker social support.

Crabbs *et al.* (1986) carried out a study to illustrate that three of the top six events that caused stress were concerns with relationships (lack of support from superior, poor relationship with superior, and poor relationships with colleagues and subordinates) and

the other three concerns which involved career development (lack of expected promotion, lack of job security, and requirements of job exceeded one's skills or abilities). These indicated that poor relationships at work and thwarted career development contributed to stress on an individual (Crabbs*et al.*, 1986). Being responsible for other people demands a stressful extensive period of time spent on interacting with people (Baron & Greenberg, 1990; Greenberg, 2002). This means with increased responsibilities for people, one has to spend more time interacting with others, having to attend more meetings, and having to meet deadlines (Mckenna, 1994).

Hypothesis 2: There is a relationship between social support and stress

2.6 Workload in Nursing

Aiken, Clarke, Sloane, Sochalski et al. (2001) who surveyed nurses in five countries found that increasing workload is one of the stressors that led to stress. Besides that, another linked that brings nurses to stress is inability to provide the required patient care which can lead to lower job satisfaction and staff retention. However, good nursing environment in a ward can offset the workload pressure and insufficient of staff (Sexton, et al., 2006). According to O'Brien-Pallas, et al., (2004), six hospitals in Canada found that if demand or supply of nursing exceeded level 80%, then it would increase the number of negative outcomes for patients, nurses and hospitals.

Unruh & Fottler (2006) in a study using administrative data from Pennsylvania hospitals calculated that patient indices turnover using LOS data at the hospital level over time, and AHA survey data to determine patient care. They found that use of nurse in patient ratios underestimated nursing workload and overstated RN levels of staffing. In the ward level, case mix such as DRGs higher number by nursing unit has brought to the longer LOS (Diers & Potter, 1997; Duffield, Diers, Aisbett, & Roche, 2009).

2.6.1 Relationship between Workload and Stress

Workload is one of stressors among nurses. According to The Australian Nursing and Midwifery Federation (ANMF) in 2013, the insufficient number of nurse to patient ratios and an increase in high workloads caused an increased in job turnover rate where the number of experienced nurses and midwives likely to leave the profession of nursing over the next 12 months saw an increase. Previous study by Kane (2009) showed that work overload had become a major cause of stress and emotional pressure. According to Ayed *et al.,* (2014) in a recent study indicated that workload was identified as the main stressor for Australian nurses which work in public acute care hospitals. This means workload contributed a lot to perceived stress among nurses. According to Kim Sunley from Royal College of Nursing, "the current pressures on the service of health have brought to increasing workloads and high levels of staff stress".

Workload cannot be directly observed and it must be inferred from observation of overt behavior or measurement of psychological and physiological processes (Backs &

Seljos, 1994).According to Morries et. el., (2007) it is important that any definition of nursing workload is large enough to capture the entirety and complexity of the activities related to the nurse work. However, having insufficient time or resources to complete the tasks at hand can be stressful. A lot of stressful jobs may cause those involved to be in a constant state of role overload when work demands go beyond the capability of individuals to meet them effectively (Hellriegel & Slocum, 2004).

According to Lam (2003), a lot of studies in western countries have shown that there are associations between work overload, job turnover rate, stress pressure, level of satisfaction and dissatisfaction, and intention for nurses to leave. Workload has been globally stated as the most influential stressor faced by a lot of nurses in Hong Kong and Singapore (Chun, 2003), while according to Pan American Health Organization, (2006), workload had been a leading cause of stress among nurses. When nurses could manage their levels of stress effectively, it would eliminate absenteeism, encourage healthier and longer life and ensure the stability of workforce and quality productivity.

Hypothesis 3: There is a relationship between workload and stress

2.7 Research Framework

The research framework for this study is shown in figure 2.1. It is the conceptual framework adapted from a model of stress by Robbins and Judge (2007). In addition, the presented literatures such as Lee & Chuang (2003); Aiken, Clarke, Sloane, Sochalski et al. (2001); Sveinsdottir (2006) in this chapter enrich the outcome of the proposed theoretical framework as in Figure 2.1.

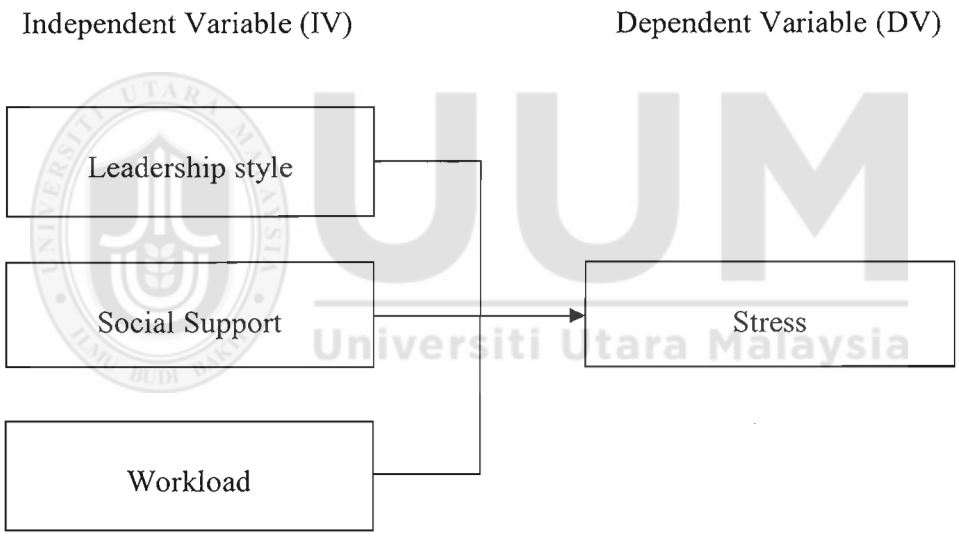

Figure 2.1

Research Framework

2.8 Summary

This chapter presents the reviewed literatures from previous studies and focused on the relationship between the relevant factors that might contribute to the nurse stress. Furthermore, the literature review on independent and dependent variables for this study is conducted to gather more information and reference sources.

CHAPTER 3

METHODOLOGY

3.1 Introduction

This chapter will discuss about the methodology used in this study including research design, population and sample, unit of analysis, and the procedures and instruments used in the data collection. The methodology describes the total strategy or set of process used to conduct the study, starting with the identification of the problem and ending with the final stage of data collection (Uys & Bason, 1991).

3.2 Research design

A research design is the blue print that guides the researchers in planning and implementing the research in order to achieve the intended goal (Burn & Grove, 2001). It is also the overall plan for obtaining answers for the proposed research questions (Polit & Hungler, 1995). Few steps have been done to ensure the study is reliable and applicable with the beginning being the determining of the problem, studying and analyzing the related literature, planning the research design, determining the sample size, collecting and analyzing the data, finding out the questionnaire design and determining the reliability of data analysis techniques. The main purpose is to determine the relationship between leadership style, social support and workload in which to see whether all these

issues contribute to the stress. Respondents are needed to respond to the questions based on their experience.

3.2.1 Types of research

The descriptive and quantitative surveys were used in this research to identify the correlation between leadership style, social support and workload on the stress among nurses. Descriptive statistics were used to describe and summarize the data obtained from nurses and provide an accurate representation of the entire population. Through descriptive research, concepts were described and relationships were identified (Burn & Grove, 2001). According to Sekaran (2003), descriptive study should be undertaken in order to examine and determine certain variables and their relationships in the problem. The independent variables were leadership style, social support and workload while the dependent variable was stress.

3.3 Questionnaire Design

This research applied the quantitative approach as it is the most suitable method for data collection. To get data, a set of questionnaire were prepared to ask about the stress among nurses, preference towards the leadership style, social support and workload. In general, the questionnaire was separated into a few sections. All the questions were measured by using Likert Formatted Scale.

Sections A consists of respondent's information questions; such as gender, age, marital status, education background and years in nursing. Section B, C, D and E consist of the questions measuring the independent variables: leadership style, social support, workload and stress among nurses.

Section B was presented in order to measure the leadership style. The Multifactor Leadership Questionnaire was firstly devised by Bernard in 1985 and was revised several times through subsequent research. It includes questions measuring attribute and behavioral idealized influence, intellectual stimulation, inspirational motivation and individual consideration. The Multifactor Leadership Questionnaire consists of 14 questions.

Section C which is social support was adopted from several surveys, e.g. Kim, Price, Mueller, & Watson, 1996; Pierce et al., (2001) and Zimet, Dahlem, Zimet, & Farley (1988). Only items related to source of social support i.e. co-workers support, friends' support, supervisor and family support were used in this study. It consists of 9 questions.

Section D which is workload was adopted from Gray-Toft & Anderson (1981) in Nursing Stress Scale (NSS). The Nursing Stress Scale (NSS), developed by Gray-Toft & Anderson (1981) has been used widely in research studies of related stress in nursing (Yao M., 2008). According to Suresh (2009), Nursing Stress Scale refers to a 34-item scale that was used to identify perceptions of the stress sources and perceived stressful

situations in the nursing environment. Rolf (1999) stated, Nursing Stress Scale (NSS) was used to know the frequency and specific cause of stress experienced by nurses on hospital units and it was for this reason the NSS was chosen over other stress instruments. Based on Cohen *et al.* (1983), the 'Nursing Stress Scale' was used as it was designed specially to clinical nursing environment and this was used in the questionnaires, to measure stress. It consists of 7 questions. All the negative questions were reverse coding.

Section E which is stress variable used DASS Stress Scale Questionnaire. It was developed by Lovibond & Lovibond (1995). It is a 42- item questionnaire divided into three self –report scales designed to measure depression, anxiety and stress. Out of 42 items, only 14 items was selected related to the stress. All the negative questions were reverse coding.

Table 3.1

Questionnaire measurement scales

Strongly disagree 1	Disagree 2	Fairly 3	Agree 4	Strongly agree 5

Table 3.2

Research variables and measurement

Independent variables	**Operational Definition**	**Items**	**Source**
Leadership style	Leadership style is the manner and approach of providing direction, implementing plans, and motivating people	My leader: i. Embeds a sense of pride in me ii. Spends time in teaching and coaching me iii. Considers the moral and ethical consequences iv. Assumes me as having abilities and aspirations v. Listens to my concerns vi. Encourages me to perform vii. Increases my motivation viii. Encourages me to think more creatively ix. Sets challenging standards x. Makes clear expectation xi. Takes actions before problems are chronic xii. Tells me standards to carry out	Bernard M. Bass (1985) (Revise several times)

			work	
		xiii.	Task given are out of my job responsibility	
		xiv.	Always monitors my performance and keeps track of my mistakes	
Social Support	Social support is the perception and actuality that one is cared for, has assistance available from other people, and that one is part of a supportive social network.	i.	I regularly spend time with my co-workers outside of work hours	Kim, Price, Mueller, & Watson, 1996; Pierce et al., 2001; Zimet, Dahlem, Zimet, & Farley, (1988)
		ii.	I always discuss important personal problems with my co-workers	
		iii.	My supervisor is not willing to listen to my job-related problems	
		iv.	My supervisor can be relied on when things get tough in my job.	
		v.	My supervisor really tries to help me.	
		vi.	My family does not show a lot of concern in my job.	
		vii.	My family gives helpful advice to me in completing the job	
		viii.	My friends can share the joys and sorrows with me	
		ix.	I can talk about my problems with my friends	

Workload	Workload is the amount of work performed by an entity in a given period of time, or the average amount of work handled by an entity at a particular instant of time.	i. Breakdown of the computer will cause workload ii. Unpredictable staffing and scheduling will lead to the workload iii. My job has a lot of responsibility iv. Too many non-nursing task, such as clerical work v. Not enough time to provide emotional support to a patient vi. Not enough staff to complete all of my nursing tasks vii. Not enough staff to adequately cover the units	Nursing Stress Scale NSS: Gray-Toft & Anderson (1981)
Stress	Stress is simply a reaction to a stimulus that disturbs our physical or mental equilibrium. In other words, it's	i. I found myself getting upset by quite trivial things ii. I tended to over-react to situations iii. I found it difficult to relax iv. I found myself quite easy to getting upset v. I felt that I was using a lot of energy	Lovibond & Lovibond (1995)

	an omnipresent part of life	vi.	I found myself getting impatient when I was delayed in any way	
		vii.	I felt that I was rather touchy	
		viii.	I found it hard to wind down	
		ix.	I found that I was irritable	
		x.	I found it hard to calm down after something upset me	
		xi.	I was in a state of nervousness tension	
		xii.	I found it difficult to tolerate interruption in what I was doing	
		xiii.	I was intolerant of anything that kept me from getting on what I was doing	
		xiv.	I found myself getting agitated	

3.4 Population and Sampling

3.4.1 Population

The population of interest for this research consists of registered nurses in Gua Musang Hospital. This population includes all of the units (trauma, emergency and

hemodialisis) and wards (Kenanga 2A & 2B, Melor and maternity). The population size for this research is 130. According to Sekaran (2003) population can be defined as the entire group of people, the events and things that the researcher wishes to investigate. Sekaran (2003) highlighted that the researcher must ensure that the population consists of those entities which are actually the information sought by the survey.

3.4.2 Sampling

According to Sekaran (2003), a sample is a subset of the population. It includes some members selected or participants in the study, Malhotra, (2004). Census method was used in this research because the number of nurses in this hospital was only 130. So all nurses are population of this research.

3.5 Pilot Study

According to The Association for Qualitative Research (2012), pilot study is a small mini research conducted in advance of a planned project, specifically to test aspects of the research design such as stimulus material and to allow necessary adjustment before final commitment to the design. According to Burns and Grove (2001), a pilot study is a smaller version of a proposed study conducted to refine the methodology. Pilot study is more common in large quantitative studies since adjustment after the beginning of fieldwork is less possible than in qualitative work. A pilot study is conducted as the preliminary survey. The questionnaires were distributed to 30 respondents among nurses that were not contributing to the main sample of the research.

3.5.1 Reliability test

Reliability test is one of the most important elements of test quality. The reliability of the questionnaires was tested to check the consistency of all related factors in the study based on Cronbach's Alpha. Sekaran (2005) stated that the highest Cronbach's Alpha is 1. It measures the consistency of the reliability factor. For a research, any reliability coefficient (Alpha) less than 0.6 are regarded as poor and those in the range of 0.7 are acceptable, and those with coefficient value 0.8 and over are considered good. The internal consistency reliability coefficients (Cronbach's alpha) for the scales used in this study were computed in the pilot testing and are well above the

level 0.7, acceptable for the analysis purpose. In the table 3.3 alpha score of three variables are stated. The reliability test was done with 30 completed responses.

Table 3.3

Pilot Reliability Test (n=30)

Variable	No. of items	Cronbach's Alpha
Leadership style	14	0.775
Social support	9	0.854
Workload	7	0.788
Stress	14	0.860

3.6 Data Collection Methods

The data as collected via survey questionnaires which were distributed among nurses. Each and every participant was required to answer 4 page questionnaires, consisting of 5 sections. Explanations regarding the questionnaires were given to representative orally to attain the participants' co-operation and to give the general idea of the research.

3.6.1 Administrating the Survey

The questionnaire was sent to 130 nurses of Gua Musang Hospital personally by the researcher and was distributed with the help of a few staff which were the researcher's assistants from the main office. The questionnaires were distributed starting from 10th until 25th of October 2016. A total of 96 (74%) of the sets questionnaires were successfully collected.

3.6.2 Reliability

Reliability is the degree of consistency between two measures of the same thing. The purpose of reliability test is to define the consistency of the items in each part of the questionnaire. The questionnaire is reliable if there is any same repeated result with consistent score. The stronger the relation between items, the scale of reliability will be higher (Sekaran, 2003).

3.7 Data Analysis Technique

The data that was gained was processed and statistically analyzed by using Statistical Package for Social Science (SPSS) software version 22.0.The instruments that were planned and applied were Frequency, Pearson Correlation and Regression as to analyze the relationship between dependent and independent variables.

3.7.1 Descriptive Analysis

The frequency distribution is a mathematical distribution to identify the number of responses associated with the different values of one variable and expresses this count in a percentage. The purpose of this analysis is to attain the results of frequency distribution, measures of central tendency and measures of dispersion variability. In this research, descriptive statistic is used to describe and analyze the basic features of the data in a study; gender, age, marital status, education background and year of services. The descriptive statistics was conducted and used for computing the mean score and standard deviation of each dimension of the variables. The mean is calculated to measure the importance of each of them respectively (Sekaran, 2010).

3.7.2 Correlation Analysis

Pearson Correlation is a method to be used as to test the study hypothesis. It assists the researcher in order to determine whether there is a relationship between dependent variables and independent variables. According to Bryman, (2007) Pearson's is a method for examining relationships between interval or ration variables. According to Sekaran (2010), this to examine the independent variables is in correlation with the dependent variables. If the probability value (P-Value) is smaller than 0.05 ($p<0.05$), the result will be significant. Therefore, there is a relationship between dependent variables. If the probability value (P-Value) is equal to 0.05 ($p=0.05$) or is greater than 0.05 ($p>0.05$), there is no relationship between dependent variable and independent variables.

3.7.3 Regression Analysis

The purpose of multiple regression analysis is to examine the relationship between a dependent variable and one or more independent variables. Regression analysis helps researchers to understand how the value of the dependent variable changes when any of the independent variables are varied while the other independent variables are fixed.

3.8 Summary

In this chapter, the method and the analysis strategy for the study have been described. It includes the discussion of research design, sampling size, questionnaires design, data collection method and the analysis techniques. Results of the findings will be discussed in the next chapter, Chapter 4.

CHAPTER 4

FINDINGS

4.1 Introduction

This chapter reflects on the finding underlying the research and provides a detailed description of the analysis and interpretation of data. All data were analyzed using the Statistical Package for Science (SPSS) version 22.0. Demographic data analysis of the respondent included gender, age, marital status, level of education and years in nursing. The measure of this study is tested for its construct validity and internal consistency by using reliability analysis. Pearson's Correlation coefficient was used to identify the existence of any significant relationship between the independent variables and dependent variables. Additionally, regression analysis is conducted to examine the most significant of relationship between the independent variable and dependent variable.

4.2 Response rate

A total of 130 questionnaires were distributed to the respondent and 96 questionnaires were collected. However, 14 questionnaires were uncollected. The result is shown in Table 4.1.

Table 4.1

Survey responses result

	Total	Percentages (%)
Distributed questionnaires	130	100
Collected questionnaires	96	87
Uncollected questionnaires	14	15

4.3 Descriptive statistic of data collection

4.3.1 Frequencies

Frequencies generally summarized by the distribution. The simplest distribution would list every value of a variable and the number of persons who had each value; for instance the demographic profile. Essentially, descriptive statistics for a single variable are provided by frequencies, measures of central tendency and dispersion. The frequencies are referred to the number of times various subcategories of a certain phenomenon occur, from which the percentage and cumulative percentage of their occurrence can be easily calculated. To measure the respondents' demographics profile, researchers have used some tools such as gender, age, marital status, the education level and years in nursing.

The result of the gender is illustrated in Table 4.2 as shown below. 15.6% (15 respondents) were male and the rest of 84.4% (81 respondents) were female. Therefore, the respondents were mostly female.

Table 4.2

Gender of response

Gender	**Frequency**	**Percentage (100%)**
Male	15	15.6
Female	81	84.4
Total	**96**	**100.0**

The results of respondents' age are shown in table 4.3. The table shows that 11.5% of the respondents are between the ages of 21-25 years old followed by 26-30 with 42.7% and 31-35 years old (33.3%). The least respondents are at the age above 41 years old which is 12.5%.

Table 4.3

Age of response

Age	**Frequency**	**Percentage (100%)**
Between 21-25	11	11.5
Between 26-30	41	42.7
Between 31-35	32	33.3
Above 41 years old	12	12.5
Total	**96**	**100.0**

Refer to Table 4.4, from all the 96 respondents, 21.9% (21 respondents) were single, 72.9% (70 respondents) were married and 5.2% (5 respondents) are others. The table 4.3 indicates the respondents' marital status.

Table 4.4

Marital status of respondent

Marital Status	**Frequency**	**Percentage (100%)**
Single	21	21.9
Married	70	72.9
Others	5	5.2
Total	**96**	**100.0**

Based on Table 4.5, most of the respondents which is 45.8% (44 respondents) were holding Diploma, 25% (24 respondents) were from the high school, 14.6% (14 respondents) were holding Bachelors Degree while the rest 14.6% (14 respondents) are others.

Table 4.5

Education level

Education level	Frequency	Percentage (100%)
High School	24	25.0
Diploma	44	45.8
Bachelor's Degree	14	14.6
Others	14	14.6
Total	**96**	**100.0**

The results of years in nursing were illustrated in table 4.6. Most of the respondents which are 31.3% (30 respondents) have been working for 11 to 14 years, 27.1% (26 respondents) have been working for 3 to 6 years and 21.9% (21 respondents) have been working for 7 to 10 years. There were 11.5% (11 respondents) of the total worked less than 3 years and the rest of 8.3% (8 respondents) were seniors and worked 15 years and above.

Table 4.6

Years in nursing

Years in nursing	Frequency	Percentage (100%)
Less than 3 years	11	11.5
3-6 years	26	27.1
7-10 years	21	21.9
11-14 years	30	31.3
15 years and above	8	8.3
Total	**96**	**100.0**

4.3.2 Descriptive Statistic

Descriptive statistics is important to summarize a collection of data. This allows the measurement of central tendency (mean) and dispersion (standard deviation). From the results, the means and standard deviations for all variables used in this study were stated in Table 4.7 with all variables were measured on a 5-point scale.

Table 4.7

Descriptive Statistic of the Variables

Variable	Mean	Std. Deviation
Leadership style	4.782	0.136
Social support	1.825	0.276
Workload	4.207	0.317
Stress	1.769	0.239

The above table shows the standard deviation for leadership style is 0.136, followed by standard deviation for social support is 0.276, workload is 0.317, and stress is 0.239. Mean for leadership style is 4.782, social support 1.825, workload 4.207 and stress 1.769. Mean or the average is a measure that offers a general picture of the data without unnecessarily inundating one with each of the observations in the data set. While the standard deviation measures the dispersion for interval and ratio scale data, offers an index of the spread of a distribution or the variability in the data. From the result obtained, it shows that stress among nurse contributed mostly by the factor of workload, followed by social support and leadership style.

4.4 Reliability Test

This study used Cronbach's Alpha to test the reliability of the instruments used. Besides that, reliability test enable to indicate how accurate and precise of the measurement made on independent and dependent variables in this study. Meanwhile, the

lower the error caused, the higher the reliability of the instrument. The Cronbach's Alpha values of each variable are illustrated in Table 4.8.

Table 4.8 shows the Cronbach's Alpha Values for dependent variable (leadership style, social support and workload) and independent variables (stress). This result shows the range between 0.703 and 0.764. Cronbach's alpha for all variables are above 0.7. This reflect an acceptable range of reliability results of the all the variables. According to Sekaran (1992), reliabilities should in the range of 0.5 to 0.8. In this study, the findings result of every variable is more than 0.5. Hence, the reliability results indicated an acceptable value for this study.

Table 4.8

Reliability Test on Instruments Results of the Variables

Variable	**No. of items**	**Cronbach's Alpha**
Leadership style	14	0.703
Social support	9	0.725
Workload	7	0.711
Stress	14	0.764

4.5 Correlation Analysis

For this analysis, the researcher is tried to examine whether the independent variables have the relationship with dependent variables or not. The Table 4.8 below shows the correlation analysis of the research.

The Table 4.9 of correlation analysis shows that the independent variable which are leadership style, social support and workload with stress among nurse have a significant relationship which r = 0.236, 0.872 and -0.226 and p = 0.021; p<0.05, 0.000; p<0.01 and 0.027<0.05. In conclusion, it was found that all the independent variable which is leadership style, social support and workload has a significant relationship with stress among nurse at Gua Musang Hospital.

Table 4.9

Correlation analysis on variable

		Stress
Leadership Style	Pearson Correlation	0.236*
	Sig. (2-tailed)	0.021
Social Support	Pearson Correlation	0.872**
	Sig. (2-tailed)	0.000
Workload	Pearson Correlation	-0.226*
	Sig. (2-tailed)	0.027

* Correlation is significant at the 0.05 level (2-tailed)

** Correlation is significant at the 0.01 level (2-tailed)

4.6 Multiple Regression Analysis

Regression is the appropriate technique for testing relationship between predictor and criterion variable. Regression analysis was used as it allows the researcher to analyze how independent variables prediction on the value of the dependent variable. According to Bougie and Sekaran (2013), multiple regression analysis is used to identify the significance of the predictors with the dependent variable.

4.6.1 Independent Variables and Stress

Multiple regression analyses were conducted to examine the relationship between nurse's stress in Gua Musang Hospital and various potential predictors. Table 4.10 below shows model summary consisting R squared value.

Table 4.10

Model Summary

R	R Square	Adjusted R Square	Std. Error of the Estimate	F
.881[a]	.776	.769	.115	106.139

a. Predictors: (Constant), Workload, Leadership Style and Social Support

As can be seen from Table 4.10, the value of R_2 is 0.776, which means that 77.6% of factor influencing stress among nurses has been 'explained' in this study while another 22.4% is explained by other variables. The R value; 0.881 is the square root of R_2.

Table 4.11

The Coefficients of the study model

	Unstandardized Coefficients		**Standardized Coefficients**		
	B	**Std. Error**	**Beta**	**t**	**Sig.**
(Constant)	0.821	0.464		1.767	0.080
Leadership Style	-0.001	0.090	-0.001	-0.012	0.990
Social Support	0.741	0.044	0.857	16.715	0.000
Workload	-0.095	0.038	-0.126	-2.515	0.014

a. Dependent Variable: Stress

The regression analysis on all three dimensions of stress were significant at $p < 0.05$, $F = 106.139$. However, according to table 4.11 above, it was found out that only two dimensions were significant which have p-value < 0.05, namely social support and workload with p-value of 0.000 and 0.014. Another one, which is leadership style were not significant to stress since the p-value was 0.990. We may conclude by saying that at least two dimension of stress, namely social support and workload has impact on stress among nurses in Gua Musang Hospital.

Among the independent variables, social support (β=0.741, t=16.715, p=0.000; < 0.01) was found to have the greatest influence on stress among nurse. Second is workload (β=-0.095, t=-2.515, p=0.014; < 0.05). However, no influence was found by leadership style (β= -0.001, t= -0.012, p=0.990; > 0.05) towards stress among nurse.

4.8 Summary

Overall, the chapter covered the analysis results of the study. As a summary, the results of the study showed that all independent variable which are leadership style, social support and workload have a significant relationship with stress. The results also stated that, all hypotheses proposed in the study were accepted. Additionally, the multiple regression result also showed that social support is the most influential factor of stress. Furthermore, discussion based on the research objectives, implications, recommendations for future study, limitations and conclusion will be discussed in the next chapter.

CHAPTER 5

DISCUSSION AND CONCLUSION

5.1 Introduction

This chapter summarizes and discusses the research objective, the finding based on the analysis result and provides identification of factors that related to the stress among nurses. The results of correlation, from each of the hypotheses testing in the previous chapter are examined to provide detailed explanation based on the analysis of the research data. The chapter ends with recommendation as well as directions for future research.

5.2 Discussion

For this study, there are three objectives. The first objective is to investigate the relationship between leadership style and stress. Second is to investigate the relationship between social support and stress. The third objective is to investigate the relationship between workload and stress.

The analysis shows that leadership style has a significant relationship with the stress. Based on Pearson Correlation analysis done in Chapter 4, there is significant relationship between leadership style and stress because $p=0.021$; $p<0.05$. Therefore,

hypothesis 1 is accepted. Since there is significant relationship between leadership style and stress, the nurse manager should interact with the nurses individually to determine the nurse's interest and desire. If this behavior is practiced among nurse leaders, nurses stress levels will reduce as well (Grossman and Valiga, 2005).

Besides that, the analysis shows that social support has a significant relationship with the stress. Based on Pearson Correlation analysis done in Chapter 4, there is significant relationship between social support and stress because $p=0.000$; $p<0.01$. The significant value is 0.000 where it is lower than stated significant level 0.01. Therefore, hypothesis 2 is accepted. Hence, there is relationship between social supports with stress. The finding is similar with researches where social support has significant interaction with work stress (Fenlason, and Beehr, 1994; LaRocco, House, and French, 1980; Stansfield, Bosma, Hemingway, and Marmot, 1998; Chen, Wong,Yu, Lin, & Cooper, 2003).

In addition, based on Pearson Correlation analysis done in Chapter 4 also, there is significant relationship between workload and stress because $p=0.027$; $p < 0.05$. Therefore, hypothesis 3 is accepted. In other word it is very likely that the nurse would feel stress when their workload is increase. This finding aligns with many other research findings that workload has a positive relationship with stress (Lim & Teo, 1999; Searle, Bright, & Bochner, 1999; Muhonen & Torkelson, 2003; Love, Irani, Standing, & Themistocleous, 2007; Wallgren & Hanse, 2007).

From Multiple Regression analysis results, it shows that among the independent variable social support and workload were the factor causes stress to the nurse. However, among the independent variables social support (β=0.741, t=16.715, p=0.000; < 0.01) was found to have the greatest influence on stress among nurse compared to others.

5.4 Limitation of Study

The scope of study was limited to one specific hospital. This could be widened to other hospitals for a wider scope and generalization of the results. In this study, the data collections are purely quantitative. It could be better if this method could be completed with a qualitative method such as interview with the respondent to capture elements of subjectivities in the responses given and particularly involving emotion and perception which structured questionnaire fails to capture adequately.

In addition, the study is limited by the number of variable tested. The study only tested three independent variables that are leadership style, social support and workload that influence the stress. There are many factors such as environmental factor, psychological factor, sociological factor, personal factor and others that directly and indirectly contribute to the stress.

5.5 Recommendation for Future Study

Future researcher should do more in depth interview in order to understand better the relationship between leadership style, social support, workload and stress. Besides that, future researcher also should do more studies in the area that could be pursued in the future is examining work related stress factors and in the various wards and department in the public and private hospitals and among senior nurses and new graduate nurses in Malaysia.

In addition, a mixed methodology approach that employs both quantitative and qualitative methods could contribute richer data and provide a more holistic picture of the stress situation of nurses. Another area of interest could be an investigation of the impact of computerized documentation on both senior and newly trained nurses as this was one of the stressors in the nursing scenario that was discovered in this study.

5.6 Conclusion

The current chapter has discussed results of the study in the light of literature review and limitations. The purpose of this study was to investigate the variables that may affect stress such as leadership style, social support and workload. Three research questions have answer by the research finding. All the variables have a significant relationship with stress. Among these three independent variables, workload is the most significant factor that contributes to the stress among nurse.

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APPENDIX A

RESEARCH QUESTIONNAIRE

UNIVERSITI UTARA MALAYSIA
COLLEGE OF BUSINESS
MASTER IN HUMAN RESOURSE MANAGEMENT
NOR IDAYU BT ZAKARIA (818958)

The purpose of this survey is to investigate the relationship between the factor of leadership style, social support and workload influence stress among nurse.

Your honesty and sincerity are highly required in attempting this questionnaire so that the research will be able to get a complete understanding about the studied. All information, data collected are strictly confidential and for study purpose only.

Please answer all questions. Your participation and precious time is much appreciated.

Section A: Demographics Information

Please (✓) in the appropriate boxes that corresponds to the question below

1. Gender: Female: ☐ Male: ☐

2. Age:
   - Below 20 ☐
   - Between 21-25 ☐
   - Between 26-30 ☐
   - Between 36-40 ☐
   - Above 41 years old ☐

3. Marital status: Single: ☐ Married: ☐ Others: ☐

4. Level of education:
   - High school ☐
   - Diploma ☐
   - Bachelor's Degree ☐
   - Master ☐
   - Phd. ☐
   - Others ☐

5. Years in nursing:
   - Less than 3 years ☐
   - 3-6 years ☐
   - 7-10 years ☐
   - 11-14 years ☐
   - 15 years and above ☐

Section B: LeadershipStyle

Instructions: For each statement below, please tick in the box scale that corresponds to your level of agreement

Key:

1	2	3	4	5
Strongly disagree	**Disagree**	**Neutral**	**Agree**	**Strongly agree**

No.	My leader.....	1	2	3	4	5
1	Embeds a sense of pride in me					
2	Spends time in teaching and coaching me					
3	Considers the moral and ethical consequences					
4	Assumes me as having abilities and aspirations					
5	Listens to my concerns					
6	Encourages me to perform the task					
7	Increases my motivation					
8	Encourages me to think more creatively					
9	Sets challenging standards					
10	Makes clear expectation					
11	Take actions before problems are chronic					
12	Tells me standards to carry out the work					
13	Task given are out of my job responsibility					
14	Always monitors my performance and keeps track of my mistake					

Section C: Social Support

Instructions: For each statement below, please tick in the box scale that corresponds to your level of agreement.

No.	Items	1	2	3	4	5
1	I regularly spend time with my co-workers outside of working hours					
2	I always discuss important personal problem with my co-workers					
3	My supervisor is not willing to listen to my job-related problems					
4	My supervisor can be relied on when things get tough in my job					
5	My supervisor really tries to help me					
6	My family does not show a lot of concern in my job					
7	My family gives helpful advice to me in completing the job					
8	My friends can share the joys and sorrows with me					
9	I can talk about my problems with my friends					

Section D: Workload

Instructions: For each statement below, please tick in the box scale that corresponds to your level of agreement.

No.	Items	1	2	3	4	5
1	Breakdown of the computer will cause of workload					
2	Unpredictable staffing and scheduling will lead to the workload					
3	My job has a lot of responsibility					
4	Too many non-nursing task, such as clerical work					
5	Not enough time to provide emotional support to a patient					
6	Not enough staff to complete all of my nursing task					
7	Not enough staff to adequately cover the unit					

Section E: Stress

Instructions: For each statement, please tick in the box scale that corresponds to your level of agreement.

No.	Items	1	2	3	4	5
1	I found myself getting upset by quite trivial things					
2	I tended to over - react to a situations					
3	I found difficult to relax					
4	I found myself quite easy to getting upset					
5	I felt that I was using a lot of energy					
6	I found myself getting impatient when I was delayed in anyway					
7	I felt that I was rather touchy					
8	I found it hard to wind down					
9	I found that I was irritable					
10	I found it hard to calm down after something upset me					
11	I was in a state of nervousness tension					
12	I found it difficult to tolerate interruption in what I was doing					
13	I was intolerant of anything that kept me from getting on what I was doing					
14	I found myself getting agitated					

THANK YOU FOR ANSWERS THIS QUESTIONNAIRE

APPENDIX B

Frequencies Table

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	81	84.4	84.4	84.4
	Male	15	15.6	15.6	100.0
	Total	96	100.0	100.0	

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Between 21-25	11	11.5	11.5	11.5
	Between 26-30	41	42.7	42.7	54.2
	Between 31-35	32	33.3	33.3	87.5
	Above 41 years old	12	12.5	12.5	100.0
	Total	96	100.0	100.0	

Marital status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	21	21.9	21.9	21.9
	Married	70	72.9	72.9	94.8
	Others	5	5.2	5.2	100.0
	Total	96	100.0	100.0	

Level of Education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High School	24	25.0	25.0	25.0
	Diploma	44	45.8	45.8	70.8
	Bachelor's Degree	14	14.6	14.6	85.4
	Others	14	14.6	14.6	100.0
	Total	96	100.0	100.0	

Years in Nursing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 3 years	11	11.5	11.5	11.5
	3-6 Years	26	27.1	27.1	38.5
	7-10 years	21	21.9	21.9	60.4
	11-14 years	30	31.3	31.3	91.7
	15 years and above	8	8.3	8.3	100.0
	Total	96	100.0	100.0	

APPENDIX C

Descriptive Statistic

Descriptive Statistics

	Mean	Std. Deviation	N
Stress	1.7693	.23870	96
Leadership Style	4.7820	.13607	96
Social Support	1.8252	.27631	96
Workload	4.2068	.31699	96

APPENDIX D

Reliability Test

Leadership Style

Case Processing Summary

		N	%
Cases	Valid	96	100.0
	Excluded[a]	0	.0
	Total	96	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.703	14

Social Support

Case Processing Summary

		N	%
Cases	Valid	96	100.0
	Excluded[a]	0	.0
	Total	96	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.725	9

Workload

Case Processing Summary

		N	%
Cases	Valid	96	100.0
	Excluded[a]	0	.0
	Total	96	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.711	7

Stress

Case Processing Summary

		N	%
Cases	Valid	96	100.0
	Excluded[a]	0	.0
	Total	96	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.764	14

APPENDIX E

Pearson Correlation Test

Correlations

		Leadership Style	Social Support	Workload	Stress
Leadership Style	Pearson Correlation	1	.258*	-.124	.236*
	Sig. (2-tailed)		.011	.229	.021
	N	96	96	96	96
Social Support	Pearson Correlation	.258*	1	-.117	.872**
	Sig. (2-tailed)	.011		.256	.000
	N	96	96	96	96
Workload	Pearson Correlation	-.124	-.117	1	-.226*
	Sig. (2-tailed)	.229	.256		.027
	N	96	96	96	96
Stress	Pearson Correlation	.236*	.872**	-.226*	1
	Sig. (2-tailed)	.021	.000	.027	
	N	96	96	96	96

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

APPENDIX F

Multiple Regression Test

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.881[a]	.776	.769	.11484

a. Predictors: (Constant), Workload, Social Support, Leadership Style

b. Dependent Variable: Stress

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.200	3	1.400	106.139	.000[b]
	Residual	1.213	92	.013		
	Total	5.413	95			

a. Dependent Variable: Stress

b. Predictors: (Constant), Workload, Social Support, Leadership Style

Coefficient

	Unstandardized	**Coefficients**	**Standardized Coefficients**		
Model	**B**	**Std. Error**	**Beta**	**t**	**Sig.**
(Constant)	.821	.464		1.767	.080
Leadership Style	-.001	.090	-.001	-.012	.990
Social Support	.741	.044	.857	16.715	.000
Workload	-.095	.038	-.126	-2.515	.014

a. Dependent Variable: Stress