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**EXPLORING THE RELATIONSHIP BETWEEN MENTAL  
HEALTH, SAFETY CLIMATE AND JOB SATISFACTION  
AMONG PHYSIOTHERAPISTS IN KLANG VALLEY**

**BY**

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(Occupational Safety and Health Management)**



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## ABSTRACT

In the high-stress world of healthcare, the intertwined relationship between mental health, safety climate and job satisfaction are pivotal. Prioritizing healthcare professionals' mental health and nurturing a positive safety climate are essential to enhancing overall job satisfaction. This study aimed to investigate the relationship between mental health, safety climate and job satisfaction among physiotherapists in Klang Valley and to elucidate the effect of demographic variables on these elements. The findings of this study intend to offer valuable insights into potential strategies that healthcare organizations and policymakers may implement to elevate job satisfaction and increase overall productivity. A sample of 200 physiotherapists, encompassing a diverse range of demographic backgrounds, took part in this investigation. Data analysis was conducted using Pearson Correlation Analysis, One-Way ANOVA and Multiple Regression Analysis to determine the relationships among mental health, safety climate, and job satisfaction, and to identify the influence of various demographic characteristics on job satisfaction. The findings revealed a moderate positive correlation between mental health and job satisfaction, and a robust correlation between safety climate and job satisfaction. Interestingly, demographics such as age, gender, education level, years of experience, and work setting demonstrated no significant difference on job satisfaction. The combined effect of mental health and safety climate accounted for 67.4% of the variance in job satisfaction. Further analysis determined that safety climate significantly predicts job satisfaction, whereas mental health lacked statistical significance. The research highlights the importance of prioritizing employees' mental health and safety to enhance job satisfaction and reduce turnover. It proposes comprehensive training and safety policies, emphasizing the role of policymakers in implementing regulations for workplace improvement.

**Keywords:** Job Satisfaction, Mental Health, Safety Climate, Physiotherapists, Klang Valley.

## ABSTRAK

Dalam dunia kesihatan yang penuh tekanan, adalah penting untuk memahami hubungan yang saling berkaitan antara kesihatan mental, iklim keselamatan, dan kepuasan kerja. Pengutamaan kepada masalah kesihatan mental para profesional kesihatan dan mencipta iklim keselamatan yang positif adalah kunci untuk meningkatkan kepuasan kerja secara keseluruhan. Kajian ini bertujuan untuk mengkaji hubungan antara kesihatan mental, iklim keselamatan, dan kepuasan kerja di kalangan ahli fisioterapis di Lembah Klang dan untuk menjelaskan kesan pembolehubah demografi terhadap elemen-elemen ini. Hasil kajian ini bertujuan untuk memberikan pandangan berharga kepada organisasi kesihatan dan pembuat dasar mengenai strategi yang boleh dilaksanakan untuk meningkatkan kepuasan kerja dan meningkatkan produktiviti keseluruhan. Sampel sebanyak 200 fisioterapis, merangkumi pelbagai latar belakang demografi, mengambil bahagian dalam penyelidikan ini. Analisis data dilakukan menggunakan Analisis Korelasi Pearson, ANOVA Satu Hala dan Analisis Regresi Berganda untuk menentukan hubungan antara kesihatan mental, iklim keselamatan dan kepuasan kerja, serta mengenal pasti pengaruh ciri-ciri demografi yang berbeza terhadap kepuasan kerja. Hasil kajian menunjukkan korelasi positif sederhana antara kesihatan mental dan kepuasan kerja, dan korelasi kukuh antara iklim keselamatan dan kepuasan kerja. Menariknya, demografi seperti umur, jantina, tahap pendidikan, tahun pengalaman, dan persekitaran kerja tidak membawa perbezaan yang signifikan terhadap kepuasan kerja. Kesan gabungan kesihatan mental dan iklim keselamatan menerangkan 67.4% variasi dalam kepuasan kerja. Analisis lanjut menunjukkan bahawa iklim keselamatan secara signifikan meramalkan kepuasan kerja, manakala kesihatan mental tidak mempunyai kepentingan statistik. Hasil kajian ini mencadangkan bahawa organisasi harus memberikan keutamaan kepada kesejahteraan mental dan keselamatan pekerja untuk meningkatkan kepuasan kerja dan mengurangkan kadar pertukaran pekerja. Kajian ini menekankan kepentingan membangunkan iklim keselamatan positif dalam institusi kesihatan untuk meningkatkan kepuasan kerja ahli fisioterapis. Kajian ini mengesyorkan agar organisasi menawarkan program latihan kesihatan mental dan keselamatan yang komprehensif kepada pekerja mereka dan menetapkan dasar dan prosedur keselamatan. Pembuat dasar mempunyai peluang untuk mempromosikan peningkatan kesejahteraan mental dan keselamatan di tempat kerja melalui penguatkuasaan peraturan dan panduan yang mewajibkan organisasi memberikan keutamaan kepada elemen penting ini.

**Kata Kunci:** Kepuasan Kerja, Kesihatan Mental, Iklim Keselamatan, Fisioterapis, Lembah Klang

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## LIST OF ABBREVIATION

| Abbreviations | Descriptions                                |
|---------------|---------------------------------------------|
| UUM           | Universiti Utara Malaysia                   |
| SBM           | School of Business Management               |
| MH            | Mental Health                               |
| SC            | Safety Climate                              |
| JS            | Job Satisfaction                            |
| COVID-19      | Coronavirus Disease of 2019                 |
| WCPT          | World Confederation for Physical Therapy    |
| WHO           | World Health Organisation                   |
| JAMA          | Journal of the American Medical Association |
| APA           | American Psychiatric Association            |
| MPA           | Malaysian Physiotherapy Association         |



Universiti Utara Malaysia

# **CHAPTER 1**

## **INTRODUCTION**

### **1.1 Introduction**

This chapter provides a concise overview of the study's background, problem statement, research objective, research questions, scope of study, significance of the research, and a definition of terms. It concludes with a summary of the chapter's main content, which is relevant to the research being discussed.

### **1.2 Background of Study**

The concept of job satisfaction holds significant importance within the context of health care settings. It is widely acknowledged that the level of satisfaction experienced by healthcare professionals in their work environment can have profound implications for both individual well-being and the overall quality of patient care (Atefi et al., 2014). Job satisfaction embodies an individual's subjective evaluation of the fulfilment and gratification obtained from their professional engagement. The phenomenon under consideration is subject to the influence of multiple factors, including those related to work, organisation, and personal circumstances (Bayzid, 2019). A study conducted in Malaysia revealed that the prevalence of job dissatisfaction among healthcare workers in primary health clinics was 35.7%. (Azmi et al., 2022).

Pandemic COVID-19 has exacerbated the predicament of diminished job satisfaction within the healthcare workforce, thereby posing an additional peril to the long-term viability of healthcare systems (Barili, 2022). The level of job satisfaction experienced by individuals in their professional roles is widely recognised as a crucial determinant of their general well-being and productivity. According to a recent investigation conducted by Afulani (2021), it was revealed that healthcare professionals who experience higher levels of job satisfaction tend to exhibit improved mental and physical well-being, alongside decreased instances of burnout. The concept of job satisfaction plays a significant role in enhancing the overall quality of employee performance, as highlighted by Prihadini (2021) in their research study. Furthermore, it is interesting to note that this particular aspect also plays a significant role in the reduction of absenteeism and employee turnover, as highlighted by Ali (2018).

Physiotherapists are more likely to exhibit enhanced job performance, increased productivity, and higher levels of motivation when they are satisfied with their jobs, according to research (Latzke et al., 2021). Furthermore, it has been observed that physiotherapists who experience satisfaction in their profession demonstrate a greater inclination to adhere to clinical guidelines (Battista et al., 2021). This adherence plays a significant role in the dissemination and promotion of evidence-based practise within the field of physiotherapy (Condon et al., 2016). Conversely, it is worth noting that within the field of physiotherapy, the presence of job dissatisfaction among practitioners has the potential to significantly impact their overall well-being.



Mental health refers to a state of well-being where individuals can comprehend their abilities, cope with everyday stress, perform effectively at work, and contribute meaningfully to their communities (WHO, 2022). According to a study conducted by the Institute for Public Health in Malaysia (2015), 29.2% of the population reported experiencing mental health issues. Mental health significantly affects an employee's performance and teamwork in the workplace (Kilroy et al., 2021). The safety climate refers to the collective understanding of safety policies, procedures, and practices within an organization (Zohar, 2010). A positive safety climate enhances job satisfaction by contributing to a safer work environment and reinforcing the feeling of being valued (Nik Ramli & Muhammad, 2014).

There is limited statistical data available on the relationship between mental health, safety climate, and job satisfaction in Malaysia. A study of Malaysian nurses found that perceiving a supportive and engaging job environment was associated with improved mental health outcomes and higher job satisfaction (Badrudin & Panatik, 2017). Leung (2021) found a positive correlation between safety climate and job satisfaction in the Malaysian construction industry.

The exact amount of healthcare workers that desire to resign because of their jobs is unknown, despite the fact that the research that is currently accessible indicates that job dissatisfaction is a common problem among healthcare workers in Malaysia (Mat Rifin & Danaee, 2022). The phenomenon of job dissatisfaction can engender an asymmetry between healthcare providers and healthcare recipients, thereby developing occupational stress and promoting resignation (Azmi et al., 2022). Addressing job dissatisfaction among Malaysian healthcare professionals is of the utmost importance for ensuring the health of both healthcare workers and patients. Job

satisfaction holds significant importance for physiotherapists and healthcare professionals operating within the Malaysian context. It correlates positively with enhanced well-being, job performance, and patient care. The overall job satisfaction among physiotherapists and healthcare workers in Malaysia is typically high (Azmi et al., 2022).



### **1.3 Problem Statement**

Investigating the interplay between mental health, safety climate, and their impacts on job satisfaction, particularly in physiotherapists within the Malaysian context, presents a fascinating field of study. Notably, two elements, namely mental health (Cao, 2022) and safety climate (Smith, 2017), have been identified as integral factors influencing job satisfaction among healthcare workers separately. Consistently high levels of stress and burnout are reported among physiotherapists due to their exposure to the emotional and physical requirements of their patients (Rogan et al., 2019). Consequently, this study concentrates on the significance of these three factors in physiotherapy practise in Malaysia, particularly the Klang Valley.

Healthcare professionals in Malaysia, including physiotherapists, face multiple safety and health hazards (Thirunavakkarasu., 2021). The hazards discussed in this study encompass biological, chemical, and physical hazards, along with stress and burnout (Rai et al., 2021). A recent study conducted in a hospital in Malaysia revealed that healthcare workers face workplace hazards that can negatively impact their health and mental well-being (Sahiran et al., 2021). To reduce the risks faced by healthcare workers in hospitals, it is important to implement health education programs, control measures, and organizational policies (Erah et al., 2020)

Mental health and workplace safety climate both have a significant independent impact on job satisfaction among healthcare employees in Malaysia. The influence of mental health, which encompasses the multifaceted dimensions of mental health wellbeing, has emerged as a noteworthy prognosticator of job satisfaction. as evidenced by the empirical findings of Cao (2022). Conversely, the promotion of optimal mental health and the provision of sufficient assistance for healthcare professionals help, thereby

resulting in increased levels of professional satisfaction and enhanced quality of care for patients (Sovold et al., 2021). The impact of healthcare professionals' mental health on their job performance and overall job satisfaction has been extensively studied and documented (Capone et al., 2022). There is a growing body of evidence indicating that healthcare professionals who encounter mental health challenges, often exhibit reduced levels of job satisfaction and may consequently provide substandard care to their patients (Sovold et al., 2021).

In line with a study conducted by Nadinloyi (2013), there exists a relationship between mental health and satisfaction with work. In contrast, Cao (2022) presented divergent findings that demonstrate a negative association between mental health and job satisfaction, so suggesting the negative effect of mental health on individuals' levels of job satisfaction. Additional research is necessary to address this difference, hence providing an opportunity for the researcher to explore the impact of mental health on job satisfaction within the context of physiotherapists in the Klang Valley.

The safety climate holds immense significance in the assessment of job satisfaction within the healthcare industry. Safety climate which is defined as the collective perceptions of organisational safety policies, practises, and procedures, has a major impact on employee satisfaction (Oah et al., 2018). Furthermore, it has been observed that healthcare professionals employed in establishments that prioritise the safety of patients exhibit decreased levels of burnout, higher levels of workplace morale, and enhanced rates of staff retention (Mudallal et al., 2017). In keeping with Huang's (2016) findings, safety climate was identified as an important factor impacting job satisfaction. Contrary to this, Avram's (2015) study found that there is no significant relationship between safety climate and job satisfaction. Further investigation is

required due to the inconsistencies in these results, prompting the researcher to examine the impact of safety atmosphere on job satisfaction among physiotherapists in the Klang Valley.

The significance of comprehending the impact of mental health and safety climate on job satisfaction among physiotherapists cannot be overstated, as it encompasses numerous compelling rationales. Job satisfaction can be better understood and improved by identifying specific contributing factors. Additionally, this study can provide valuable insights to healthcare organisations and policymakers regarding the significance of promoting mental health and fostering a positive safety climate. These efforts can contribute to improving job satisfaction and overall well-being among healthcare workers. Lastly, it can aid in the formulation of strategies and policies to enhance workforce retention rates and healthcare service quality. The primary goal of this research is to investigate the correlation between mental health, safety climate and job satisfaction among physiotherapists in Klang Valley. It intends to offer valuable insights and contribute to evidence-based interventions and policies for enhancing job satisfaction and well-being among physiotherapists and healthcare workers.

#### **1.4 Research Questions**

- Is there any relationship between mental health and job satisfaction among physiotherapists in Klang Valley?
- Is there any relationship between safety climate and job satisfaction among physiotherapists in Klang Valley?
- Does job satisfaction differ based on demographic factors among physiotherapists in Klang Valley?
- Do mental health and safety climate affect job satisfaction among physiotherapists in Klang Valley?

#### **1.5 Research Objectives**

- To examine the relationship between mental health and job satisfaction among physiotherapists in Klang Valley.
- To investigate the relationship between safety climate and job satisfaction among physiotherapists in Klang Valley.
- To identify the differences in job satisfaction based on demographic factors among physiotherapists in Klang Valley
- To determine the effect of mental health and safety climate on job satisfaction among physiotherapists in Klang Valley.

## **1.6 Significance of Study**

The investigation of the connection between physiotherapist's mental health, safety climate and job satisfaction in Klang Valley is extremely significant for a number of different reasons. Understanding the elements that influence these outcomes is crucial in enhancing the mental health, safety climate, and job satisfaction among physiotherapists. The present research endeavour aims to address a significant gap in the existing body of knowledge by undertaking a comprehensive investigation into the various determinants that exert an influence on the psychological well-being and professional contentment of physiotherapists operating within the Klang Valley.

The study also investigates an aspect of safety climate within the work environment, as identified by Zohar (2010), which has been conveyed to influence both employee job satisfaction and mental health. This study can improve physiotherapist's mental health and job satisfaction by adding to the body of information on safety climate and mental health in healthcare. The ability to identify the aspects that contribute to the overall well-being of physiotherapists can be aided by a better knowledge of the relation between a physiotherapist's mental health and the satisfaction that derive from their work (Aiken, 2020).

Prior research has revealed that healthcare professionals, specifically physiotherapists, face a considerable vulnerability to experiencing elevated levels of stress, burnout, and mental health issues due to the challenging demands related to their occupation. This study has the potential to give useful insights into the specific components of mental health and safety climate that may affect work satisfaction and vice versa by exploring the link between the two. According to Hayes (2012), one of the important factors in retaining healthcare workers and lowering employee turnover is job satisfaction. To

increase job satisfaction and, by extension, retention rates, organisations must recognize the significance of employee's mental health and take action to address it through stress management programs, mental health support services, and workload optimization. Furthermore, the present study strives to clarify the potential effects of mental health and job satisfaction. The impact of healthcare professionals' mental health and job satisfaction on the quality of patient treatment has been extensively examined in prior research (Shanafelt et al., 2015). This research endeavour holds the potential to enhance patient care through its focus on bolstering the overall welfare of healthcare practitioners. By digging into the complex connection between the mental health of physiotherapists and their job satisfaction, valuable insights can be gleaned, ultimately contributing to the improvement of patient care.

In conclusion, the relevance of the study titled "Exploring the Relationship Between Mental Health, Safety Climate, and Job Satisfaction Among Physiotherapists in Klang Valley" lies in its ability to shed light on and address issues related to physiotherapists mental health, safety climate, and job satisfaction. Better healthcare outcomes for patients and organizations may result from the use of interventions and methods that are supported by this study's findings to boost physiotherapists satisfaction on the job.



### **1.7 Scope of the Study**

This study aims to examine the relationships between mental health, safety climate, and job satisfaction among physiotherapists in the Klang Valley area. This investigation focuses solely on specific factors related to job satisfaction, excluding other outside influences that are not within the scope of the research. Due to its rapid increase over the past two decades, the Klang Valley was chosen as the study location due to the affecting urban mobility management (Ariffin & Zahari, 2013). Healthcare workers may have faced distinct challenges as healthcare services expanded, making it a fascinating topic for academic investigation. The Klang Valley has several healthcare providers, this makes it perfect for healthcare worker studies. The study includes a diverse group of physiotherapists from various professional roles in the healthcare sector of the Klang Valley and includes both public and private institutions. A representative sample of 200 respondents were gathered in this research.

This project adopts a quantitative methodology and the operationalization of this study will involve the use of a well-constructed questionnaire. This questionnaire will assess various factors such as mental health status, perceived safety climate, and levels of job satisfaction within the sample. Statistical tests such as correlation, one-way ANOVA, and multiple regression analysis will be employed to analyze the data and extract significant insights and relationships among the variables of interest. This study seeks to provide a thorough comprehension of the factors that impact job satisfaction among physiotherapy professionals in the Klang Valley. Specifically, it focuses on mental health and safety climate. The findings of this study made a substantial contribution to the current research and provided practical recommendations for policy planning and intervention designs to enhance job satisfaction in the healthcare industry.

## 1.8 Definition of Terms

**Mental Health (MH):** According to the World Health Organisation (WHO, 2021), mental health encompasses a condition of optimal wellness wherein individuals are able to actively engage in various aspects of life, exhibit productive and meaningful work, and positively impact both their community and society as a whole. The mental well-being of an individual is crucial for their overall health and is influenced by various factors, such as biological, psychological, and social aspects.

**Safety Climate (SC):** Safety climate refers to the collective perception and attitudes of employees towards the safety policies, procedures, and practises implemented in their workplace (Zohar, 2010). According to Beus (2010), the commitment of management to ensuring safety, the establishment of effective channels of communication regarding potential hazards, and the active involvement of employees in safety-related initiatives are all integral elements.

**Job Satisfaction (JS):** As per Spector (1997), job satisfaction refers to the level of contentment an individual experiences in relation to their employment. The individuals' emotional and attitudinal states towards various dimensions of their professional endeavours are encompassed within this context. These dimensions encompass the work milieu, the nature of job responsibilities, and the dynamics of interpersonal connections with colleagues. The provision of healthcare services by healthcare professionals, such as physiotherapists, can be influenced by various factors, one of which is job satisfaction.

## **1.9 Organization of Chapters**

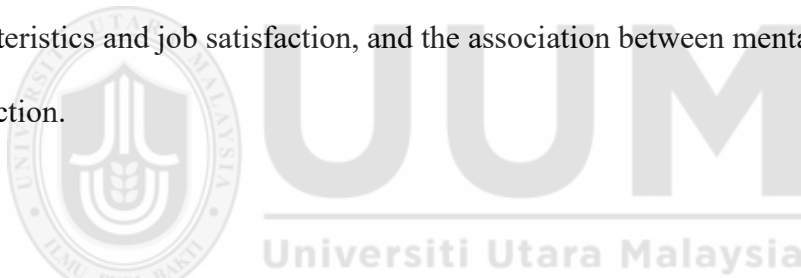
This thesis is organized with multiple sections that progressively examine the research subject in a comprehensive manner. Chapter 1 offers a comprehensive introduction to the investigation topic, setting the foundation for the subsequent discussion. The study includes the background, problem statement, research objectives, research questions, significance, scope, definition of terms, and chapter organization. Chapter 2 provides a thorough examination of existing literature on the research topic. This encompasses theoretical concepts, empirical findings, and critical analyses that aid in comprehending and explaining the research problem. Chapter 3 outlines the research methods employed. The paper provides a comprehensive overview of the methodology of research to ensure validity and reliability of the findings. Chapter 4 presents the research findings. This involves analyzing and interpreting the collected data in relation to the research objectives and questions. Chapter 5 focuses on the study's findings. The study compares the results with the literature reviewed in Chapter 2, explains any similarities or discrepancies, discusses the implications of the findings, recommends future research, and highlights the study's limitations.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

The literature was gathered from various sources, including journals, books, online resources, and other relevant materials. The study investigates the relationship between mental health, safety climate, and job satisfaction among physiotherapists in the Klang Valley. This study examined mental health conceptualizations, distinctions between mental health and mental illness, the prevalence of mental health issues among physiotherapists, safety climate in physiotherapy settings, job satisfaction among physiotherapists, factors influencing job satisfaction, demographic characteristics and job satisfaction, and the association between mental health and job satisfaction.



#### **2.2 Physiotherapy**

In accordance to the World Confederation for Physical Therapy (2011), physiotherapy is an evolving line of work that provides services in the areas of education, prevention, treatment or intervention, and rehabilitation to individuals and communities across a wide spectrum of settings. The objective of physiotherapy is to facilitate individuals of all age groups in attaining their maximum level of mobility by means of preventing and managing impairments. Physiotherapy relies heavily on communication between the therapist, client, other medical staff, client's family and caretakers, and the larger community. These days, physiotherapists are often the sole healthcare providers for their patients in outpatient clinics, performing all evaluations, making all diagnoses,

and taking full charge of their care. Physiotherapists can be found working in hospitals, private clinics, rehabilitation facilities, home care, schools for children with special needs, child development centres, public health units or health planning organisations, industry and commercial areas, recreation and wellness centres, and other settings (Tsekoura et al., 2016).

These exchanges are vital to the assessment of a client's mobility and functional capacity, the determination of their needs, and the establishment of their goals. The most important people involved in care for a patient or client must be able to communicate clearly and understand one another. As a direct result of the collaborative efforts put in by each and every member of the team, the patient who is receiving care will undoubtedly be able to acquire the highest possible number of advantages from the medical treatment that is being offered, and as a consequence, will have a decent level of the possibility of regaining their maximum level of functionality (Agni & Battin, 2017).

### **2.3 Conceptualizations of Mental Health**

Perspectives on mental health have ranged from the moral and religious to the medical and psychological throughout history. In the past, mental health issues were frequently thought to have been caused by supernatural forces or by moral flaws. Mental health has been considered historically from a variety of angles, from moral and religious to medical and psychological. In the past, people often thought that mental health problems were caused by supernatural forces or moral flaws (Porter, 2002). Nonetheless, a shift towards seeing mental health from the perspective of the human

body's biological processes occurred as psychiatry and psychology emerged as scientific disciplines in the 19th and 20th centuries (Deacon, 2013).

Engel (1977) introduced the biopsychosocial model to explore the interconnection between an individual's mental and physical health. This model, as elucidated by Ghaemi (2018), acknowledges the contribution of elements beyond biology, incorporating psychological mechanisms and social milieu, to an individual's mental well-being. Due to its holistic framework that facilitates understanding of the intricate interactions of factors affecting mental health, the biopsychosocial model has garnered substantial recognition within the mental health discipline. The World Health Organisation (WHO, 2004) characterizes mental health as an optimal state of psychological wellness, wherein individuals can comprehend their own potential, cope efficiently with the typical strains and vicissitudes of life, operate productively and effectively in their professional undertakings, and make a proactive contribution to their community's enhancement. This idea expands the conversation about mental health beyond just the lack of mental illness to include a person's ability to be content, show resilience, and have healthy social interactions.

Seligman and Csikszentmihalyi (2000) assert that positive psychology is a specialized domain within the field of psychology, which evolved during the later portion of the century. Its primary objective is to investigate positive emotions, strengths, and the holistic state of mental health. In this view, prevention and promotion of mental wellness are given equal weight to the treatment of mental illness. As stated, Seligman (2011), a state of mental wellness includes feelings of contentment, engagement, connection, significance, and fulfillment. This method has led to the creation of

interventions like mindfulness-based therapies and gratitude exercises that aim to improve well-being and resilience (Bolier et al., 2013).

Based on Slade (2010), the recovery model is a person-centered approach to the treatment of mental illness that places an emphasis on the relevance of individual autonomy, empowerment, and hope in the process of recovering from mental illness. This approach challenges the standard medical model's emphasis on symptom reduction in favor of empowering patients to chart their own courses to wellness (Leamy et al., 2011). Promoting mental health through individual responsibility and community resources is a primary focus of this approach., the recovery model has gained widespread acceptance in mental health policy and service provision.

#### **2.4 Mental Health Versus Mental Illness**

Despite their distinctions and interconnections, "mental health" and "mental illness" tend to be used identically. In simple terms, a significant distinction exists between mental health and mental illness. According to the World Health Organisation (2021), mental health can be described as a condition characterized by comprehensive emotional, social, and cognitive well-being. On the flip side, mental illness is described as a condition of the mind that makes it hard for a person to think, feel, or act properly (American Psychiatric Association, 2020). The mental well-being of an individual can be impacted by external factors, irrespective of the presence or absence of a diagnosed mental disorder. According to Ritchie and Roser (2020), 970 million persons worldwide are affected by mental health issues. From an investigation published by Walker (2015), mental illness accounts for approximately 14.3 percent of worldwide

mortalities, which causes close to 9 million mortalities yearly. Mental illness and mental health are at different ends of a scale (Greenspoon & Saklofske, 2001).

Despite their differences, mental health and mental illness frequent discussed together. Mental health can deteriorate in those who already suffer from a mental disorder, and vice versa; poor mental health can raise the likelihood of getting a mental disorder (Prince et al., 2007). Furthermore, mental health and mental disease exist on a continuum, with variable degrees of intensity and impact on an individual's overall wellbeing (Keyes, 2005). Public health programmes should always include work to improve mental health and reduce the prevalence of mental disease. According to the World Health Organisation (2021), some strategies for boosting mental health include cultivating social relationships, increasing physical exercise, giving access to mental health care, and minimising exposure to stresses. It has been shown that getting help for mental health issues as soon as possible will lessen the severity and length of symptoms, boost overall mental health, and raise the likelihood of recovery (American Psychiatric Association, 2020).

## **2.5 Mental Health Issues Among Physiotherapists**

Issues pertaining to mental health are rapidly being acknowledged as a serious concern in the field of healthcare, which includes in physiotherapy field. Due to their high stress levels, workloads, and emotional demands, physiotherapists are at risk for developing mental health issues (Ferri, 2020). According to the findings of a systematic review that was carried out, physiotherapists all over the world have a relatively high incidence of mental health conditions such as stress, anxiety, and depression (Junaid, 2021). The review revealed a spectrum of depression prevalence



rates, from 5.5 percent to 50 percent, and anxiety prevalence rates, from 7.5 percent to 60 percent. The incidence of stress ranged from 5.5 percent all the way up to 70 percent of the population. The study also discovered that female physiotherapists, those with less work experience, and those in private practise were more likely to suffer from mental health conditions.

According to the results of a study performed in Brazil by Pereira (2019), numerous contributors to the emergence of mental health disorders issues have been recognised among physiotherapists. The reasons for this can be broken down into two categories:

Factors Related to Work:

1. High workload: Physiotherapists often have a lot of work to do, which can make them more stressed and add to mental health problems (Ferri et al., 2020).
2. Emotional demands: Physiotherapists typically work with patients who are experiencing pain, disability, and emotional distress, which can be emotionally demanding and contribute to poor mental health (Donohoe et al., 2018).
3. A lack of support: According to Pereira (2019), insufficient assistance from colleagues and upper management itself might contribute to increased stress and the development of mental health difficulties among physiotherapists.
4. Ambiguity in the role: According to Alrowayeh (2016), physiotherapists can experience heightened stress levels due to unclear projections and misunderstandings over their roles. This can also contribute to mental health problems.

### Personal Factors:

1. Age: Due to their inexperience and difficulties adapting to the job. The likelihood of developing mental health issues is higher in younger physiotherapists. (Donohoe et al., 2018).
2. Gender: Female physiotherapists may be more likely to suffer mental health difficulties, while the reasons for this are unclear (Alrowayeh et al., 2016).
3. Experience level: According to Ferri (2020), physiotherapists with less experience may be more vulnerable to mental health concerns because of the difficulties of adjusting to the profession and building adequate coping mechanisms.

Physiotherapist's mental health issues can have a major effect on the level of treatment their patients receive. Reduced empathy, slower decision making, and decreased productivity are all symptoms of poor mental health (Pereira et al., 2019). Although physiotherapists carry out a vital duty in recovery and rehabilitation of patients encompassing an extensive range of medical conditions, poor mental health among physiotherapists has been linked to subpar patient outcomes and higher healthcare expenses (Donohoe et al., 2018). Therefore, improving the mental health of physiotherapists is of the utmost importance in order to optimise the quality of care provided to patients and the overall efficacy of the healthcare system.

There is a pressing need for more education, advocacy, and intervention for physiotherapists mental health because of the high rates at which it occurs (Ferri et al., 2020). The health of physiotherapists is crucial to the success of the healthcare system as a whole, making professional wellness promotion a top priority. Pereira (2019) suggest that efforts to improve working circumstances and reduce workload, may be

helpful in minimizing mental health difficulties among physiotherapists. Furthermore, destigmatizing mental health concerns and encouraging physiotherapists to seek assistance when required can be accomplished by cultivating a culture of open communication and support within the profession (Alrowayeh et al., 2016).

## **2.6 Safety Climate in Physiotherapy Settings**

The safety climate holds significant importance within healthcare and physiotherapy settings due to its direct impact on the quality of patient care and the overall efficacy of the healthcare system. As stated by Zohar (2010), the concept of safety climate relates to the shared perceptions, attitudes, and beliefs held by healthcare professionals regarding the importance of upholding a secure working environment. The study by Singer (2009) demonstrates a link across a supportive safety climate and improved patient outcomes, reduced errors, and increased employee satisfaction. In healthcare and physiotherapy facilities, maintaining a maximum range of safety climate is of utmost importance. The existence of good safety climates has been associated with improved patient outcomes, such as reduced mortality rates, decreased incidence of complications, and shorter durations of hospitalization (Mardon et al., 2010). As indicated by Weaver (2013), hospitals that possess a favorable safety climate experienced a 14 percent decrease in the likelihood of patient mortality and a 12 percent decrease in the likelihood of complications. Positive safety climates are associated with better patient outcomes in physiotherapy, including less pain and improved function (Alexanders et al., 2015). The results highlight the need of fostering a safe environment in physiotherapy and healthcare to guarantee the wellness and security of patients.

The influence of the safety climate extends beyond the outcomes of patients, encompassing the comprehensive well-being of professionals within the healthcare industry. Earlier investigation has shown that the existence of the favourable safety climate within a healthcare institution is linked to several advantageous consequences, including increased levels of job satisfaction (Sexton et al., 2006). Following to study results by Profit (2014), it was observed that healthcare professionals employed in neonatal intensive care units with a positive safety climate demonstrated elevated levels of job satisfaction compared to their counterparts working in units characterized by a less favorable safety climate. The study conducted by DiCuccio (2015) in physiotherapy settings revealed a significant correlation between a positive safety climate and improved job satisfaction. These results highlight the significance of a safe working environment for the health and satisfaction of medical staff, which in turn benefits patient care.

Safety climate has a major effect on both patient outcomes and the satisfaction of healthcare workers, making it crucial to develop initiatives to enhance safety climate in healthcare and physiotherapy facilities. Fostering open communication, encouraging teamwork, and offering continual training and education on safety-related issues are all important components of creating a climate of safety inside an organization (Sammer et al., 2010). To reduce errors and increase patient safety, healthcare institutions should utilize evidence-based safety procedures including checklists and standardized protocols (Haynes et al., 2009). By adopting these practices, hospitals and physiotherapy centers can foster a more secure safety climate, benefiting both patients and healthcare workers.

## **2.7 Job Satisfaction Among Physiotherapists**

The level of job satisfaction among physiotherapists greatly impacts the quality of care these individuals provide to patients, as well as their own health and well-being. The healthcare industry, encompassing the realm of physiotherapy, is distinguished by its rigorous and high-pressure environment. A recent cross-sectional investigation conducted in Bangladesh (Islam et al., 2019) found that private sector physiotherapists in Dhaka report greater degree of job satisfaction. A recent Norwegian study by Haugen (2022) found that, compared to their hired colleagues, self-employed psychomotor physiotherapists reported significantly higher levels of job satisfaction.

Physiotherapists in Turkey were surveyed by Yildirim (2014) learn more about their levels of job satisfaction and the elements that contribute most to their satisfaction on the job. Physiotherapists in Riyadh, the Saudi Arabian capital, were the topic of a study by Alkassabi (2018), who set out to determine what factors had an impact on their level of job satisfaction. In Norway, researchers compared the experiences of employed and self-employed psychomotor physiotherapists to determine whether group was more satisfied with their work. The results showed that people who chose self-employment were satisfied with their jobs than those who worked for a company. The findings revealed that individuals who opted for self-employment reported greater levels of work satisfaction. The study conducted by Haugen (2005) did not uncover the data related to age, gender, and years of experience.

According to a finding by Kota (2018), physiotherapists in the US showed a greater degree of job satisfaction. A total of 81 percent of the participants expressed satisfaction or high satisfaction with their professional roles. In a study conducted by Smith (2020), it was discovered that a significant proportion of Australian

physiotherapists expressed contentment with their present job roles. Specifically, the research revealed that approximately 85 percent of the participants reported being either satisfied or highly satisfied. the findings suggest that physiotherapists generally have a high level of job satisfaction, and safety climate is an important factor that contributes to job satisfaction (Smith, 2020). In a survey conducted by Jones (2016) in the United Kingdom, findings indicated that a significant proportion of physiotherapists, namely 83 percent, expressed varying levels of satisfaction with their profession. This satisfaction was assessed to be either at a moderate satisfied level or a highly satisfied level.

The fact that physiotherapists report having of job satisfaction has a number of different repercussions for the field as a whole. In addition, healthcare workers' level of contentment with their jobs has been linked to improved patient outcomes (Kota et al., 2018). This indicates that physiotherapists are pleased in their jobs, which may improve patient outcomes and the quality of healthcare as a whole. In conclusion, research conducted by Jones (2016) found a connection between high degree of job satisfaction. This suggests that contented physiotherapists may be more likely to participate in activities that help to their professional growth, maintain up-to-date knowledge and abilities, and make contributions to the progress of the physiotherapy profession.

## **2.8 Demographic Details and Job Satisfaction.**

Job satisfaction plays an essential part in determining the well-being and productivity of employees across various industries, including the field of physiotherapy. Research findings indicate that various demographic factors, including age, gender, educational attainment (Kumar, 2020), years of experience (Arsat et al., 2023), and work environment, play a crucial role in determining how satisfied healthcare workers are with their jobs. Hundreds of studies have been undertaken across different fields to examine the relationship between age and the degree of job satisfaction of healthcare workers experienced. Based on a comprehensive investigation conducted by Boshoff (2020), it was observed that senior physiotherapists exhibit higher levels of career satisfaction in comparison to their younger counterparts. This phenomenon may be attributed to the observation that senior physiotherapists possess a greater level of professional experience, which helps themselves come up with better ways to deal with the stressors associated with their occupation. Senior physiotherapists may potentially experience an elevated level of job satisfaction due to the enhanced stability and security inherent in their professional trajectories.

The investigation also explored the job satisfaction of physiotherapists, considering gender as a factor. According to studies carried out by Pereira (2020), female physiotherapists are more likely to be satisfied with their careers than their male counterparts. This outcome agrees with past research which found that men and women have different levels of job satisfaction (Huang & Wang, 2020). Additional components including maintaining a work-life balance and the safety climate of the company, may moderate the association between gender and job satisfaction.

Recent research has unveiled a noteworthy correlation between individuals' academic achievement and their job satisfaction as healthcare professionals, with a particular emphasis on physiotherapists. According to a study conducted by Naidoo (2018), there is a correlation between levels of academic success among physiotherapists and their reported levels of job satisfaction. Some hypothesize that this is because physiotherapists with more education have more options for where therapists may work and how the individual can do their jobs, both of which contribute to a higher sense of personal and professional fulfilment.

Numerous studies have explored the potential link between the length of a physiotherapist's professional experience and the level of job satisfaction expressed by individuals in their current roles. Recent research performed by Boshoff (2020) demonstrated a significant correlation between professional experience and job satisfaction among physiotherapists. The potential reason for a heightened level of job satisfaction among individuals could be attributed to the notion that physiotherapists who possess greater experience have honed their therapeutic skills and acquired proficient coping strategies.

The environments in which physiotherapists perform their jobs are another factor that can affect their levels of job satisfaction. According to investigation performed by Ojedokun and Balogun (2015), physiotherapists working in private practice experience greater degree of job satisfaction compared to those employed in public healthcare settings. This could be the result of a number of different variables, including increased professional autonomy, improved working circumstances, and higher income in private practice.



## **2.9 The Relationship Between Mental Health and Job Satisfaction.**

Extensive research has been done in the past few decades to examine the complex connection between mental health and satisfaction in the workplace. In accordance to investigation Cao (2022), an employee state of mind is a key indication of their overall psychological wellness. The position of the employee has a significant impact on how satisfied they are with their job. Numerous research have found that an individual's sense of psychological well-being correlates highly with their level of job satisfaction (Faragher, 2005). When companies invest in their employees' mental health, it can have a ripple effect on their happiness on the job. However, studies demonstrate that a person's levels of job satisfaction plummets significantly when their mental health deteriorates.

The correlation between satisfaction in a profession and mental health has become the focus of considerable study. Analysis by Aazami (2015) shows that the mental health, propensity towards depression, and participation in other interests of working women in Malaysia are all correlated with their contentment with their jobs. A separate study investigated the characteristics that lead to job satisfaction for mental health professionals.

A comprehensive meta-analysis comprising around 500 studies on job satisfaction led to the finding that job satisfaction serves as a notable predictor, not only of employee well-being and psychological health, but also of a multitude of desirable outcomes, including productivity, absenteeism, and turnover. The conclusion was drawn based on the observation that job satisfaction performed an essential part in the majority of the studies included in the meta-analysis. Faragher's (2005) study revealed a strong link between positive mental health indicators and job satisfaction. In the investigation

executed by Aazami (2015), it was discovered that the link between job satisfaction and mental or psychosocial challenges was significantly stronger than the link between job satisfaction and health problems.

## **2.10 The Relationship Between Safety Climate and Job Satisfaction**

The safety climate within an organization refers to how employees perceive the significance of safety and their belief in the organization's dedication to maintaining a safe environment (Zohar, 1980). Job satisfaction is defined by the level of contentment an employee experiences in their occupation. Multiple research investigations have consistently shown a strong substantial relationship between the safety climate and job satisfaction of healthcare professionals (Khammar et al., 2020). This phenomenon can be ascribed to the notion that an efficient safety climate possesses the capacity to yield numerous advantageous outcomes for employees.

Numerous empirical investigations have consistently revealed a robust association between safety climate and job satisfaction among healthcare professionals. In a study conducted by Chang (2015), it was discovered that nurses who held a strong perception of a safety climate experienced higher levels of job satisfaction compared to those who perceived a weak safety climate. In the research published by Aiken (2011), it was discovered that nurses who worked in hospitals characterised by a robust safety climate reported greater job satisfaction in comparison to their colleagues in hospitals with a less supportive safety climate. In a groundbreaking investigation conducted by Sexton (2018), it was discovered that fostering a nurturing safety climate within healthcare environments can effectively reduce turnover rates. As a result, this phenomenon greatly contributes to the development of more effective teams and the improvement of patient care standards over a prolonged duration.

In light of the current pandemic situation, Alharbi (2020) conducted a study and discovered, maintaining a strong safety climate is particularly important. This aspect was recently discovered to have a significant positive connection with the job satisfaction of healthcare workers. In essence, employees who have been provided with a guarantee of their safety while attending to individuals infected with COVID-19 have exhibited a higher level of satisfaction in their work (Barili et al., 2022). There exist several potential justifications for the significant correlation between safety climate and job satisfaction (Khoshakhlagh et al., 2021).

Initially, the establishment of a strong safety climate can engender a feeling of assurance and confidence within the workforce. This practice has the potential to decrease stress and anxiety levels, thereby resulting in a greater degree of job satisfaction. Additionally, the establishment of a robust safety climate has the potential to foster a feeling of empowerment among the workforce. Furthermore, the establishment of a strong safety climate has the potential to foster a feeling of inclusivity and connection among employees (Huang et al., 2016). This phenomenon has the potential to enhance the level of dedication individuals have towards their organization, consequently resulting in a higher degree of contentment with their job.

The available evidence strongly supports the notion that there exists a positive and robust correlation between safety climate and job satisfaction within the healthcare profession (McGhan et al., 2020). The observed phenomenon can be explained by the presence of a robust safety climate, and may have the opportunity to provide numerous advantageous benefits to employees. Further investigation is recommended to delve into the correlation between safety climate and job satisfaction within the healthcare profession, with a specific focus on the domain of physiotherapy.

## CHAPTER 3

### METHODOLOGY

#### 3.1 Introduction

A summary of the various research methods employed is shown here. Information on the research strategy, the people who were studied, and the features of the samples used can all be found in the methodology section. Methods of data collection, as well as analyses and assessments of study validity and reliability, are outlined here. The need of maintaining discretion and adhering to ethical standards is also recognised.

#### 3.2 Research Framework

The research framework shown in Figure 1.1 investigates the associations between independent variables, and the dependent variable. The independent variables are mental health and safety climate. The dependent variable in this research is job satisfaction. The framework aims to examine the extent to which each variable interacts with and influences job satisfaction, elucidating the necessary conditions for a positive mental health and effective safety climate among physiotherapists.

Figure 1.1

*Conceptual Framework: Relationship Between Mental Health, Safety Climate, and Job Satisfaction Among Physiotherapists in Klang Valley.*

Independent Variable (IV)

Dependent Variable (DV)



### **3.3 Research Hypotheses**

Based on the previous research has shown that mental health and job satisfaction are positively related (Cao et al., 2022) as well as safety climate and job satisfaction (Smith, 2017). The study is currently developing the following hypotheses:

*H1:* There is a significant relationship between mental health and job satisfaction among physiotherapists in Klang Valley.

*H2:* There is a significant relationship between safety climate and job satisfaction among physiotherapists in Klang Valley.

*H3:* There are significant differences in job satisfaction among physiotherapists in Klang Valley based on demographic factors.

*H4:* There are significant effects of mental health and safety climate on job satisfaction among physiotherapists in Klang Valley.

### **3.4 Research Design**

The relationship between mental health, safety climate, and job satisfaction among physiotherapists in the Klang Valley is investigated in this study using a cross-sectional research methodology and a quantitative, descriptive research design. Cross sectional design approach is excellent for exploring variable relationships and capturing the population's current status. Adopting a definition from Nie (2020), a cross-sectional survey is a way to learn more about a population by collecting information from a cross-section of that population. The approach took a center stage during the methodology stage of the paper.

### **3.5 Study Population and Sampling Method**

#### **3.5.1 Study Population**

A population refers to a specifically marked grouping of individuals, objects, or occurrences that will be the primary subject of investigation (Rosner, 2011). The study sample consisted of all physiotherapists currently employed in the Klang Valley. It included a wide variety of physiotherapy settings such as public and private hospitals, fitness clinics, physiotherapy centres, geriatrics care centres, sports centres, nursing homes, homes for disabled children, medical rehabilitation centres, and private practitioners. Therefore, the results of the study were generalised and expanded to encompass all of the physiotherapists who ultimately worked in the Klang Valley area. According to the Malaysian Physiotherapy Association, there are approximately 3,000 practicing physiotherapists in Malaysia with ratio 0.92 per 10,000-person population (MPA, 2022).

#### **3.5.2 Sampling Method**

The study aimed to examine the relationship between mental health, safety climate, and job satisfaction among physiotherapists in the Klang Valley using purposive sampling method. Purposive sampling was employed in this investigation to select participants who met specific criteria. The criteria for inclusion in the study were physiotherapists who currently work in the Klang Valley. The use of purposive sampling ensured that the sample was representative of the population of interest and that the participants met the specific criteria required for the study. The study found a positive and robust correlation between safety climate and job satisfaction among physiotherapists in the Klang Valley, highlighting the importance of prioritizing workplace safety to optimize practitioners' perceptions and promote their well-being.

### 3.5.3 Sample Size

Based on statistical analyses and study aims, Tabachnick and Fidell (2019) offer sample size guidelines for researchers. According to Tabachnick and Fidell (2019), each variable should include at least 20 participants. In addition, researchers should increase the sample size to account for these unexpected events. In conclusion, selecting the right sample size for a study depends on many aspects, including the research environment, study design, and statistical analyses.

Formula:

$$n \geq 50 + 8m$$

$$n \geq 50 + 8(2)$$

$$n \geq 50 + 16$$

$$n \geq 66$$

The symbol represents,

$n$  = sample size

$m$  = number of factors used in studies

Based on the information provided, a recommended minimum sample size of 66 or more respondents was determined for the study. On the other hand, a total of 200 physiotherapists expressed their willingness to participate in the research project. The size of the sample exceeded the recommended threshold, thereby ensuring the study's validity and reliability by encompassing an ample number of participant (Giraudeau et al., 2015).

#### **3.5.4 Subject Inclusion and Exclusion**

The subject selection for this study, involved the identification and recruitment of physiotherapists who practiced in various healthcare settings in Klang Valley. The selection process was facilitated through an interaction alongside the facilitation of professional networks. The relevance of participants was determined by the inclusion criteria, which included active licenses and geographical region. This extended to physiotherapists who were still active in the field of physical rehabilitation, aged between 21-59 years old, possessing at least a diploma level qualification, and demonstrating proficiency in the English language (Chi, 2021).

The same applied in the current study, where subject exclusion criteria were employed to eliminate individuals who failed to meet certain requirements, potentially introducing confounding factors. For example, physiotherapists who were not practicing as physiotherapists in the Klang Valley. The exclusion criteria included physiotherapists who had less than one year of experience as a physiotherapist. The criterion for this study involved excluding physiotherapists who were not interested in participating (Chi, 2021).



### 3.6 Research Instruments

#### 3.6.1 Questionnaires

The selection of the quantitative approach for this investigation was based on its perceived suitability as identifying the optimal approach for gathering data. In order to conduct this study, a number of questionnaires were distributed to physiotherapists in the Klang Valley. These questionnaires aimed to gather data on various aspects, including demographic factors, mental health, safety climate, and job satisfaction. The questionnaires were administered online using Google Form and were prepared in English. The sections that were included in the questionnaires are as follows.

The questionnaire for this study was dissected into four parts. The first section was Section A (Demographic Variables) and consisted of 5 personal demographic questions. Section B was designed to measure aspects related to Mental Health and comprised a total of 9 items. Section C was used to measure Safety Climate, which consisted of 18 item questions. Section D was utilized to assess Job Satisfaction, comprising a total of 6 items.

Table 3.1

*Description of Questionnaires*

| Section | Variables                          | Source                 |
|---------|------------------------------------|------------------------|
| A       | Demographic of the respondents (5) | (Rahman et al., 2022). |
| B       | Mental Health (9)                  | (Lukat et al., 2016).  |
| C       | Safety Climate (18)                | (Zohar, 1980).         |
| D       | Job Satisfaction (6)               | (Choo & Bowley, 2007)  |

### 3.6.2 Section A: Demographic Details

This section presents the study instrument that was developed to obtain information on demographic details. Some examples of demographic characteristics are age, gender, level of education, number of years work as a physiotherapist, and work settings (Rahman et al., 2022). For the purpose of descriptive analysis, all data had been compiled into the subset and imported into SPSS version 26.

Table 3.2

*Description of Section A: Demographic Details*

| Variable     | Items                                             | Source                |
|--------------|---------------------------------------------------|-----------------------|
| Demographic  | DD1. Age                                          | (Rahman et al., 2022) |
| Details (DD) | DD2. Gender                                       |                       |
|              | DD3. Education Level                              |                       |
|              | DD4. Years of Experience as A<br>Physiotherapists |                       |
|              | DD5. Work Settings                                |                       |

### 3.6.3 Section B: Mental Health

This section aims to assess the mental health of physiotherapists in the Klang Valley who willingly took part in the research. To achieve this objective, a comprehensive questionnaire will be employed, designed to explore various dimensions of mental health, with a particular emphasis on positive mental health. The survey will employ the Positive Mental Health Scale (PMH-scale). It is an adopted measurement tool created by Lukat (2016). The PMH-scale is an adjustable tool utilised to assess mental health across multiple domains, encompassing emotional, psychological, and social dimensions. The PMH-scale assesses nine items using a 5-point scale. The Cronbach's alpha coefficient for the PMH-scale was found to be 0.93.

Table 3.3

*Description of Section B: Mental Health*

| Variable           | Items                                                                               | Source               |
|--------------------|-------------------------------------------------------------------------------------|----------------------|
| Mental Health (MH) | MH1. I am often carefree and in good spirit                                         | (Lukat et al., 2016) |
|                    | MH2. I enjoy my life                                                                |                      |
|                    | MH3. All in all, I am satisfied with my life                                        |                      |
|                    | MH4. In general, I am confident                                                     |                      |
|                    | MH5. I manage well to fulfil my needs                                               |                      |
|                    | MH6. I am in good physical and emotional condition                                  |                      |
|                    | MH7. I feel that I am actually well equipped to deal with life and its difficulties |                      |
|                    | MH8. Much of what I do brings me joy                                                |                      |
|                    | MH9. I am a calm, balanced human being                                              |                      |

### 3.6.4 Section C: Safety Climate

The safety climate survey consisted of 18 questions. The respondents' level of agreement was used to calculate the score for each topic (Zohar, 1980) and it is an adopted measurement tool. Levels of agreement can be effectively measured using a 5-point scale, encompassing a spectrum from strong disagreement (1) to strong agreement (5). The Safety Climate score could vary between 15 and 90. The Cronbach alpha coefficient was utilized to assess the overall reliability of the scale, obtaining a value of 0.89.

Table 3.4

*Description of Section C: Safety Climate*

| Variable            | Items                                                                              | Source        |
|---------------------|------------------------------------------------------------------------------------|---------------|
| Safety Climate (SC) | SC1. My supervisor enforces safety rules.                                          | (Zohar, 1980) |
|                     | SC2. My management provides enough safety training programs.                       |               |
|                     | SC3. My management provides safety training when employees change their work task. |               |
|                     | SC4. My supervisor provides safe working conditions.                               |               |
|                     | SC5. My supervisor considers safety to be as equally important as the operation.   |               |
|                     | SC6. My supervisor cares about employee's safety.                                  |               |
|                     | SC7. My supervisor encourages safe behaviors.                                      |               |
|                     | SC8. My supervisor praises safe work behaviors.                                    |               |

SC9. Workers are involved in setting safety.

SC10. Workers are involved in setting safety decisions.

SC11. My supervisor discusses safety issues with others.

SC12. My supervisor conducts safety procedures.

SC13. My supervisor provides safety information.

SC14. My coworkers keep the work area safe.

SC15. My coworkers care about the work safety.

SC16. My coworkers follow safety rules.

SC17. Safety management helps prevent accidents.

SC18. Safety management helps prevent accidents apply in  
my workplace.



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### 3.6.5 Section D: Job Satisfaction

The level of job satisfaction was assessed by a tool derived from a adopted survey conducted by Stephen Choo and Christine Bowley (2007). Based on previous studies conducted by Kirkpatrick (1994), only six of the sixteen categories initially considered for use in evaluating the efficacy of the organization's developments were selected as relevant to employees' levels of satisfaction with their jobs. The reliability test found to be 0.809.

Table 3.5

*Description of Section D: Job Satisfaction*

| Variable              | Items                                                                                                                                                                                                                                                                                                                                                                                                                                           | Source                |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Job Satisfaction (JS) | JS1. I feel very comfortable in my work environment<br>JS2. I consider my co-workers friends<br>JS3. My management regularly acknowledges when I do a good job.<br>JS4. My values and those of the organization are very similar<br>JS5. I am willing to put in a great deal of effort beyond that normally expected in order to help the organization to be successful<br>JS6. I am very proud to tell others that I work for the organization | (Choo & Bowley, 2007) |

### 3.7 Pilot Study

In order to evaluate the practicality, consistency, and accuracy of the research tools, a preliminary investigation was conducted by the researchers (Leon et al., 2011). The pilot study included 40 participants with diverse features such as age, gender, education level, experience as physiotherapists, and work settings. The pilot study followed the same approach as the full study. A questionnaire was administered to the participants, covering demographics, mental health, safety climate, and job satisfaction. Participants were instructed to complete the questionnaire and report any difficulties encountered. The reliability of the questionnaire was determined using Cronbach's alpha, which examined the internal consistency of the questions within each subsection. A threshold of 0.7 has been considered acceptable for research to indicate good consistency (Tavakol & Dennick, 2011). The table below displays the results of the reliability test:

Table 3.6

*Reliability Analysis on Pilot Study*

|    | <b>Variables</b> | <b>Number of Items</b> | <b>Cronbach's Alpha</b> |
|----|------------------|------------------------|-------------------------|
| 1. | Mental Health    | 9                      | 0.796                   |
| 2. | Safety Climate   | 18                     | 0.935                   |
| 3. | Job Satisfaction | 6                      | 0.831                   |

The Cronbach alpha coefficients for both the independent and dependent variables were greater than the minimum required value of 0.7, advisable that the test was reliable. The study's measurement items demonstrated internal consistency, enhancing the reliability of the research findings.

### **3.8 Data Collection**

The process of data collection is of utmost importance in the area of research, as it involves the acquisition of information that is necessary for addressing the research inquiries and objectives at hand. The research employed a cross-sectional survey method., where a well-organized questionnaire was employed as the main tool to gather the data from the participants. The study focused on physiotherapists working in different healthcare settings in the Klang Valley as the target population. The researchers employed a purposive sampling methodology in order to enlist individuals who satisfied the predetermined criteria for participation. These criteria encompassed possessing a valid license as a physiotherapist and having accumulated at least 12 months of professional experience in the field. The research adhered to ethical protocols and received official approval from the Othman Yeop Abdullah Graduate School of Business (OYAGSB) to gather data. The process of participant recruitment was carried out by leveraging professional networks, various social media platforms, and established physiotherapy associations. Participants voluntarily gave their consent informed after being fully briefed on the study's aims, methods, risks, and benefits. The research ensured the preservation of participant confidentiality and anonymity by employing distinct identifiers and refraining from gathering personally identifiable data.

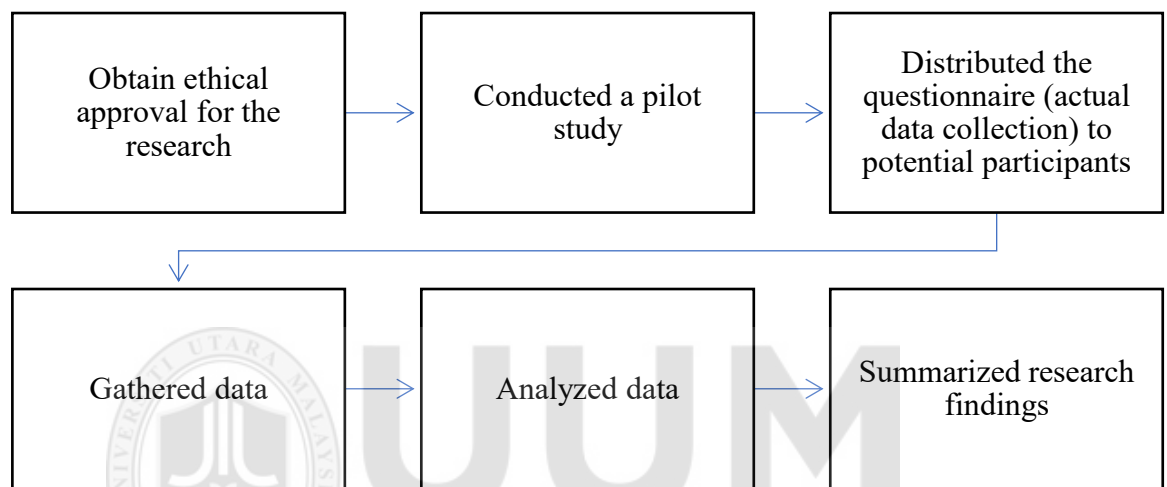
The research utilized a self-administered online questionnaire (Google Form) as the data collection instrument, which was designed based on prior studies. The survey comprised of four distinct sections, namely demographic details, mental health, safety climate, and job satisfaction. The constructs in each section were assessed through the utilization of Likert-type scales, which were accompanied by suitable response



options. The participants were given instructions to fill out the questionnaire at their convenience and were guaranteed the confidentiality of their answers. The survey lasted 15-20 minutes. Data was collected for a week and then analyzed using statistical software.

Figure 3.7

*Data Collection Procedure*



### **3.9 Data Analysis**

This chapter analyzes the data collected for the research titled "Exploring the Relationship between Mental Health, Safety Climate, and Job Satisfaction among Physiotherapists in Klang Valley". The demographic details will be analyzed using descriptive statistics. The objective of this study is to utilise Pearson correlation analysis to explore the relationships between mental health and job satisfaction, as well as safety climate and job satisfaction among physiotherapists in the Klang Valley. The present study will employ One-way ANOVA as a statistical analysis method to ascertain the disparities that exist between demographic factors and job satisfaction among physiotherapists in the Klang Valley. The study will employ multiple regression analysis to ascertain the collective impact of mental health and safety climate on job satisfaction among physiotherapists in the Klang Valley. The complete set of gathered data was subjected to analysis using IBM SPSS computer software, specifically version 27, which was installed on a Windows 10 operating system.

Table 3.8

*Data Analysis Method*

| No | Objectives                                                                                                                       | Analysis Method              |
|----|----------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1. | To examine the relationship between mental health and job satisfaction among physiotherapists in Klang Valley.                   | Pearson Correlation Analysis |
| 2. | To investigate the relationship between safety climate and job satisfaction among physiotherapists in Klang Valley.              | Pearson Correlation Analysis |
| 3. | To identify the differences in job satisfaction based on demographic factors among physiotherapists in Klang Valley              | One-way ANOVA                |
| 4. | To determine the combined effect of mental health and safety climate on job satisfaction among physiotherapists in Klang Valley. | Multiple Regression Analysis |

### **3.10 Summary**

This section gives a detailed analysis of the study's research approach and methods. The study provided a detailed explanation of the methodology used, including the research design, participant selection process, questionnaire development, and data collection procedure. The application of several analytical approaches, including correlation, one-way ANOVA, and multiple regression analysis, for the aim of evaluating the study hypotheses is briefly covered in this chapter. Chapter 4 presents a thorough and detailed overview of the investigation's findings.



## **CHAPTER 4**

### **FINDINGS**

#### **4.1 Introduction**

This chapter discusses the study's findings and analyses it statistically. The findings have been systematically organized to correspond with the research objectives outlined in Chapter 1. The present chapter commences with an overview of descriptive statistics pertaining to the demographic variables. Subsequently, a comprehensive examination of the outcomes derived from Pearson Correlation Analysis, One-way ANOVA, and Multiple Regression Analysis is presented.

#### **4.2 Response Rate**

A total of 200 responses were obtained from the administered questionnaire in this study indicating 100 percent of response rate, offering insightful information about the variables exploring the relationship between mental health, safety climate, and job satisfaction among physiotherapists in the Klang Valley. The survey was conducted online, and there were no incomplete or excluded responses. The collected responses were exported from Google Forms to an Excel file for the purpose of converting the data into a format suitable for uploading into an analysis platform.

### 4.3 Demographic Result

This section presents and examines the demographic data of the participants. The study sample consisted of 200 physiotherapists who participated as respondents. Their demographic characteristics were categorized based on age, gender, education level, years of experience as a physiotherapist, and work setting. Table 4.1 displays a comprehensive descriptive analysis of the demographic information provided by the respondents. The study's results reveal that a significant portion of the participants (51.5%) were between the ages of 21 and 29, while a smaller segment (27.5%) fell into the 30-39 age. The group of individuals aged 40-49 accounted for 15% of the study's population, while the age range of 50-59 years had the smallest percentage, making up only 6%. This implies that the study sample primarily consisted of physiotherapists who were relatively young.

In terms of gender distribution, the study sample showed a predominance of female participants, with (67.5%) of the sample being female and (32.5%) being male. In relation to the educational background of the participants, it was found that the majority, accounting for 52% of the sample, possessed a Bachelor's Degree. Additionally, a significant proportion of participants, approximately 35.5%, possessed a Diploma. The sample included 10% of participants who had obtained a Master's Degree, while the smallest percentage of individuals, accounting for 2.5%, possessed a Doctoral Degree. The results suggest that a significant portion of the participants held at least a Bachelor's Degree, indicating a significant degree of academic achievement among the group being studied. Regarding the duration of professional experience as a physiotherapist, it was observed that 44.5% of the participants reported having worked in this field for a period ranging from 1-5 years. Conversely, the

remaining 28% of participants indicated having accumulated a professional experience of six to ten years. The study included a sample of participants, of which 11.5% had 11-15 years of experience, while 16% had 16 or more years of experience. The findings indicate that the study cohort was predominantly comprised of physiotherapists who possessed comparatively less professional experience.

Finally, the analysis of the work setting distribution indicated that the preponderance of the respondents (70.5%) was employed in private hospitals or centers, while (14.5%) were affiliated with educational institutions. The sample population was comprised of individuals from various professions, with (12.5%) of the participants being employed in government hospitals and the smallest proportion of (2.5%) being self-employed. The findings suggest that physiotherapists in the study region predominantly worked in private hospitals and centers.



Table 4.1

*Demographic Information of the Respondents*

| <b>Variables</b>                                | <b>Frequency (n=200)</b> | <b>Percentage (%)</b> |
|-------------------------------------------------|--------------------------|-----------------------|
| <b>Age Group</b>                                |                          |                       |
| 21-29 years                                     | 103                      | 51.5                  |
| 30-39 years                                     | 55                       | 27.5                  |
| 40-49 years                                     | 30                       | 15.0                  |
| 50-59 years                                     | 12                       | 6.0                   |
| <b>Gender</b>                                   |                          |                       |
| Male                                            | 65                       | 32.5                  |
| Female                                          | 135                      | 67.5                  |
| <b>Education Level</b>                          |                          |                       |
| Diploma                                         | 71                       | 35.5                  |
| Bachelor's Degree                               | 104                      | 52.0                  |
| Master's Degree                                 | 20                       | 10.0                  |
| Doctoral Degree                                 | 5                        | 2.5                   |
| <b>Years of Experience as A Physiotherapist</b> |                          |                       |
| 1-5 years                                       | 89                       | 44.5                  |
| 6-10 years                                      | 56                       | 28.0                  |
| 11-15 years                                     | 23                       | 11.5                  |
| 16 and more                                     | 32                       | 16.0                  |
| <b>Work Setting</b>                             |                          |                       |
| Government Hospital                             | 25                       | 12.5                  |
| Private Hospital/Centre                         | 141                      | 70.5                  |
| Self Employed                                   | 5                        | 2.5                   |
| Education Institute                             | 29                       | 14.5                  |



#### 4.4 Reliability Test

Reliability is a level at which a set of measures is devoid of mistakes and, as a result, produces results that are consistent and standardized. As per the findings of George and Mallery (2010), a reliability coefficient that approaches 1.0 is indicative of superior reliability. Moreover, any coefficient value exceeding 0.70 is deemed to be satisfactory. This observation elucidates that in cases where an individual or object remains constant and consistent, the score acquired will remain unaltered despite repeated measurements. The researcher evaluated Cronbach's Alpha, which was calculated using SPSS Version 27 below.

Table 4.2

*Result of Cronbach's Alpha for all variables*

| <b>Variables</b> | <b>n</b> | <b>Number of Items</b> | <b>Cronbach's Alpha</b> |
|------------------|----------|------------------------|-------------------------|
| Mental Health    | 200      | 9                      | 0.711                   |
| Safety Climate   | 200      | 18                     | 0.902                   |
| Job Satisfaction | 200      | 6                      | 0.802                   |

The reliability analysis of Mental Health, Safety Climate, and Job Satisfaction variables indicates that the scales used in this study have satisfactory to outstanding internal consistency. The Cronbach's Alpha values of Mental Health (0.711), Safety Climate (0.902), and Job Satisfaction (0.802) indicate that these measures are reliable tools for evaluating the corresponding constructs in the study participants. This consistency provides additional support for the dependability of the research's results and strengthens the basis for the research's conclusions.

#### 4.5 Normality Test

Normality tests are frequently utilised in order to assess the likelihood the distribution of data adheres to a normal distribution. The significance of this lies in its ability to facilitate the utilisation of inferential analysis techniques, particularly parametric tests. Sekaran (2000) states that in order to perform inference tests, it is imperative for the data results to demonstrate normality. Empirical research by Hair (2006) concluded that the scores of skewness and kurtosis can provide insights into the degree of association with normality. The score value functions as a point of reference for representing the normality of data acquired from the sampling distribution. Based on the research conducted by Brown (2006), it has been determined that the range of values considered acceptable for skewness and kurtosis lies between -3 and +3. The following table displays the skewness and kurtosis values derived from the study.

Table 4.3

*Result of Normality Test for all variables*

| <b>Variables</b> | <b>Mean</b> | <b>Std. Dev</b> | <b>Skewness</b> | <b>Kurtosis</b> |
|------------------|-------------|-----------------|-----------------|-----------------|
| Mental Health    | 3.396       | 0.595           | -0.714          | 0.073           |
| Safety Climate   | 3.765       | 0.537           | -0.878          | 0.922           |
| Job Satisfaction | 3.843       | 0.613           | -1.521          | 2.907           |

After conducting a comprehensive data analysis, it has been determined that every variable has a value that is within the normal distribution's tolerance for skewness and kurtosis. The variable of skewness exhibits negative values, with Job Satisfaction displaying the lowest value at (-1.521) and Mental Health displaying the highest value at (-0.714). The measure of kurtosis encompasses a spectrum of values, with the lower

end of the range (0.073) indicating a focus on Mental Health, while the higher end (2.907) signifies an emphasis on Job Satisfaction.

#### 4.6 Multicollinearity Test

A multicollinearity study is conducted to see if the independent variables in a regression model are correlated with one another. A regression model's multicollinearity is a concern when independent variables are correlated (Daoud, 2017). Tolerance values and Variance Inflation Factor (VIF) values can be used to evaluate multicollinearity. According to Daoud's (2017) study, tolerance values below 0.10 indicate the presence of collinearity. In terms of interpreting the Variance Inflation Factor (VIF), three rules are commonly followed. A Variance Inflation Factor (VIF) value of 0 signifies the absence of correlation. On the other hand, a VIF falling within the range of 1 to 5 indicates a moderate level of correlation. Lastly, a VIF exceeding 5 signifies a high degree of correlation. Furthermore, Sekaran and Bougie (2009) proposed that a commonly used threshold for determining multicollinearity is a tolerance value of 0.10, which is equivalent to a variance inflation factor (VIF) of 10.

Table 4.4

*Result of Multicollinearity Test*

| Variables      | Collinearity Statistics |       |
|----------------|-------------------------|-------|
|                | Tolerance               | VIF   |
| Mental Health  | 0.800                   | 1.250 |
| Safety Climate | 0.800                   | 1.250 |

The tolerance values for both Mental Health and Safety Climate are 0.800. This observation suggests the presence of collinearity between the two independent variables. The VIF values for both the Mental Health and Safety Climate variables are 1.250. This finding suggests that the collinearity between the two independent variables is moderate. This implies that the regression model is likely to possess validity.

#### 4.7 Descriptive Statistics

This section focuses on the descriptive statistics of the variables examined in the study. In the current study, the variables were analyzed using descriptive statistics, specifically means and standard deviations. In this study, a Likert scale comprising of five points was employed to assess all the variables under investigation. A rating of 1 represented a strong disagreement, while a rating of 5 indicated a strong agreement. The results are presented in Table 4.5.

Table 4.5

*Descriptive Statistics of the Variables*

| Variables           | n   | Number<br>of<br>Items | Mean  | Std. Deviation |
|---------------------|-----|-----------------------|-------|----------------|
| Mental Health       | 200 | 9                     | 3.396 | 0.595          |
| Safety Climate      | 200 | 18                    | 3.765 | 0.533          |
| Job<br>Satisfaction | 200 | 6                     | 3.843 | 0.613          |

According to the data presented in Table 4.5, the average score for mental health was found to be the lowest, specifically 3.396, with a corresponding standard deviation of 0.595. The study's findings indicate that the participants generally reported moderate levels of mental health, although there was some variation in the scores. Among the variables examined, job satisfaction stands out with the highest level. It has a mean value of 3.843 and a standard deviation of 0.613. The safety climate exhibits a central tendency with a mean value of 3.765, indicating the average perception of safety within the given context. Additionally, it demonstrates a moderate level of variability with a standard deviation of 0.533, suggesting the extent to which individual perceptions may deviate from the mean. Based on the obtained results, it can be inferred that job satisfaction exhibited the most prominent mean score, closely followed by safety climate and mental health. Employees indicate job satisfaction and a positive safety climate in their workplace. The organization's mental health scores are relatively low, suggesting a need for improvement in addressing mental health concerns.

## 4.8 Hypothesis Testing

### 4.8.1 Pearson Correlation Analysis

**Hypothesis 1 (H1): There is a significant relationship between mental health and job satisfaction among physiotherapists in Klang Valley**

The Pearson correlation coefficient ( $r$ ) is commonly used to measure the strength and direction of a direct correlation between two variables. A correlation coefficient between -1 and -0.7 or between 0.7 and 1 indicates a strong negative or positive correlation, respectively. A correlation coefficient between -0.7 and -0.4 or between 0.4 and 0.7 indicates a moderate level of negative or positive correlation, respectively. Schober (2018) found that a correlation coefficient between -0.3 and 0.3 suggests a weak or negligible association. Table 4.6 presents the results of the Pearson Correlation Analysis. This study aimed to investigate the correlation between mental health and job satisfaction among physiotherapists in the Klang Valley.

Table 4.6

*Result of Pearson Correlation Analysis*

|                    |                     | Job Satisfaction (JS) |
|--------------------|---------------------|-----------------------|
| Mental Health (MH) | Pearson Correlation | 0.424**               |
|                    | Sig (2-tailed)      | 0.000                 |

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

The correlation coefficient ( $r$ ) between mental health and job satisfaction is (0.424) with p-value (0.000) indicating a moderate positive correlation between these two variables. This implies that as mental health improves, job satisfaction tends to

increase, and vice versa. This supports the hypothesis that mental health and job satisfaction are significantly associated in this population.

#### 4.8.2 Pearson Correlation Analysis

**Hypothesis 2 (H2): There is a significant relationship between safety climate and job satisfaction among physiotherapists in Klang Valley**

This study used the Pearson Correlation as a statistical tool to assess the strength and direction of the relationship between two variables. Table 4.7 presents the results of the Pearson Correlation Analysis conducted to investigate the relationship between safety climate and job satisfaction among physiotherapists in the Klang Valley.

Table 4.7

*Result of Pearson Correlation Analysis*

|                     |                     | Job Satisfaction (JS) |
|---------------------|---------------------|-----------------------|
| Safety Climate (SC) | Pearson Correlation | 0.820**               |
|                     | Sig (2-tailed)      | 0.000                 |

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

The Pearson correlation coefficient of 0.820 indicates a strong positive relationship between safety climate and job satisfaction, highlighting a robust association between these two variables. The obtained p-value of 0.000, which is below the predetermined significance level of 0.01, indicates a statistically significant correlation at the 0.01 level (two-tailed). The findings of this study indicate a noteworthy and positive association between safety climate and job satisfaction among physiotherapists in the Klang Valley.

### 4.8.3 One-Way ANOVA

**Hypothesis 3 (H3):** There are significant differences in job satisfaction among physiotherapists in Klang Valley based on demographic factors.

#### I. Age and Job Satisfaction

The study utilized One-way ANOVA to analyze data from research involving the comparison of variables across multiple groups. The analysis of variables used in the study is presented in Table 4.8, concentrating on age and job satisfaction.

Table 4.8

*Result of One-way ANOVA between Age and Job Satisfaction*

| Test of Homogeneity of Variances |                     |     |     |       |
|----------------------------------|---------------------|-----|-----|-------|
|                                  | Levene<br>Statistic | Df1 | Df2 | Sig.  |
| Job Satisfaction                 | 2.202               | 3   | 196 | 0.089 |

| ANOVA          |                |       |                |       |       |
|----------------|----------------|-------|----------------|-------|-------|
|                | Sum<br>Squares | of Df | Mean<br>Square | F     | Sig.  |
| Between Groups | 0.891          | 3     | 0.297          | 0.788 | 0.502 |
| Within Groups  | 73.922         | 196   | 0.377          |       |       |
| Total          | 74.813         | 199   |                |       |       |



The analysis of the Levene Statistic reveals that the obtained value (Sig. = 0.089 > 0.05) does not demonstrate statistical significance. Therefore, it can be inferred that the assumption of homogeneity of variances has been satisfied. The statistical technique called analysis of variance (ANOVA) indicates that the F-statistic has a value of 0.788. Unfortunately, this finding lacks statistical significance, as indicated by the p-value of 0.502. The data analysis suggests that there is no significant inequality in the mean job satisfaction scores across the three age groups. The findings from the analysis of variance (ANOVA) test demonstrate that there is not enough sufficient data to support a statistically significant link between age and job satisfaction. This finding indicates that job satisfaction is not dependent on age, as individuals across different age groups demonstrate similar levels of job satisfaction



## II. Gender and Job Satisfaction

The study employed One-way ANOVA to analyze data, comparing variables across multiple groups. Table 4.9 displays the analysis of the variables used in the study regarding gender and job satisfaction.

Table 4.9

*Result of One-way ANOVA between Gender and Job Satisfaction*

| Test of Homogeneity of Variances |           |     |     |       |  |
|----------------------------------|-----------|-----|-----|-------|--|
|                                  | Levene    | Df1 | Df2 | Sig.  |  |
|                                  | Statistic |     |     |       |  |
| <b>Job Satisfaction</b>          | 0.765     | 1   | 198 | 0.383 |  |

| ANOVA                 |                |     |             |       |       |
|-----------------------|----------------|-----|-------------|-------|-------|
|                       | Sum of Squares | Df  | Mean Square | F     | Sig.  |
| <b>Between Groups</b> | 0.185          | 1   | 0.185       | 0.491 | 0.484 |
| <b>Within Groups</b>  | 74.628         | 198 | 0.377       |       |       |
| <b>Total</b>          | 74.813         | 199 |             |       |       |

Based on the statistical analysis conducted, it can be concluded that the assumption of homogeneity of variances is satisfied. This conclusion is supported by the non-significant value (Sig. = 0.383 > 0.05) obtained from the Levene Statistic. Based on the statistical analysis conducted, it has been determined that the p-value (Sig. = 0.484 > 0.05) is not statistically significant. This finding indicates that there is no substantial

variation in job satisfaction observed among different gender groups. This study suggests that gender may not affect job satisfaction in this group.

### III. Education level and Job Satisfaction

One-way ANOVA was used to compare factors across groups. Table 4.10 shows education level and job satisfaction statistical analysis results.

Table 4.10

*One-way ANOVA between Education Level and Job Satisfaction*

| Test of Homogeneity of Variances |                |     |             |       |       |
|----------------------------------|----------------|-----|-------------|-------|-------|
|                                  | Levene         | Df1 | Df2         | Sig.  |       |
|                                  | Statistic      |     |             |       |       |
| Job Satisfaction                 | 0.703          | 3   | 196         | 0.551 |       |
| ANOVA                            |                |     |             |       |       |
|                                  | Sum of Squares | Df  | Mean Square | F     | Sig.  |
| Between Groups                   | 0.605          | 3   | 0.202       | 0.532 | 0.661 |
| Within Groups                    | 74.209         | 196 | 0.379       |       |       |
| Total                            | 74.813         | 199 |             |       |       |

The homogeneity of variances was assessed using the Levene statistic, producing a value of 0.703 with a significance level of 0.551. The data indicates that the assumption of equal variances is met, implying that the variance of job satisfaction remains consistent across all education level groups. The analysis of variance (ANOVA) table reveals a p-value of 0.661, suggesting that the observed results are

not statistically significant. The study findings suggest that there is no statistically significant variation in job satisfaction levels among physiotherapists in the Klang Valley, regardless of their educational background.

#### IV. Years of Experience as a Physiotherapist and Job Satisfaction

The current study utilized One-way ANOVA as a statistical analysis method to compare variables among different groups. The statistical analysis findings related to the variables of years of experience as a physiotherapist and job satisfaction are displayed in Table 4.11.

Table 4.11

*One-way ANOVA between Years of Experience as a Physiotherapist and Job Satisfaction*

| Test of Homogeneity of Variances |                     |     |     |       |  |
|----------------------------------|---------------------|-----|-----|-------|--|
|                                  | Levene<br>Statistic | Df1 | Df2 | Sig.  |  |
| <b>Job Satisfaction</b>          | 3.771               | 3   | 196 | 0.112 |  |

| ANOVA                 |                |       |                |       |       |
|-----------------------|----------------|-------|----------------|-------|-------|
|                       | Sum<br>Squares | of Df | Mean<br>Square | F     | Sig.  |
| <b>Between Groups</b> | 1.883          | 3     | 0.628          | 1.687 | 0.171 |
| <b>Within Groups</b>  | 72.930         | 196   | 0.372          |       |       |
| <b>Total</b>          | 74.813         | 199   |                |       |       |

The Levene Statistic, with a value of 3.771, supports the speculation of equal variances. The obtained p-value of 0.112 does not reach statistical significance at the conventional threshold of 0.05. The analysis of the p-value (Sig. = 0.171 > 0.05) suggests that there is no significant difference in job satisfaction levels among physiotherapists with varying levels of experience in the studied group. In the present context, the length of a physiotherapist's professional experience may not be considered a significant factor.

## V. Work Setting and Job Satisfaction

This study compared factors between groups using One-way ANOVA. Table 4.12 illustrates the work setting and job satisfaction statistics study results.

Table 4.12

*One-way ANOVA between Work Setting and Job Satisfaction*

| Test of Homogeneity of Variances |                  |     |     |       |  |
|----------------------------------|------------------|-----|-----|-------|--|
|                                  | Levene Statistic | Df1 | Df2 | Sig.  |  |
| <b>Job Satisfaction</b>          | 0.759            | 3   | 196 | 0.518 |  |

| ANOVA                 |                |     |             |       |       |
|-----------------------|----------------|-----|-------------|-------|-------|
|                       | Sum of Squares | Df  | Mean Square | F     | Sig.  |
| <b>Between Groups</b> | 0.512          | 3   | 0.171       | 0.451 | 0.717 |
| <b>Within Groups</b>  | 74.301         | 196 | 0.379       |       |       |
| <b>Total</b>          | 74.813         | 199 |             |       |       |

The Levene Statistic, with a value of 0.759, indicates that the speculation of homogeneity of variance is met. This is indicated by the p-value of 0.518, which does not reach statistical significance at the 0.05 level. The calculated p-value of 0.717 is greater than the predefined significance level of 0.05. Therefore, it appears that there is not enough evidence to indicate a notable difference in job satisfaction levels among physiotherapists working in different settings within the studied population. This study found that physiotherapists' job satisfaction was not affected by their work setting.

#### 4.8.4 Multiple Regression Analysis

**Hypothesis 4 (H4): There are significant effects of mental health and safety climate on job satisfaction among physiotherapists in Klang Valley**

The present study employed a multiple regression analysis to investigate the impact of mental health and safety climate on job satisfaction among physiotherapists in the Klang Valley. The subsequent table displays the outcomes of the model summary, which includes the R-squared value.

Table 4.13

*Model Summary*

| <b>R</b> | <b>R Square</b> | <b>Adjusted R Square</b> | <b>Std. Error of the Estimate</b> | <b>Sig. Change</b> | <b>F</b> | <b>Durbin-Watson</b> |
|----------|-----------------|--------------------------|-----------------------------------|--------------------|----------|----------------------|
| 0.823    | 0.677           | 0.674                    | 0.350                             | 0.000              |          | 1.483                |

a. Predictors: (Constant), Safety Climate, Mental Health

b. Dependent Variable: Job Satisfaction

The study's findings suggest a robust and favourable correlation between job satisfaction and the combined influence of mental health and safety climate. The strength of this connection is symbolised by a correlation coefficient (R) of 0.823. The values under consideration span from 0.5 to 1.0. The R Square value of 0.677 suggests that approximately 67.7% of the variability in job satisfaction can be explained by the combined influence of safety climate and mental health factors. The obtained significance level of the F statistic, which is 0.000, suggests that both safety climate and mental health exert a substantial impact on job satisfaction. The findings of the model suggest a strong connection between favorable mental health and a conducive safety climate, leading to heightened job satisfaction. The factors of safety climate and mental health exert a substantial influence on job satisfaction, explaining approximately 67.4% of the variability in this particular outcome. Table 4.14 presents the results of the study.

Table 4.14

*ANOVA*

| <b>Model</b>      | <b>df</b> | <b>F</b> | <b>Sig.</b> |
|-------------------|-----------|----------|-------------|
| <b>Regression</b> | 2         | 206.325  | 0.000b      |
| <b>Residual</b>   | 197       |          |             |
| <b>Total</b>      | 199       |          |             |

a. Dependent Variable: Job Satisfaction

b. Predictors: (Constant), Safety Climate, Mental Health

Based on Table 4.14 shows the ANOVA results for a multiple regression analysis model with two predictors, Safety Climate and Mental Health, and a dependent variable, Job Satisfaction. The significance level of 0.000, indicating that the model is

statistically significant. In conclusion, the findings indicate that the presence of Safety Climate and Mental Health as predictors significantly enhances the predictive capacity for Job Satisfaction, in comparison to a baseline model without any predictors. Therefore, it is justifiable to suggest that both Safety Climate and Mental Health significantly contribute to an individual's level of job satisfaction.

Table 4.15

*Multiple Regression Analysis*

|                | Unstandardized<br>B | Coefficients<br>Std. Error | Standardized<br>Coefficients<br>Beta | t      | Sig.  |
|----------------|---------------------|----------------------------|--------------------------------------|--------|-------|
| (Constant)     | 0.206               | 0.190                      |                                      | 1.085  | 0.279 |
| Mental Health  | 0.074               | 0.047                      | 0.072                                | 1.584  | 0.115 |
| Safety Climate | 0.899               | 0.052                      | 0.788                                | 17.404 | 0.000 |

a. Dependent Variable: Job Satisfaction

The study used multiple regression analysis to examine the relationship between Mental Health and Safety Climate as predictors and Job Satisfaction as the outcome variable. The regression coefficients evaluate the relationship between each predictor and the dependent variable, Job Satisfaction. The estimated unstandardized regression coefficient (B) for Mental Health is 0.074, with a standard error of 0.047. The standardised coefficient Beta (B) value is 0.072. The t-value for the variable of Mental Health is 1.584, indicating that it is not statistically significant at the conventional significance level of 0.05. It is important to mention that there is a marginal level of significance at 0.115, indicating a possible trend or relationship that requires further



investigation. The calculated p-value of 0.115 is greater than the predetermined significance level of 0.05. The evidence does not indicate that Mental Health is a statistically significant predictor of Job Satisfaction at a 95% confidence level. The regression coefficient (B) for Safety Climate is 0.899, with a standard error of 0.052. There is a significant positive correlation between Safety Climate and the outcome variable. The coefficient indicates that a one-unit increase in Safety Climate is associated with a 0.899 unit increase in the outcome variable. The standard error of 0.052 indicates the precision and reliability of the coefficient estimate. The beta coefficient,  $\beta$ , is 0.788. The Safety Climate has a highly significant t-value of 17.404, indicating strong statistical significance at a very low level of 0.000. The p-value of 0.000 is less than the predetermined significance level of 0.05. There is a significant correlation between Safety Climate and Job Satisfaction, with a confidence level of 95%. The multiple regression analysis shows that Safety Climate has a significant effect on Job Satisfaction, while Mental Health does not have a statistically significant impact at a 95% confidence level. The standardised coefficients indicate that Safety Climate has a stronger impact on Job Satisfaction than Mental Health.

Table 4.16

*Hypotheses Results*

| Hypotheses                                                                                                                                                                                                                                          | Result              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>Hypothesis 1:</b> There is a significant relationship between mental health and job satisfaction among physiotherapists in Klang Valley.                                                                                                         | Supported           |
| <b>Hypothesis 2:</b> There is a significant relationship between safety climate and job satisfaction among physiotherapists in Klang Valley.                                                                                                        | Supported           |
| <b>Hypothesis 3:</b> There are significant differences in job satisfaction among physiotherapists in Klang Valley based on demographic factors such as age, gender, level of education, years of experience as a physiotherapists and work setting. | Not supported       |
| <b>Hypothesis 4:</b> There are significant effects of mental health and safety climate on job satisfaction among physiotherapists in Klang Valley                                                                                                   | Partially supported |

#### **4.9 Summary**

In this chapter, the results of the data analysis are presented. In the initial phase of the study, tests were conducted to assess the reliability and normal distribution of the data. Following that, a comprehensive description of the participants' demographic characteristics was presented. The statistical analyses that followed included Pearson correlation analysis, one-way ANOVA, and multiple regression analysis. In the following chapter, we will delve into a comprehensive analysis of the findings, accompanied by an exploration of the theoretical and practical implications and consequences of the present study. Moreover, this paper will examine the limitations of the study and put forth suggestions for future research endeavours



## **CHAPTER 5**

### **DISCUSSION, RECOMMENDATION AND CONCLUSION**

#### **5.1 Introduction**

This chapter provides a comprehensive analysis, recommendations, and conclusions based on the research conducted on the correlation between mental health, safety climate, and job satisfaction among physiotherapists in the Klang Valley. The findings are discussed in relation to the research objectives and hypotheses outlined in Chapter 1. The implications of the research are also highlighted, along with its limitations, and recommendations for future studies.

#### **5.2 Examining the Relationship Between Mental Health and Job Satisfaction**

The findings of this study indicate a significant and positive correlation between mental health and job satisfaction among physiotherapists working in the Klang Valley. The study revealed a significant positive correlation ( $r = 0.424$ ,  $p < 0.001$ ) between mental health and job satisfaction. The findings indicate the existence of a moderate positive correlation between the two variables. The findings indicate a direct relationship between enhancements in mental health and job satisfaction, while conversely, a negative association exists between deteriorations in mental health and job satisfaction. The findings of this study are consistent with previous research that has established a positive relationship between mental well-being and job satisfaction (Nadinloyi et al., 2013).

In a groundbreaking study conducted by Zhong (2022), it was discovered that the integration of active mental health training and the reduction of occupational stress can yield significant improvements in the provision of mental health care. The implementation of mental health services has been found to have a positive impact on job satisfaction and employee retention. In a groundbreaking investigation carried out by Cao (2022), a compelling correlation was unveiled between job satisfaction and mental well-being. Research suggests a positive correlation between individuals' mental well-being and their job satisfaction. In a study conducted by Nahar (2013), a significant and positive correlation was found between job satisfaction and mental health.

One essential strategy for fostering mental well-being among employees is promoting a healthy work-life balance. Employers should prioritize their workers' mental health by providing flexible work options, such as remote work and flexible schedules. This approach allows employees to better manage their personal commitments and work responsibilities, reducing stress and burnout. Studies by Kossek and Lautsch (2018) emphasize that organizations offering these options witness enhanced job satisfaction and higher levels of mental well-being.

A supportive work environment is another critical factor in promoting employees' mental health. Open communication, collaboration, and social support within organizations foster a culture of partnership and cooperation (Chen, 2015). Encouraging teamwork through multi-functional teams and information sharing platforms enhances employees' sense of belonging and reduces feelings of isolation (Salas, 2008).

By providing training in effective communication and conflict resolution, employees can better manage interpersonal relationships, reducing workplace stress and tension (Goleman, 2006). Organizations can further promote mental health by offering training and resources to identify and manage mental health disorders. Stress management, resilience development, and awareness programs can equip employees with coping mechanisms and emotional regulation skills (Panagioti, 2021). This not only helps in reducing mental health challenges but also enhances overall employee well-being.

In summary, the current investigation has identified a notable and affirmative association between mental well-being and job contentment within the population of physiotherapists situated in the Klang Valley. The findings suggest that prioritising the mental well-being of employees can be beneficial for employers, as it can improve job satisfaction and overall organisational performance. Additional research is required to assess the effectiveness of mental health interventions in improving job satisfaction and organisational outcomes in the healthcare industry.

### **5.3 Investigating the Relationship Between Safety Climate and Job Satisfaction**

The study employed a Pearson correlation analysis to investigate the association between safety climate and job satisfaction among physiotherapists in the Klang Valley. The findings of the study revealed a significant and positive association between the safety climate and job satisfaction. The analysis revealed a strong relationship ( $r = 0.820$ ) between the two variables. The observed correlation between the variables is highly significant ( $p < 0.001$ ), suggesting a substantial and meaningful relationship between them. This finding indicates a clear link between the improvement of safety climate perception and the increase in job satisfaction, and vice versa. The results of this study align with prior research emphasising the significance of safety climate in shaping job satisfaction. Stoilkovska (2015) conducted a study within the construction industry, which revealed a noteworthy association between job satisfaction and the safety climate to ensuring workplace safety.

According to Khan's (2019) research, there is a strong connection between safety climate and job satisfaction. A cross-sectional study conducted in Ghana, Malawi, and Uganda revealed that the presence of a collaborative work environment and effective supervision at the unit level was significantly linked to a favourable perception of safety climate. Vallières (2021) discovered a noteworthy association between this factor and the overall job satisfaction of employees. Stoilkovska (2015) conducted a study that focused on the construction industry to investigate the correlation between perceptions of safety climate and levels of job satisfaction. The study revealed a robust correlation between heightened job satisfaction and a more favourable perception of safety climate factors. The presence of a positive safety climate has the potential to enhance job satisfaction and potentially mitigate workplace accidents and injuries.

Creating a positive safety climate is crucial for ensuring employee well-being and accident prevention in organizations. A strong commitment to safety from management is fundamental in establishing a positive safety climate. Organizations can demonstrate their dedication to employee well-being by setting safety goals, allocating resources for safety training and equipment, and regularly updating safety policies (Christian et al., 2009). Active participation of leaders in safety efforts, such as safety meetings and inspections, reinforces the importance of safety to employees (Nahrgang, 2011).

In summary, the current study presents findings that support the existence of a notable and beneficial relationship between safety climate and job satisfaction within the population of physiotherapists located in the Klang Valley. These results highlight the significance of promoting an advantageous safety climate in the workplace in order to improve job satisfaction. It is necessary for organizations to give utmost priority to safety measures and establish a conducive environment that places significant value on the well-being of their employees. By implementing such measures, employers have the potential to enhance job satisfaction, boost employee morale, and ultimately enhance overall organizational performance.



## **5.4 Identifying the Differences in Job Satisfaction Based on Demographic**

### **Factors**

The conducted analysis of variance (ANOVA) tests indicated that there is no statistically significant variation in job satisfaction when considering demographic factors such as gender, age, level of education, years of experience as a physiotherapist, and work environment. Consistent with the existing research, prior studies have documented inconsistent links between demographic variables and job satisfaction. For instance, certain studies suggest that there may not always be a correlation between age and job satisfaction (Saner & Eyüpoğlu, 2012). Likewise, previous research has indicated that gender disparities in job satisfaction exhibit either negligible effects (Liu et al., 2021) or display variations across diverse occupational domains (Bender et al., 2005). According to the search results, there is one study that concluded that job satisfaction was not significantly influenced by demographic characteristics.

In their recent study, Angela and Rojuaniah (2022) investigated the impact of supervisor support, work-life balance, job satisfaction, and organisational commitment on the performance of IT employees, with a focus on the moderating role of demographic factors. Surprisingly, their findings indicated that demographic factors, including age, gender, education, and marital status, did not have a statistically significant influence on job satisfaction among IT employees. In addition, Amarasena's (2019) study revealed that demographic factors, including teaching experience, gender, age, highest level of education, marital status, and years of experience, did not significantly impact job satisfaction among faculty members.

This study examined a range of demographic variables, such as age, gender, education level, years of experience as a physiotherapist, and work environment. The results of investigation did not yield any statistically significant evidence indicating that these variables have a discernible impact on job satisfaction among physiotherapists in the Klang Valley. To further advance future research, it is recommended to integrate supplementary variables, such as wage level, job autonomy, and the quality of the relationship with management. These factors possess the capacity to significantly influence an individual's level of job satisfaction.



## **5.5 Determining the Effect of Mental Health and Safety Climate on Job**

### **Satisfaction**

This study aimed to investigate the impact of mental health and safety climate on job satisfaction among physiotherapists in the Klang Valley. A comprehensive multiple regression analysis was undertaken to evaluate the influence of these factors on the level of job satisfaction. The results of the study suggest that mental health and safety climate, when considered together, explain 67.4% of the variation in job satisfaction among physiotherapists. The results of the multiple regression analysis, as presented in the table, offer valuable insights into the individual effects of mental health and safety climate on job satisfaction. The study's findings strongly suggest that safety climate significantly predicts job satisfaction ( $\beta = 0.788$ ,  $p < 0.001$ ). The findings indicate a positive relationship between perceived safety climate and job satisfaction. The aforementioned discovery highlights the influential impact of a favourable safety climate on the job satisfaction of physiotherapists in their workplace.

The findings of this study are consistent with the research conducted by Huang (2016), which demonstrated a positive correlation between a robust safety climate and higher levels of job satisfaction among employees. The findings indicate that employees' perception of a secure and safeguarded work environment positively influences their job satisfaction. Furthermore, a noteworthy investigation carried out by Alves and Guirardello (2016) unveiled that the contentment of nurses with their job plays a crucial role in determining the safety climate within an organisation. Furthermore, the study provided evidence that increasing job satisfaction among nurses has a positive impact on safety outcomes. This suggests that when employees are satisfied with their jobs, they are more likely to actively contribute to creating a positive safety climate in

their workplace. The existence of a strong safety climate significantly influences the degree of job satisfaction that individuals experience. A positive safety climate has the potential to improve job satisfaction, reduce turnover intention, enhance organisational outcomes, and can even be predicted by job satisfaction.

Unfortunately, the findings of this study failed to demonstrate a substantial and direct relationship between an individual's mental health and their level of job satisfaction. The correlation coefficient, which measures the strength and direction of the relationship, was calculated to be a mere 0.072. Furthermore, the p-value, which indicates the statistical significance of the results, was determined to be 0.115. The findings of this study align with previous scholarly research that has similarly failed to establish a substantial correlation between mental health and satisfaction with work within distinct professional cohorts (Ghani et al., 2021).

In summary, this study demonstrates that the safety climate has a notable effect on the job satisfaction of physiotherapists in the Klang Valley. However, the statistical analysis does not indicate an important link between mental health and job satisfaction. These findings highlight the significance of developing a positive safety climate within healthcare institutions in order to improve the job satisfaction of physiotherapists. Additional research is needed to investigate supplementary variables that could potentially influence job satisfaction within this particular demographic, as well as to formulate focused interventions aimed at enhancing the overall well-being and satisfaction levels among physiotherapists.

## **5.6 The Implication of the Study**

The results of this research have significant implications for both organizations and policymakers. In order to enhance job satisfaction and minimize turnover rates, it is essential for organizations to give utmost importance to the mental health and safety climate within their workplace. Furthermore, it is recommended that organizations offer comprehensive mental health and safety training programs to their employees in order to enhance the overall mental well-being and safety environment within the workplace. Furthermore, it is necessary for policymakers to give careful consideration to the implementation of policies aimed at fostering mental well-being and ensuring a safe working environment.

The study findings suggest that organisations prioritising the mental health and safety of their employees tend to witness increased job satisfaction and reduced employee turnover rates. The implementation of this initiative holds promise for enhancing productivity, fostering employee satisfaction, and cultivating a harmonious work atmosphere. Policymakers possess the capacity to foster mental well-being and ensure workplace safety by implementing regulations and guidelines that require organisations to prioritise these crucial aspects.

## **5.7 Study Limitations**

The present study possesses a number of limitations requiring thorough investigation during the interpretation of the findings. The study was conducted in a particular region which is only Klang Valley, which restricts the applicability of the results. Additionally, the research was dependent on data obtained through self-reporting, a method that is susceptible to potential biases. Furthermore, the study did not investigate additional variables that could potentially impact job satisfaction, such as salary and additional benefits.

The limitations of the study indicate the need for future research to be conducted in diverse geographical locations in order to ascertain the generalizability of the findings across various regions. In order to mitigate potential bias, it is recommended that future studies incorporate objective measures of mental health and safety climate. In conclusion, it is recommended that forthcoming studies undertake an investigation into additional variables that potentially impact job satisfaction, such as salary and additional benefits, in order to establish a more all-encompassing comprehension of the determinants of job satisfaction.

## **5.8 Recommendation**

The study's findings suggest that organizations should give priority to the mental well-being and safety of their employees as an approach to enhance job satisfaction and reduce turnover rates. Organizations could achieve this objective by offering mental health and safety training to their employees, establishing safety policies and procedures, and increasing support to employees who may encounter challenges related to mental well-being. This can be achieved through the provision of confidential counselling services or the implementation of initiatives aimed at promoting a healthy work-life balance. Then, encourage an organizational environment that develops open communication and active involvement by allowing them to offer the feedback, voice concerns, and participate in decision making procedures. Lastly, policymakers exhibit the capacity to contribute to the advancement of mental health and safety within the workplace through the establishment of regulations and guidelines that mandate organizations to accord priority to these aspects.

## **5.9 Recommendation for Future Research**

Considering the conclusions drawn from this study, several opportunities for future research become apparent. The present study did not report significant differences in job satisfaction based on demographic factors such as gender, age, educational level, years of experience as a physiotherapist, and work environment. Therefore, future studies could extend the scope to include additional demographic variables like marital status, family responsibilities, and cultural background. With this broadened perspective, might uncover relationships or impacts that went unnoticed in this study. This study revealed that safety climate significantly predicts job satisfaction, while mental health does not. To gain a more comprehensive understanding, future research could explore other factors affecting job satisfaction among physiotherapists, such as work-life balance, job autonomy, perceived support from management, and career advancement opportunities. In conclusion, a deeper and more comprehensive exploration of the multifaceted nature of job satisfaction and its diverse influences necessitates further scholarly inquiry. Such endeavors are paramount not only for enhancing the well-being of physiotherapists but also for elevating the quality of patient care.



## **5.10 Conclusion**

In summary, the results of this study suggest that physiotherapists in the Klang Valley experience higher job satisfaction when surrounded by a positive mental health and safety climate. The results of this study suggest that organizations should prioritize the mental well-being and safety of their employees to improve job satisfaction and reduce turnover rates. Organizations can enhance their work environment by acknowledging the importance of these factors. This will promote employee satisfaction and loyalty, resulting in better organizational performance. Consequently, it is imperative for organizations to invest in strategies and initiatives that promote mental health support and safety measures, as these efforts can yield substantial benefits in terms of employee retention and overall organizational success. Policymakers possess the capacity to exert influence and contribute significantly to the advancement of mental health and safety within the workplace. This can be achieved through the establishment and enforcement of regulations and guidelines that mandate organizations to accord utmost importance to these critical factors. By implementing such measures, policymakers can effectively foster a culture of well-being and security in work environments, thereby enhancing the overall quality of employees' professional experiences. It is recommended that further study be performed to test the generalizability of the findings and to look into other potential factors that affect job satisfaction.

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## APPENDIX A



**UNIT PENGAJIAN SISWAZAH  
POSTGRADUATE STUDIES UNIT (PSU)**  
UUM COB  
Universiti Utara Malaysia  
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**UUM/COB/P-40**

19 June 2023

### TO WHOM IT MAY CONCERN

Dear Sir/Madam,

### DATA COLLECTION

**COURSE : RESEARCH PAPER**  
**COURSE CODE : BPMZ69912**  
**LECTURER : TS. DR. SYAZWAN SYAH BIN ZULKIFLY**

This is to certify that the following is a postgraduate student from UUM College of Business, Universiti Utara Malaysia. She is pursuing the above mentioned course which requires her to undertake an academic study and prepare an assignment. The details are as follows:

| NO. | NAME                             | MATRIC NO. |
|-----|----------------------------------|------------|
| 1.  | NUR SYAHIRAH BINTI MOHAMAD ROSLI | 829686     |

In this regard, I hope that you could kindly provide her with assistance and cooperation for her to successfully complete the assignment given. All the information gathered will be strictly used for academic purposes only.

Your cooperation and assistance are very much appreciated.

Thank you.

**"MALAYSIA MADANI"**  
**"BERKHIDMAT UNTUK NEGARA"**  
**"KEDAH SEJAHTERA - NIKMAT UNTUK SEMUA"**  
**"ILMU BUDI BAKTI"**

Upholding the principles of trust and integrity

**NURUL NADIAH RUSLE**  
Assistant Registrar  
for Director  
Postgraduate Studies Unit  
UUM College of Business

c.c. - Student's File (829686)

Universiti Pengurusan Terkemuka  
The Eminent Management University





## **A Survey: “Exploring the Relationship Between Mental Health, Safety Climate and Job Satisfaction Among Physiotherapists in Klang Valley”**

### **Introduction**

You are invited to participate in a research study investigating the relationship between mental health, safety climate and job satisfaction among physiotherapists in Klang Valley. This study is being conducted by Nur Syahirah Binti Mohamad Rosli, a researcher from Universiti Utara Malaysia (Master in Science, Occupational Safety and Health Management).

### **Purpose of the Study**

The purpose of this study is to explore the relationship between mental health, safety climate and job satisfaction among physiotherapists in Klang Valley.

### **To participate in this study, you must:**

- Be a licensed physiotherapist currently practicing in Klang Valley
- Be at least 21-59 years old
- Be able to read and understand English
- Possess at least Diploma level qualification

### **Study Procedures**

This study requires a 15–20-minute online survey. The survey will include queries about demographics, mental health, safety climate, and job satisfaction.

### **Confidentiality**

Your responses will be kept confidential and securely stored. No personally identifiable information will be gathered. This study's findings will be provided in an a summary without identifying individual responses.

### **Risks and Benefits**

Participation in this study poses no substantial risks. When answering inquiries regarding your mental health, safety climate, and job satisfaction, you may experience mild discomfort. Nevertheless, your participation may contribute to a greater understanding of the relationship between mental health, safety climate, and job satisfaction among physiotherapists in Klang Valley.

### **Voluntary Participation and Withdrawal**

You may withdraw from this study at any time without bearing any consequences. If you withdraw, your data will be demolished and not analyzed.

### **Contact Information**

If you have any questions or concerns about this study, please feel free to contact the researcher, **Nur Syahirah Binti Mohamad Rosli**, at **nursyahrahmri@gmail.com** or **019-2086672**.

### **Section A: Demographic Information**

#### **EXPLORING THE RELATIONSHIP BETWEEN MENTAL HEALTH, SAFETY CLIMATE AND JOB SATISFACTION AMONG PHYSIOTHERAPISTS IN KLANG VALLEY**

Please provide the following demographic information. All responses will be kept confidential and used for research purposes only.

1. Age:

- 21-29 years (   )
- 30-39 years (   )
- 40-49 years (   )
- 50-59 years (   )

2. Gender:

- Male (   )
- Female (   )

3. Education Level:

- Diploma (   )
- Bachelor's Degree (   )
- Master's Degree (   )
- Doctoral Degree (   )

4. Years of Experience as a Physiotherapist:

- 1- 5 years (   )
- 6-10 years (   )
- 11- 15 years (   )
- 16 and more (   )

5. Work settings:

- Government Hospital (   )
- Private Hospital/Center (   )
- Self Employed (   )
- Educational Institute (   )

Thank you for providing this demographic information. Please proceed to the next section of the questionnaire.

### **Section B: Mental Health (MH)**

**Instruction:** Please read each of the following items and indicate whether you agree or disagree with each of the statement. **Please indicate your choice by ticking the number in the range given.**

| <b>Strongly Disagree</b> | <b>Disagree</b> | <b>Neutral</b> | <b>Agree</b> | <b>Strongly Agree</b> |
|--------------------------|-----------------|----------------|--------------|-----------------------|
| <b>1</b>                 | <b>2</b>        | <b>3</b>       | <b>4</b>     | <b>5</b>              |

|    |                                                                                |  |  |  |  |  |
|----|--------------------------------------------------------------------------------|--|--|--|--|--|
| 1. | I am often carefree and in good spirits                                        |  |  |  |  |  |
| 2. | I enjoy my life                                                                |  |  |  |  |  |
| 3. | All in all, I am satisfied with my life                                        |  |  |  |  |  |
| 4. | In general, I am confident                                                     |  |  |  |  |  |
| 5. | I manage well to fulfil my needs                                               |  |  |  |  |  |
| 6. | I am in good physical and emotional condition                                  |  |  |  |  |  |
| 7. | I feel that I am actually well equipped to deal with life and its difficulties |  |  |  |  |  |
| 8. | Much of what I do brings me joy                                                |  |  |  |  |  |
| 9. | I am calm, balanced human being                                                |  |  |  |  |  |



### **Section C: Safety Climate (SC)**

**Instruction:** Please read each of the following items and indicate whether you agree or disagree with each of the statement. **Please indicate your choice by ticking the number in the range given.**

| <b>Strongly Disagree</b> | <b>Disagree</b> | <b>Neutral</b> | <b>Agree</b> | <b>Strongly Agree</b> |
|--------------------------|-----------------|----------------|--------------|-----------------------|
| <b>1</b>                 | <b>2</b>        | <b>3</b>       | <b>4</b>     | <b>5</b>              |

|     |                                                                               |  |  |  |  |  |
|-----|-------------------------------------------------------------------------------|--|--|--|--|--|
| 1.  | My supervisor enforces safety rules.                                          |  |  |  |  |  |
| 2.  | My management provides enough safety training programs.                       |  |  |  |  |  |
| 3.  | My management provides safety training when employees change their work task. |  |  |  |  |  |
| 4.  | My supervisor provides safe working conditions                                |  |  |  |  |  |
| 5.  | My supervisor considers safety to be as equally important as the operation.   |  |  |  |  |  |
| 6.  | My supervisor cares about employee's safety.                                  |  |  |  |  |  |
| 7.  | My supervisor encourages safe behaviors.                                      |  |  |  |  |  |
| 8.  | My supervisor praises safe work behaviors.                                    |  |  |  |  |  |
| 9.  | Workers are involved in setting safety.                                       |  |  |  |  |  |
| 10. | Workers are involved in setting safety decisions.                             |  |  |  |  |  |
| 11. | My supervisor discusses safety issues with others.                            |  |  |  |  |  |
| 12. | My supervisor conducts safety procedures                                      |  |  |  |  |  |
| 13. | My supervisor provides safety information.                                    |  |  |  |  |  |
| 14. | My coworkers keep the work area safe.                                         |  |  |  |  |  |
| 15. | My coworkers care about the work safety.                                      |  |  |  |  |  |
| 16. | My coworkers follow safety rules.                                             |  |  |  |  |  |

|     |                                                                     |  |  |  |  |  |
|-----|---------------------------------------------------------------------|--|--|--|--|--|
| 17. | Safety management helps prevent accidents.                          |  |  |  |  |  |
| 18. | Safety management helps prevent accidents apply<br>in my workplace. |  |  |  |  |  |



### **Section D: Job Satisfaction (JS)**

**Instruction:** Please read each of the following items and indicate whether you agree or disagree with each of the statement. **Please indicate your choice by ticking the number in the range given.**

| <b>Strongly Disagree</b> | <b>Disagree</b> | <b>Neutral</b> | <b>Agree</b> | <b>Strongly Agree</b> |
|--------------------------|-----------------|----------------|--------------|-----------------------|
| <b>1</b>                 | <b>2</b>        | <b>3</b>       | <b>4</b>     | <b>5</b>              |

|    |                                                                                                                                |  |  |  |  |  |
|----|--------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 1. | I feel very comfortable in my work environment                                                                                 |  |  |  |  |  |
| 2. | I consider my co-workers friends                                                                                               |  |  |  |  |  |
| 3. | My management regularly acknowledges when I do a good job                                                                      |  |  |  |  |  |
| 4. | My values and those of the organization are very similar                                                                       |  |  |  |  |  |
| 5. | I am willing to put in a great deal of effort beyond that normally expected in order to help the organization to be successful |  |  |  |  |  |
| 6. | I am very proud to tell others that I work for the organization                                                                |  |  |  |  |  |

**-THANK YOU FOR YOUR COOPERATION-**

## APPENDIX B

### SPSS OUTPUT

#### Reliability Analysis on Pilot Study (Mental Health, Safety Climate and Job Satisfaction):

##### Reliability Statistics

| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | N of Items |
|------------------|----------------------------------------------|------------|
| .796             | .806                                         | 9          |

##### Reliability Statistics

| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | N of Items |
|------------------|----------------------------------------------|------------|
| .935             | .935                                         | 18         |

##### Reliability Statistics

| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | N of Items |
|------------------|----------------------------------------------|------------|
| .831             | .833                                         | 6          |

**Reliability Test (Mental Health, Safety Climate & Job Satisfaction):**

**Reliability Statistics**

| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | N of Items |
|------------------|----------------------------------------------|------------|
| .711             | .712                                         | 9          |

**Reliability Statistics**

| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | N of Items |
|------------------|----------------------------------------------|------------|
| .902             | .903                                         | 18         |

**Reliability Statistics**

| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | N of Items |
|------------------|----------------------------------------------|------------|
| .802             | .803                                         | 6          |



## Normality Test:

### Descriptives

|        |                                  | Statistic   | Std. Error |
|--------|----------------------------------|-------------|------------|
| MeanMH | Mean                             | 3.3967      | .04209     |
|        | 95% Confidence Interval for Mean | Lower Bound | 3.3137     |
|        |                                  | Upper Bound | 3.4797     |
|        | 5% Trimmed Mean                  | 3.4253      |            |
|        | Median                           | 3.5556      |            |
|        | Variance                         | .354        |            |
|        | Std. Deviation                   | .59523      |            |
|        | Minimum                          | 1.56        |            |
|        | Maximum                          | 4.56        |            |
|        | Range                            | 3.00        |            |
|        | Interquartile Range              | .89         |            |
|        | Skewness                         | -.714       | .172       |
|        | Kurtosis                         | .073        | .342       |
| MeanSC | Mean                             | 3.7650      | .03799     |
|        | 95% Confidence Interval for Mean | Lower Bound | 3.6901     |
|        |                                  | Upper Bound | 3.8399     |
|        | 5% Trimmed Mean                  | 3.8148      |            |
|        | Median                           | 3.8889      |            |
|        | Variance                         | .289        |            |
|        | Std. Deviation                   | .53724      |            |
|        | Minimum                          | 1.28        |            |
|        | Maximum                          | 4.72        |            |
|        | Range                            | 3.44        |            |
|        | Interquartile Range              | .56         |            |
|        | Skewness                         | -.878       | .172       |
|        | Kurtosis                         | .922        | .342       |
| MeanJS | Mean                             | 3.8433      | .04336     |
|        | 95% Confidence Interval for Mean | Lower Bound | 3.7578     |
|        |                                  | Upper Bound | 3.9288     |
|        | 5% Trimmed Mean                  | 3.8954      |            |
|        | Median                           | 4.0000      |            |
|        | Variance                         | .376        |            |
|        | Std. Deviation                   | .61314      |            |
|        | Minimum                          | 1.33        |            |
|        | Maximum                          | 4.83        |            |
|        | Range                            | 3.50        |            |
|        | Interquartile Range              | .50         |            |
|        | Skewness                         | -1.521      | .172       |
|        | Kurtosis                         | 2.907       | .342       |

## Multicollinearity Test:

| Coefficients <sup>a</sup> |                             |            |                           |        |      |              |         |      |                         |       |
|---------------------------|-----------------------------|------------|---------------------------|--------|------|--------------|---------|------|-------------------------|-------|
| Model                     | Unstandardized Coefficients |            | Standardized Coefficients | t      | Sig. | Correlations |         |      | Collinearity Statistics |       |
|                           | B                           | Std. Error | Beta                      |        |      | Zero-order   | Partial | Part | Tolerance               | VIF   |
| 1                         | (Constant)                  | .206       | .190                      | 1.085  | .279 |              |         |      |                         |       |
|                           | MeanMH                      | .074       | .047                      | 1.584  | .115 | .424         | .112    | .064 | .800                    | 1.250 |
|                           | MeanSC                      | .899       | .052                      | 17.404 | .000 | .820         | .778    | .705 | .800                    | 1.250 |

a. Dependent Variable: MeanJS

## Demographic Information:

### Age

|       |             | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------------|-----------|---------|---------------|--------------------|
| Valid | 21-29 years | 103       | 51.5    | 51.5          | 51.5               |
|       | 30-39 years | 55        | 27.5    | 27.5          | 79.0               |
|       | 40-49 years | 30        | 15.0    | 15.0          | 94.0               |
|       | 50-59 years | 12        | 6.0     | 6.0           | 100.0              |
|       | Total       | 200       | 100.0   | 100.0         |                    |

### Gender

|       |        | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|--------|-----------|---------|---------------|--------------------|
| Valid | Male   | 65        | 32.5    | 32.5          | 32.5               |
|       | Female | 135       | 67.5    | 67.5          | 100.0              |
|       | Total  | 200       | 100.0   | 100.0         |                    |

### Education Level

|       |                   | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------------------|-----------|---------|---------------|--------------------|
| Valid | Diploma           | 71        | 35.5    | 35.5          | 35.5               |
|       | Bachelor's Degree | 104       | 52.0    | 52.0          | 87.5               |
|       | Master's Degree   | 20        | 10.0    | 10.0          | 97.5               |
|       | Doctoral Degree   | 5         | 2.5     | 2.5           | 100.0              |
|       | Total             | 200       | 100.0   | 100.0         |                    |

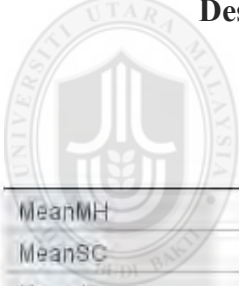
### Years of Experience as a Physiotherapist

|       |             | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------------|-----------|---------|---------------|--------------------|
| Valid | 1-5 years   | 89        | 44.5    | 44.5          | 44.5               |
|       | 6-10 years  | 56        | 28.0    | 28.0          | 72.5               |
|       | 11-15 years | 23        | 11.5    | 11.5          | 84.0               |
|       | 16 and more | 32        | 16.0    | 16.0          | 100.0              |
|       | Total       | 200       | 100.0   | 100.0         |                    |

### Work Setting

|       |                         | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------------------------|-----------|---------|---------------|--------------------|
| Valid | Government Hospital     | 25        | 12.5    | 12.5          | 12.5               |
|       | Private Hospital/Centre | 141       | 70.5    | 70.5          | 83.0               |
|       | Self Employed           | 5         | 2.5     | 2.5           | 85.5               |
|       | Education Institute     | 29        | 14.5    | 14.5          | 100.0              |
|       | Total                   | 200       | 100.0   | 100.0         |                    |

### Descriptive Statistics of the Variables:



| Descriptive Statistics |     |         |         |        |                |
|------------------------|-----|---------|---------|--------|----------------|
|                        | N   | Minimum | Maximum | Mean   | Std. Deviation |
| MeanMH                 | 200 | 1.56    | 4.56    | 3.3967 | .59523         |
| MeanSC                 | 200 | 1.28    | 4.72    | 3.7650 | .53724         |
| MeanJS                 | 200 | 1.33    | 4.83    | 3.8433 | .61314         |
| Valid N (listwise)     | 200 |         |         |        |                |

### Pearson Correlation Analysis:



### Correlations

|        |                     | MeanMH | MeanSC | MeanJS |
|--------|---------------------|--------|--------|--------|
| MeanMH | Pearson Correlation | 1      | .447** | .424** |
|        | Sig. (2-tailed)     |        | .000   | .000   |
|        | N                   | 200    | 200    | 200    |
| MeanSC | Pearson Correlation | .447** | 1      | .820** |
|        | Sig. (2-tailed)     | .000   |        | .000   |
|        | N                   | 200    | 200    | 200    |
| MeanJS | Pearson Correlation | .424** | .820** | 1      |
|        | Sig. (2-tailed)     | .000   | .000   |        |
|        | N                   | 200    | 200    | 200    |

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

### One-Way ANOVA:

#### Tests of Homogeneity of Variances

|        |                                      | Levene Statistic | df1 | df2     | Sig. |
|--------|--------------------------------------|------------------|-----|---------|------|
| MeanJS | Based on Mean                        | 2.202            | 3   | 196     | .089 |
|        | Based on Median                      | 1.603            | 3   | 196     | .190 |
|        | Based on Median and with adjusted df | 1.603            | 3   | 192.310 | .190 |
|        | Based on trimmed mean                | 1.863            | 3   | 196     | .137 |

### ANOVA

MeanJS

|                | Sum of Squares | df  | Mean Square | F    | Sig. |
|----------------|----------------|-----|-------------|------|------|
| Between Groups | .891           | 3   | .297        | .788 | .502 |
| Within Groups  | 73.922         | 196 | .377        |      |      |
| Total          | 74.813         | 199 |             |      |      |

### Tests of Homogeneity of Variances

|        |                                         | Levene<br>Statistic | df1 | df2     | Sig. |
|--------|-----------------------------------------|---------------------|-----|---------|------|
| MeanJS | Based on Mean                           | .765                | 1   | 198     | .383 |
|        | Based on Median                         | .173                | 1   | 198     | .678 |
|        | Based on Median and<br>with adjusted df | .173                | 1   | 190.059 | .678 |
|        | Based on trimmed mean                   | .460                | 1   | 198     | .498 |

### ANOVA

MeanJS

|                | Sum of<br>Squares | df  | Mean Square | F    | Sig. |
|----------------|-------------------|-----|-------------|------|------|
| Between Groups | .185              | 1   | .185        | .491 | .484 |
| Within Groups  | 74.628            | 198 | .377        |      |      |
| Total          | 74.813            | 199 |             |      |      |

### Tests of Homogeneity of Variances

|        |                                         | Levene<br>Statistic | df1 | df2     | Sig. |
|--------|-----------------------------------------|---------------------|-----|---------|------|
| MeanJS | Based on Mean                           | .703                | 3   | 196     | .551 |
|        | Based on Median                         | .627                | 3   | 196     | .599 |
|        | Based on Median and<br>with adjusted df | .627                | 3   | 188.294 | .599 |
|        | Based on trimmed mean                   | .653                | 3   | 196     | .582 |

### ANOVA

MeanJS

|                | Sum of<br>Squares | df  | Mean Square | F    | Sig. |
|----------------|-------------------|-----|-------------|------|------|
| Between Groups | .605              | 3   | .202        | .532 | .661 |
| Within Groups  | 74.209            | 196 | .379        |      |      |
| Total          | 74.813            | 199 |             |      |      |

### Tests of Homogeneity of Variances

|        |                                         | Levene<br>Statistic | df1 | df2     | Sig. |
|--------|-----------------------------------------|---------------------|-----|---------|------|
| MeanJS | Based on Mean                           | 3.771               | 3   | 196     | .112 |
|        | Based on Median                         | 2.593               | 3   | 196     | .054 |
|        | Based on Median and<br>with adjusted df | 2.593               | 3   | 152.931 | .055 |
|        | Based on trimmed mean                   | 3.103               | 3   | 196     | .028 |

### ANOVA

MeanJS

|                | Sum of<br>Squares | df  | Mean Square | F     | Sig. |
|----------------|-------------------|-----|-------------|-------|------|
| Between Groups | 1.883             | 3   | .628        | 1.687 | .171 |
| Within Groups  | 72.930            | 196 | .372        |       |      |
| Total          | 74.813            | 199 |             |       |      |

### Tests of Homogeneity of Variances

|        |                                         | Levene<br>Statistic | df1 | df2     | Sig. |
|--------|-----------------------------------------|---------------------|-----|---------|------|
| MeanJS | Based on Mean                           | .759                | 3   | 196     | .518 |
|        | Based on Median                         | .537                | 3   | 196     | .657 |
|        | Based on Median and<br>with adjusted df | .537                | 3   | 189.681 | .657 |
|        | Based on trimmed mean                   | .694                | 3   | 196     | .557 |

### ANOVA

MeanJS

|                | Sum of<br>Squares | df  | Mean Square | F    | Sig. |
|----------------|-------------------|-----|-------------|------|------|
| Between Groups | .512              | 3   | .171        | .451 | .717 |
| Within Groups  | 74.301            | 196 | .379        |      |      |
| Total          | 74.813            | 199 |             |      |      |

### Multiple Regression Analysis:

### Model Summary<sup>b</sup>

| Model | R                 | R Square | Adjusted R Square | Std. Error of the Estimate | R Square Change | Change Statistics |     |     | Sig. F Change | Durbin-Watson |
|-------|-------------------|----------|-------------------|----------------------------|-----------------|-------------------|-----|-----|---------------|---------------|
|       |                   |          |                   |                            |                 | F Change          | df1 | df2 |               |               |
| 1     | .823 <sup>a</sup> | .677     | .674              | .35031                     | .677            | 206.325           | 2   | 197 | .000          | 1.483         |

a. Predictors: (Constant), MeanSC, MeanMH

b. Dependent Variable: MeanJS

### ANOVA<sup>a</sup>

| Model |            | Sum of Squares | df  | Mean Square | F       | Sig.              |
|-------|------------|----------------|-----|-------------|---------|-------------------|
| 1     | Regression | 50.638         | 2   | 25.319      | 206.325 | .000 <sup>b</sup> |
|       | Residual   | 24.175         | 197 | .123        |         |                   |
|       | Total      | 74.813         | 199 |             |         |                   |

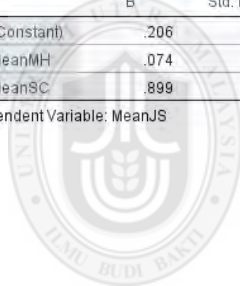
a. Dependent Variable: MeanJS

b. Predictors: (Constant), MeanSC, MeanMH

### Coefficients<sup>a</sup>

| Model |            | Unstandardized Coefficients |            | Standardized Coefficients<br>Beta | t      | Sig. | 95.0% Confidence Interval for B |             | Collinearity Statistics |       |
|-------|------------|-----------------------------|------------|-----------------------------------|--------|------|---------------------------------|-------------|-------------------------|-------|
|       |            | B                           | Std. Error |                                   |        |      | Lower Bound                     | Upper Bound | Tolerance               | VIF   |
| 1     | (Constant) | .206                        | .190       |                                   | 1.085  | .279 | -.168                           | .580        |                         |       |
|       | MeanMH     | .074                        | .047       | .072                              | 1.584  | .115 | -.018                           | .166        | .800                    | 1.250 |
|       | MeanSC     | .899                        | .052       | .788                              | 17.404 | .000 | .798                            | 1.001       | .800                    | 1.250 |

a. Dependent Variable: MeanJS



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