

The copyright © of this thesis belongs to its rightful author and/or other copyright owner. Copies can be accessed and downloaded for non-commercial or learning purposes without any charge and permission. The thesis cannot be reproduced or quoted as a whole without the permission from its rightful owner. No alteration or changes in format is allowed without permission from its rightful owner.



**IMPACT OF JOB AUTONOMY, ORGANIZATIONAL
COMMITMENT AND JOB SATISFACTION ON JOB
STRESS AMONG HEALTHCARE WORKERS IN
PULAU PINANG**



**MASTER OF SCIENCE (OCCUPATIONAL SAFETY
AND HEALTH MANAGEMENT)
UNIVERSITI UTARA MALAYSIA
JANUARY 2026**

**IMPACT OF JOB AUTONOMY, ORGANIZATIONAL COMMITMENT
AND JOB SATISFACTION ON JOB STRESS AMONG
HEALTHCARE WORKERS IN
PULAU PINANG**

BY

MUHAMMAD IKHMAL BIN SABRI



**Thesis Submitted to
College of Business,
Universiti Utara Malaysia,
in Partial Fulfillment of the Requirement for the Master of Science
(Occupational Safety and Health Management)**



**Pusat Pengajian Pengurusan
Perniagaan**

SCHOOL OF BUSINESS MANAGEMENT

Universiti Utara Malaysia

PERAKUAN KERJA KERTAS PENYELIDIKAN
(Certification of Research Paper)

Saya, mengaku bertandatangan, memperakukan bahawa
(I, the undersigned, certified that)

MUHAMMAD IKHMAL BIN SABRI (833537)

Calon untuk Ijazah Sarjana
(Candidate for the degree of)

MASTER OF SCIENCE (OCCUPATIONAL SAFETY AND HEALTH MANAGEMENT)

telah mengemukakan kertas penyelidikan yang bertajuk
(has presented his/her research paper of the following title)

**IMPACT OF JOB AUTONOMY, ORGANIZATIONAL COMMITMENT AND JOB SATISFACTION ON JOB
STRESS AMONG HEALTHCARE WORKERS IN PULAU PINANG**

Seperti yang tercatat di muka surat tajuk dan kulit kertas penyelidikan
(as it appears on the title page and front cover of the research paper)

Bahawa kertas penyelidikan tersebut boleh diterima dari segi bentuk serta kandungan dan meliputi bidang ilmu
dengan memuaskan.

(that the research paper acceptable in the form and content and that a satisfactory knowledge of the field is covered
by the research paper).

Nama Penyelia : **DR. INTAN SURAYA NOOR ARZAHAN**
(Name of Supervisor)

Tandatangan :
(Signature)

Tarikh : **26 JANUARY 2026**
(Date)

Permission to Use

In presenting this dissertation/project paper in partial fulfillment of the requirements for a Post Graduate degree from the Universiti Utara Malaysia (UUM), I agree that the library of this university may make it freely available for inspection. I further agree that permission for copying this dissertation/project paper in any manner, in whole or in part, for scholarly purposes may be granted by my supervisor(s) or in their absence, by the Director of Postgraduate Studies Unit, College of Business where I did my dissertation/project paper. It is understood that any copying or publication or use of this dissertation/project paper or parts of it for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and to the UUM in any scholarly use which may be made of any material in my dissertation/project paper.

Request for permission to copy or to make other use of materials in this dissertation/project paper in whole or in part should be addressed to:

Dean of The School of Business Management,
College of Business Universiti Utara Malaysia
06010 UUM Sintok Kedah.

Abstract

Job stress among healthcare workers is a critical issue that can adversely affect employee well-being and organizational performance, particularly within public healthcare services. This study aims to examine the relationships between job autonomy, organizational commitment, and job satisfaction on job stress among healthcare workers at Klinik Kesihatan in Pulau Pinang. A quantitative cross-sectional research design was employed. Data were collected using a structured questionnaire administered to 98 healthcare workers, including doctors, nurses, medical assistants, and support staff. The research instruments were adapted from validated scales, namely the Job Autonomy Scale, Organizational Commitment Questionnaire, Job Satisfaction Survey, and Job Stress Scale. Data analysis was conducted using SPSS version 26, incorporating descriptive analysis, Pearson correlation, and multiple linear regression. The findings revealed that job autonomy, organizational commitment, and job satisfaction were significantly and negatively correlated with job stress. Regression analysis further indicated that organizational commitment and job satisfaction were significant predictors of job stress, whereas job autonomy did not show a significant effect. In conclusion, enhancing organizational commitment and job satisfaction plays a vital role in reducing job stress among healthcare workers. The findings of this study are expected to provide valuable insights for healthcare administrators and policymakers in developing effective strategies and interventions to improve employee well-being and strengthen the overall quality of public healthcare services.

Keywords: Job stress; Job autonomy; Organizational commitment; Job satisfaction; Healthcare workers

Abstrak

Tekanan kerja dalam kalangan pekerja kesihatan merupakan isu kritikal yang boleh menjejaskan kesejahteraan pekerja serta prestasi organisasi, khususnya dalam perkhidmatan kesihatan awam. Kajian ini bertujuan untuk menilai hubungan antara autonomi kerja, komitmen organisasi dan kepuasan kerja terhadap tahap tekanan kerja dalam kalangan pekerja kesihatan di Pulau Pinang. Kajian ini menggunakan pendekatan kuantitatif dengan reka bentuk keratan rentas. Data dikumpul melalui soal selidik berstruktur yang diedarkan kepada 98 orang pekerja kesihatan merangkumi doktor, jururawat, pembantu perubatan dan kakitangan sokongan. Instrumen kajian diadaptasi daripada skala yang telah disahkan, iaitu *Job Autonomy Scale*, *Organizational Commitment Questionnaire*, *Job Satisfaction Survey* dan *Job Stress Scale*. Analisis data dijalankan menggunakan perisian SPSS versi 22 merangkumi analisis deskriptif, ujian korelasi Pearson dan regresi linear berganda. Dapatan kajian menunjukkan bahawa autonomi kerja, komitmen organisasi dan kepuasan kerja mempunyai hubungan negatif yang signifikan dengan tekanan kerja. Analisis regresi mendapati komitmen organisasi dan kepuasan kerja merupakan peramal signifikan kepada tekanan kerja, manakala autonomi kerja tidak menunjukkan kesan signifikan. Kesimpulannya, peningkatan tahap komitmen organisasi dan kepuasan kerja adalah penting dalam mengurangkan tekanan kerja dalam kalangan pekerja kesihatan. Hasil kajian ini diharapkan dapat membantu pihak pengurusan kesihatan dalam merangka strategi dan polisi yang lebih berkesan bagi meningkatkan kesejahteraan pekerja serta kualiti perkhidmatan kesihatan awam.

Kata Kunci: Tekanan kerja; Autonomi kerja; Komitmen organisasi; Kepuasan kerja; Pekerja kesihatan

Acknowledgement

All praises to Allah for granting me the strength, patience, and perseverance to complete this study successfully.

I extend my deepest gratitude to my supervisors, Dr. Intan Suraya bt. Noor Arzahan, for invaluable guidance, encouragement, and unwavering support throughout this research journey. Their insights and expertise have been instrumental in shaping this study.

A heartfelt thank you to the healthcare worker who participated as respondents. Your time and willingness to share your experiences have greatly contributed to the success of this research.

I would also like to express my appreciation to the UUM Library for providing access to essential resources and references, which were crucial in developing this study.

Last but not least, I am profoundly grateful to my family and friends for their endless encouragement, motivation, and support. Your unwavering belief in me has been a source of strength throughout this journey.

Finally, I wish to extend my sincere appreciation to everyone who has directly or indirectly contributed to the completion of this study.

TABLE OF CONTENTS

Acknowledgement	vi
TABLE OF CONTENTS	vii
LIST OF TABLES	ix
LIST OF FIGURES	x
LIST OF ABBREVIATIONS	xi
1 CHAPTER ONE INTRODUCTION	1
1.1 Background of the Study	1
1.1.1 Background and Justification of Study Location	2
1.1.2 Job Autonomy in Healthcare Settings	3
1.1.3 Organizational Commitment and Job Stress	4
1.1.4 Job Satisfaction and Organizational Performance	5
1.2 Problem Statement	6
1.3 Research Questions	8
1.4 Research Objectives	8
1.5 Significance of the Study	9
1.5.1 Practical Contribution:	9
1.5.2 Empirical Contribution:	10
1.5.3 Theoretical Contribution:	10
1.6 Scope of the Study	11
1.6.1 Independent Variables (IV), Dependent Variable (DV), and Rationale	11
1.7 Definition of Key Terms	12
1.8 The Organisation of the Study	13
2 CHAPTER TWO LITERATURE REVIEW	14
2.1 Introduction	14
2.2 Definition Of Job Stress	14
2.3 Definition Of Job Autonomy	16
2.3.1 The Relationship Between Job Autonomy and Job Stress	17
2.4 Definition of Organizational Commitment	18
2.4.1 The Relationship Between Organizational Commitment and Job Stress	20
2.5 Definition of Job Satisfaction	21
2.5.1 The Relationship Between Job Satisfaction and Job Stress	23
2.6 Summary of the Chapter	24
3 CHAPTER THREE RESEARCH METHODOLOGY	25
3.1 Introduction	25
3.2 Research Framework	25
3.3 Hypotheses Development	28
3.4 Research Design	28
3.5 Operational Definition	29
3.6 Measurement of Variables/Instrumentation	30
3.7 Data Collection	37

3.8 Sampling	38
3.9 Data Collection Procedures.....	39
3.10 Pilot test	40
3.11 Techniques of Data Analysis	42
3.12 Descriptive analysis	44
3.13 Normality Test	45
3.14 Reliability and Validity.....	45
3.15 Correlation Analysis	46
3.16 Regression analysis.....	48
3.17 Summary of the Chapter	48
4 CHAPTER FOUR DATA ANALYSIS AND FINDINGS	50
4.1 Introduction.....	50
4.2 Demographic Profile of Respondents	50
4.3 Reliability Analysis.....	53
4.4 Descriptive Statistics of Main Variables.....	54
4.5 Normality Test	55
4.6 Correlation Analysis (Spearman’s rho)	59
4.7 Multiple Regression Analysis	62
4.8 Interpretation of Findings	64
4.9 Hypotheses Testing Summary	64
4.10 Chapter Summary	65
5 CHAPTER FIVE DISCUSSION	66
5.1 Introduction.....	66
5.2 Discussion of Research Findings	66
5.2.1 Relationship between Job Autonomy and Job Stress	66
5.2.2 Relationship between Organizational Commitment and Job Stress	67
5.2.3 Relationship between Job Satisfaction and Job Stress.....	68
5.3 Implications of the Study	69
5.3.1 Practical Implications.....	69
5.3.2 Theoretical Implications	70
5.3.3 Empirical Implications.....	70
5.4 Limitations of the Study.....	70
5.5 Recommendations for Future Research	71
5.6 Conclusion	71
6 REFERENCES	73
1 Appendix A Questionnaire form	78
2 LAMPIRAN B : SURAT KELULUSAN ETIKA	89
3 LAMPIRAN C: SURAT KEBENARAN KAJIAN	90
1 LAMPIRAN D : GANTT CHART.....	91

LIST OF TABLES

Table 3.1	Questionnaire Items
Table 3.2	Reliability Statistics of Pilot Test (n = 30)
Table 3.3	Range of Correlation Coefficient Values and Corresponding Levels of Correlation
Table 4.1	Frequency Distribution of Respondents' Demographics (N = 98)
Table 4.2	Frequency Distribution of Respondents' Age Group (N = 98)
Table 4.3	Frequency Distribution of Respondents' Job Position (N = 98)
Table 4.4	Frequency Distribution of Respondents' Tenure (N = 98)
Table 4.5	Reliability Statistics of Study Variables
Table 4.6	Descriptive Statistics of Study Variables
Table 4.7	Test for Normality
Table 4.8	Skewness and Kurtosis Values
Table 4.9	Spearman's rho between Job Autonomy and Job Stress
Table 4.10	Spearman's rho between Organizational Commitment and Job Stress
Table 4.11	Spearman's rho between Job Satisfaction and Job Stress
Table 4.12	Model Summary
Table 4.13	ANOVA
Table 4.14	Regression Coefficients



LIST OF FIGURES

Figure 3.1 <i>Research Framework</i>	27
Figure 4.1 <i>Scatterplot</i>	56
Figure 4.2 <i>Histogram</i>	57
Figure 4.1 <i>Normal P-P Plot of Regression</i>	58



LIST OF ABBREVIATIONS

ALARP	As Low As Reasonably Practicable
CVI	Content Validity Index
DV	Dependent Variable
FMEA	Failure Modes and Effects Analysis
IV	Independent Variable
KK	Klinik Kesihatan
KKM	Kementerian Kesihatan Malaysia
OSH	Occupational Safety and Health
SPSS	Statistical Package for the Social Sciences
UUM	Universiti Utara Malaysia



CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Job stress among healthcare workers is a critical occupational hazard that is closely linked to mental health problems such as anxiety, depression, and emotional exhaustion. In healthcare settings, excessive workload, staff shortages, limited resources, and continuous emotional demands place healthcare workers under persistent psychological pressure. Evidence indicates that prolonged exposure to these stressors significantly increases the risk of burnout and common mental disorders; the World Health Organization reported that approximately 25–30% of healthcare workers experience symptoms of anxiety or depression (World Health Organization, 2022). In addition, systematic reviews have shown that burnout prevalence among healthcare workers ranges from 40% to over 50%, particularly among frontline staff (De Hert, 2020; Pappa et al., 2020). Over time, these mental health consequences contribute to increased absenteeism, reduced morale, and higher staff turnover, which ultimately weaken organizational performance and compromise patient safety.

Globally, mental health issues related to work stress continue to pose a serious challenge. The World Health Organization (WHO, 2024) estimates that depression and anxiety lead to the loss of nearly 12 billion workdays each year, costing the global economy about USD 1 trillion. Numerous empirical studies have consistently demonstrated that job stress is negatively associated with employee performance. Stressors such as unclear job roles, poor communication, and work-related health

problems significantly undermine employees' ability to perform effectively at work. Rubina et al. (2024) found that job stress factors accounted for up to 55% of the variability in employee performance. These findings emphasize the need for organizational strategies such as adequate staffing, supportive leadership, and work–life balance initiatives to mitigate stress and enhance productivity (WHO, 2024).

Otherwise, in Malaysia, job stress among healthcare workers, particularly within the Ministry of Health (MOH), has emerged as a growing concern. Public healthcare facilities often operate under high service demand, limited manpower, and strict administrative requirements. The National Health and Morbidity Survey (NHMS, 2023) highlighted that mental health issues among healthcare workers became more pronounced following the COVID-19 pandemic. During 2020 to 2022, many healthcare workers experienced extended working hours, increased patient loads, and redeployment to COVID-19-related duties, leading to heightened psychological strain. These conditions contributed to increased absenteeism, reduced efficiency, and higher staff turnover rates. Unmanaged occupational stress has also been associated with increased medical errors and compromised patient safety, further affecting organizational performance (NHMS, 2023; WHO, 2024).

1.1.1 Background and Justification of Study Location

Primary healthcare setting, located in Seberang Perai Utara, Penang, is a government primary healthcare facility under the MOH that provides essential services such as outpatient care, maternal and child health services, chronic disease management, and

preventive health programs. As one of the main clinics serving a densely populated area, this Klinik Kesihatan experiences high daily patient attendance. Healthcare workers at this clinic are required to manage multiple responsibilities, including clinical services, administrative tasks, and compliance with Occupational Safety and Health (OSH) requirements.

In addition, the increasing service demand at primary healthcare setting, coupled with workforce constraints, creates a work environment that is susceptible to job stress. Healthcare workers are often required to multitask, meet performance targets, and ensure patient safety despite limited resources. These challenges make this Klinik Kesihatan a suitable and relevant setting for examining job stress and its influencing factors. The selection of Klinik Kesihatan is justified as it represents a typical MOH primary healthcare facility, allowing the findings to reflect common stress-related issues faced by healthcare workers in similar public healthcare settings across Malaysia. Moreover, the results of this study are expected to provide practical insights that can support stress management strategies, improve OSH compliance, and enhance organizational performance at the primary care level.

1.1.2 Job Autonomy in Healthcare Settings

Job Autonomy refers to the level of control as well as discretion exercised by employees in carrying out their job responsibilities. Regarding healthcare environments, job autonomy is an important concept that can help lessen stress in the context of an employee's job. By providing healthcare employees with job autonomy,

they can better deal with their job, react appropriately to a patient, as well as perform in a challenging healthcare scenario. Regarding occupational safety and health, job autonomy promotes healthcare employees to respect occupational health procedures, report occupational health hazards without fear of repercussions, as well as be actively involved in a healthcare environment.

Studies have shown that enhanced job autonomy has been linked to enhanced levels of mental well-being, work engagement, and improved safety performance among healthcare staff. According to Whittington et al. (2023) and from the study conducted by Lau et al. (2021), enhanced levels of job autonomy have been linked to reduced stress levels among healthcare staff and also enhanced levels of proactivity that serve to positively impact organizational performance.



1.1.3 Organizational Commitment and Job Stress

Organizational commitment refers to the emotional attachment, loyalty, and sense of belonging employees feel toward their organization. In healthcare settings, organizational commitment is crucial for fostering a supportive work environment, enhancing teamwork, and ensuring compliance with OSH policies. Healthcare workers who are committed to their organization are more likely to adhere to safety protocols, support colleagues, and contribute positively to organizational goals.

Moreover, previous studies have shown that strong organizational commitment is associated with improved job performance, higher safety compliance, and reduced

burnout among healthcare workers. Wang et al. (2022) and Zhang et al. (2021) found that committed employees were more resilient in coping with job stress and less likely to experience emotional exhaustion. Additionally, Liu et al. (2023) reported that organizational commitment played a significant role in reducing workplace stress and promoting occupational health. These findings suggest that strengthening organizational commitment can be an effective strategy for mitigating job stress and improving organizational performance in healthcare environments.

1.1.4 Job Satisfaction and Organizational Performance

Job satisfaction refers to the extent to which employees experience positive emotional responses toward their job, influenced by factors such as workload, leadership, work environment, and remuneration. In healthcare settings, job satisfaction is closely linked to employee well-being, stress management, and organizational effectiveness. Satisfied healthcare workers are more motivated, demonstrate higher levels of engagement, and are less likely to experience burnout.

As a result, research has shown that higher job satisfaction is associated with better adherence to OSH procedures, improved patient care quality, and reduced staff turnover. Wang et al. (2020) and Hou et al. (2020) reported that job satisfaction contributed significantly to improved performance and reduced occupational stress among healthcare workers. Furthermore, Chao et al. (2015) emphasized that satisfied employees were more likely to comply with safety protocols, leading to enhanced operational productivity. These findings underscore the importance of promoting job

satisfaction to reduce job stress and maintain high standards of healthcare service delivery.

Then, this study aims to examine the effects of job autonomy, organizational commitment, and job satisfaction on job stress among healthcare workers at Klinik Kesihatan in Pulau Pinang. Understanding the relationships between these variables is essential for identifying effective strategies to manage job stress, enhance OSH compliance, and improve organizational performance. By focusing on a primary healthcare setting, this study seeks to provide context-specific insights and practical recommendations that can support healthcare workers' well-being and strengthen the effectiveness of public healthcare services in Malaysia.

1.2 Problem Statement

Job stress among healthcare workers is a persistent issue that negatively affects employee well-being, organizational performance, and patient safety. Job stress occurs when job demands exceed an individual's ability or resources to cope (Lazarus & Folkman, 1984). In public healthcare settings, healthcare workers often face high workloads, staff shortages, emotional labour, and limited resources, which contribute to burnout, absenteeism, reduced job satisfaction, and increased turnover (Shanafelt et al., 2019).

Next, job autonomy defined as the degree of control employees have over how and when tasks are performed (Hackman & Oldham, 1976), has been shown to influence

stress levels, particularly in highly standardized healthcare environments where limited decision-making authority may intensify stress (Karasek, 1979). Then, Organizational commitment which reflects employees' emotional attachment and loyalty to their organization (Meyer & Allen, 1997), is also affected by prolonged job stress, potentially leading to disengagement and reduced service quality. Similarly, job satisfaction an individual's positive emotional response to their job (Locke, 1976) is closely linked to stress and overall organizational effectiveness.

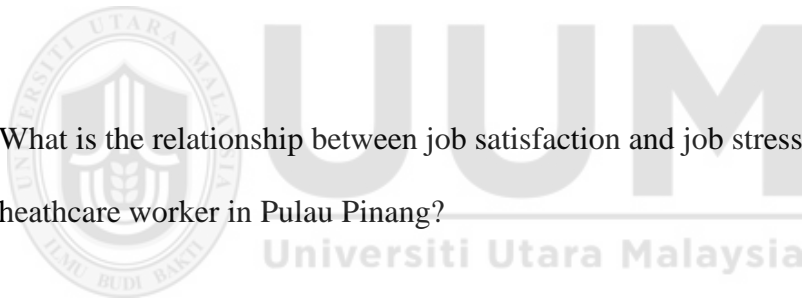
Furthermore, despite extensive research on job stress in healthcare, several gaps remain. Existing studies often examine job autonomy, organizational commitment, and job satisfaction as separate constructs and are largely conducted in hospital-based or specialized settings. Consequently, limited evidence is available on how these factors interact to influence job stress and compliance with Occupational Safety and Health (OSH) practices in primary healthcare clinics. Moreover, the mechanisms through which job autonomy and organizational commitment reduce job stress, whether directly or indirectly through job satisfaction, remain unclear.

Otherwise, in the Malaysian Ministry of Health (MOH) context, particularly in primary healthcare clinics, empirical evidence on job stress and its influencing factors is scarce. Healthcare workers in these settings manage multiple clinical and administrative responsibilities under high patient loads and limited manpower, yet it remains uncertain whether findings from hospital-based or international studies are applicable. Therefore, this study addresses the existing knowledge gap by examining the relationships between job autonomy, organizational commitment, job satisfaction,

and job stress in a primary healthcare setting, with the aim of generating context-specific evidence to support effective stress management and OSH practices.

1.3 Research Questions

- 1) What is the relationship between job autonomy and job stress among healthcare worker in Pulau Pinang?
- 2) What is the relationship organizational commitment and job stress among healthcare worker in Pulau Pinang?
- 3) What is the relationship between job satisfaction and job stress among healthcare worker in Pulau Pinang?



1.4 Research Objectives

This study seeks to identify the relationship between job autonomy, organizational commitment, job satisfaction, and job stress among healthcare workers in Pulau Pinang. The objectives of this research are as follows:

- 1) To investigate the relationship between job autonomy and job stress among healthcare worker in Pulau Pinang.

- 2) To study the relationship between organizational commitment and job stress among healthcare worker in Pulau Pinang.

- 3) To examine the relationship between job satisfaction and job stress among healthcare worker in Pulau Pinang.

1.5 Significance of the Study

1.5.1 Practical Contribution:

The practical impact of this research is in its ability to advise on policy and enhance safety and health practices in Malaysia's healthcare industry. This study will help the Malaysian government develop specific interventions to improve working conditions for healthcare workers by investigating the effects of job autonomy, organizational commitment, and job satisfaction on job stress. It includes the implementation of policies enhancing job independence and ensuring loyalty to the organization, in addition to addressing job satisfaction issues with regard to workload and work environment. Additionally, it can provide insight into how reduced job stress would lead to better healthcare outcomes and, by extension, good service provisions by the public health services in Malaysia (Liu et al., 2022; Wang et al., 2020).

1.5.2 Empirical Contribution:

In practice, this research adds to the increasing amount of studies on workplace stress and related factors in healthcare environments. Although prior research has looked at separate factors such as job autonomy and job satisfaction, few have investigated how they collectively impact job stress among healthcare workers in terms of following OSH regulations. The study offers fresh empirical evidence on the connections between job autonomy, organizational commitment, job satisfaction, and job stress by filling this gap. Also, it provides valuable perspectives on how these factors impact healthcare workers' performance as a whole, enhancing the existing knowledge on enhancing healthcare service and decreasing burnout among workers (Lau et al., 2021; Chao et al., 2015).



1.5.3 Theoretical Contribution:

Theoretically, this research expands on previous studies about work stress by combining various theories pertaining to job autonomy, organizational commitment, and job satisfaction. It is based on the JDCS model, connecting job stress to autonomy and support, and the Organizational Commitment Theory, studying how employees' emotional connection to their organization impacts their behavior and stress. Through the application of these theories in healthcare, the research improves their usefulness and shows how they influence stress and performance when combined. This theoretical contribution offers a broader framework for comprehending and handling

job stress within healthcare organizations, impacting both research and practical applications in occupational health psychology (Liu et al., 2022; Lau et al., 2021).

1.6 Scope of the Study

1.6.1 Independent Variables (IV), Dependent Variable (DV), and Rationale.

Job Autonomy describes the level of independence workers possess in how they complete their duties, set schedules, and make choices. Job autonomy is a critical factor in managing the well-being of healthcare workers, as it has been associated with lower job stress and increased job satisfaction (Lau et al., 2021).

Thus, Organizational Commitment is demonstrated as an employee's emotional connection and sense of belonging to their organization. Strong loyalty to the organization can decrease stress levels by promoting a supportive workplace and nurturing a feeling of inclusion (Liu et al., 2022).

Next, job Satisfaction describes a person's positive emotional response to or attitude towards their job influenced by workload, leadership style, and workplace environment. Higher the state of job satisfaction in healthcare means higher the level of reduced occupational pressure and better performance. (Wang et al., 2020).

Then, Job stress was selected as the dependent variable due to its significant adverse effects on the mental and physical health of healthcare workers, which may subsequently impact overall organizational performance. High levels of job stress have been associated with reduced job satisfaction, poor compliance with safety

procedures, and decreased quality of patient care. Therefore, reducing job stress is crucial to enhancing employee well-being, improving job satisfaction, and ensuring high quality healthcare service delivery (Beehr & Newman, 1978; Robbins & Judge, 2017; WHO, 2020).

1.7 Definition of Key Terms

Job stress refers to the psychological and physical strain experienced by healthcare workers due to work-related factors such as heavy workload, long working hours, and role conflict, which may lead to burnout, absenteeism, reduced job satisfaction, and poorer organizational performance (Liu et al., 2022; Wang et al., 2020). Otherwise, job autonomy is the degree of freedom and control employees have over their work tasks and schedules, which helps reduce stress, improve job satisfaction, and enhance work engagement and patient care outcomes in healthcare settings (Lau et al., 2021; Liu et al., 2022). Then, organizational commitment refers to an employee's emotional attachment and involvement in the organization, which can lower job stress by fostering a supportive work environment and encouraging positive work behaviors and safety compliance (Mowday et al., 1979; Liu et al., 2022). Lastly, job satisfaction is the positive emotional response employees have toward their job, which contributes to lower stress levels, better safety compliance, improved performance, and reduced turnover intention among healthcare workers (Wang et al., 2020; Chao et al., 2015).

1.8 The Organisation of the Study

This research was divided into five sections, with each focusing on a distinct phase of the research process. Chapter 1 began the study by detailing its context, goals, significance, and research inquiries, establishing the groundwork and scope of the research. Chapter 2 provided a critical assessment of the selected literature concerning job stress, job autonomy, organizational commitment, and job satisfaction within the healthcare environment, highlighting research gaps and presenting the theoretical framework. Chapter 3 detailed the research framework, strategies for data collection, analytical methods, participant selection criteria, and ethical issues addressed in the study. Chapter 4 presented an analysis of the data collected in relation to the research questions and hypotheses. Chapter 5 discussed the results in relation to the study's objectives, then presented practical recommendations for healthcare organizations, acknowledged limitations, and offered suggestions for future research, all organized logically to maintain coherence and connect all elements to the study's overall aims.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter focuses on reviewing past studies conducted by previous researchers. The discussion also includes relevant theories and prior research on the relationships between job autonomy, organizational commitment, job satisfaction on job stress.

2.2 Definition Of Job Stress

Job stress is the physical and emotional strain resulting from work-related factors that challenge an employee's ability to cope effectively in the context of healthcare due to high workloads, emotional demands, and limited resources. Following the Transactional Model of Stress and Coping of Lazarus and Folkman in 1984, stress occurs when people perceive an imbalance between job demands and their capabilities to deal with them. This easily makes healthcare professionals more vulnerable due to the very nature of the life and death responsibilities placed on them (Goh et al., 2021).

The world over, the workforce in healthcare has reported an increasingly high level of stress occasioned by systemic issues of shortages, extended shifts, and lack of support. In a cross-sectional study conducted in 30 countries by De los Santos and Labrague (2021), more than 70% of healthcare workers reported increased stress

during the COVID-19 pandemic, especially because of the fear of infection and PPE inadequacy. Other parallel findings from the global meta-analysis estimated that job stress among health professionals was associated with high levels of burnout, with prevalence rates ranging between 40% and 70% in different countries (Pappa et al., 2020). These studies raise an alarm for urgent interventions aimed at organizational and individual level stressors to improve the wellbeing of employees.

In Malaysia, too, job stress among healthcare workers has reached alarming levels, especially during the pandemic. According to NHMS 2023, about 29% of healthcare workers reported severe job stress, which was significantly higher compared with pre-pandemic levels. The high patient loads, shortage of resources, and inefficiency at the organizational level were noted as some of the major stressors. Othman et al. (2022) concluded that Malaysian nurses and doctors perceive high job stress as a direct cause of poor adherence to safety protocols, hence compromised care for patients. These findings reflect global trends but highlight unique challenges faced in resource-constrained settings.

Both global and Malaysian studies identify that job stress in healthcare emanates from a multifaceted nature regarding systemic factors like workload, resource availability, and organizational support. Though global findings often point to universal stressors like burnout and fear of infection, Malaysian research considers cultural and structural challenges like hierarchical management systems and resource limitations. This synthesis thus shows that interventions to tackle job stress would have to be two-pronged: first, global best practices, and second, strategies fitted to the local context. Further studies are needed to explore how interventions aimed at

organizational structure and individual coping strategies can jointly mitigate stress among healthcare workers.

2.3 Definition Of Job Autonomy

Job autonomy concerns the extent of freedom, independence, and discretion employees have with regard to scheduling the work, making decisions about the work, and determining the processes to be used in accomplishing the work (Hackman & Oldham, 1976). In healthcare settings, job autonomy helps workers employ their expertise relevantly and make decisions centered on the patient, which is critical for improvement in work efficiency and satisfaction (Lau et al., 2021). Overall, job autonomy has been shown internationally to enhance the job satisfaction of health workers and help them deal better with occupational stress. For instance, a recent cross-national United States-European study among healthcare professionals reported that higher levels of autonomy are related to increased engagement, reduced levels of stress, and improved psychological well-being (Chang et al., 2020). Additionally, Australian-based research also evidences that job autonomy exerts positive effects on safety compliance. For instance, the potential of employees to exercise independent decisions enhances their propensity for conforming to OSH (Smith et al., 2021). These findings point to the beneficial impacts of job autonomy: it improves not only employees' well-being but also supports a safer and more productive workplace.

In Malaysia, job autonomy is normally experienced in limitation, as management

structures are hierarchically organized, which might contribute to job stress and dissatisfaction. According to Othman et al. (2022), the limited autonomy of Malaysian nurses led them to increase their stress level and reduce engagement, which was then detrimental to patient care. For instance, Tan et al. (2023) discovered that enhanced job autonomy was associated with improved adherence to safety procedures and lower turnover intentions among Malaysian health professionals. These studies have strongly underlined the introduction of organizational reforms allowing health workers to make decisions within their purview of work.

While global research emphasizes the universal benefits of job autonomy, Malaysian studies add to this insight into the cultural and structural challenges impacting its implementation. Globally, job autonomy has been shown to reduce stress and improve adherence to safety standards, but in Malaysia, this relationship is often mediated by organizational hierarchy and resource constraints. These differences underscore the importance of contextualizing job autonomy interventions to address local challenges effectively. Future studies should examine how tailored strategies may improve job autonomy within Malaysian healthcare settings and take into consideration global best practices in concert with cultural distinctions.

2.3.1 The Relationship Between Job Autonomy and Job Stress

The extent of employees' control over work processes and decision-making, or job autonomy, has been identified to consistently relate to job stress in most studies. Most

findings suggest a significant inverse relationship, which indicates that higher job autonomy is associated with lower job stress. For instance, the work of Lau et al. (2021) has explored the role of autonomy within a healthcare setting; results showed that employees who had more significant levels of autonomy reported lower levels of stress, attributing this to feelings of empowerment and flexibility in managing the tasks and workloads. A similar study by Chang et al. (2020) shows that job autonomy acts like a buffer to stressors, for the fact that too much managerial supervision is psychologically overwhelming and could reduce the time healthcare workers can dedicate to patient care.

However, not all findings support a significant relationship. A study conducted by Tan et al. (2022) in Malaysian hospitals showed that while job autonomy reduced stress in certain roles, not all staff benefited, as for administrative and junior healthcare workers, there was no overall improvement in stress levels. These observations point out that contextual issues such as organization culture and individual responsibilities are crucial in influencing the autonomy-stress link.

2.4 Definition of Organizational Commitment

Organizational commitment refers to a psychological linkage between an employee and the organization he or she belongs to. The features include a sense of loyalty and willingness to contribute to its attainment of goals. Meyer and Allen (1991) suggested three dimensions of organizational commitment, including affective commitment, continuance commitment, and normative commitment. Organizational commitment

is particularly important in the healthcare sector for maintaining a stable workforce that provides high-quality, consistent care (Liu et al., 2021).

Organizational commitment has been considered one of the main sources of job satisfaction and reduction in turnover intentions worldwide. Lee et al. (2020) have identified, in a US-based study, that the higher the organizational commitment of health workers, the lesser the chances of burnout and the greater the adherence to institutional policies. Similarly, the studies conducted in European hospitals found that affective commitment was related positively to patient safety outcomes, which is indicative of greater engagement in one's job (Gómez et al., 2022). These studies have underlined the importance of developing organizational commitment for both employee well-being and organizational effectiveness.

Organizational commitment in Malaysia has been playing a vital role in workforce challenges related to the health sector. For example, Othman et al. (2022) investigated organizational commitment and job performance among nurses and found that high levels of commitment significantly reduced absenteeism while enhancing patient care. A recent study by Tan et al. (2023) emphasized that, driven by cultural expectations and loyalty, normative commitment has a high significance in retaining health professionals during the COVID-19 pandemic. These findings highlight the need for targeted interventions in strengthening organizational commitment within the Malaysian context, considering cultural and systemic factors. The synthesis of global and Malaysian studies illustrates that while organizational commitment universally enhances employee engagement and performance, its dimensions and effects can vary by region and cultural context.

Globally, affective commitment is often highlighted as the most impactful dimension, while in Malaysia, normative commitment is equally significant due to cultural norms emphasizing loyalty and duty. These differences suggest that strategies to enhance organizational commitment must be context-specific, integrating global best practices with localized approaches.

2.4.1 The Relationship Between Organizational Commitment and Job Stress

Organizational commitment has, therefore, been studied in its relation to job stress, a term referring to the feeling of emotional and psychological attachment toward an organization. Studies show a constant negative relationship between organizational commitment and job stress. High levels of commitment, primarily affective commitment, will reduce stressors by leading to purposefulness and resilience. A very good example is that Liu et al. (2021) observed health workers with high organizational commitment due to good internalization of organizational values, support structures, and lower levels of stress. On the international landscape, Gómez et al. (2022) proved that committed employees were less vulnerable to workplace stressors, such as high workloads, since they could more likely consider their efforts meaningful. Further, Singh et al. (2023) have also documented, in a multi-country study across Asia, that continuance commitment decreases stress in providing stability and security to the employees, especially in highly demanding healthcare settings.

In Malaysia, the same significance of the relationship between organizational

commitment and job stress has been observed. Othman et al. (2022) pointed out that even during the COVID-19 pandemic, the stress level of nurses with high normative commitment-one that is culturally entrenched because of the importance of loyalty-was lower. However, Tan et al. (2023) observed that extreme levels of commitment could be counterproductive, often resulting in role overload, especially when systems of organizational support were weak, thus slightly tempering the dampening effect on stress. Overall, evidence suggests that organizational commitment significantly negatively relates to job stress. Stronger commitments via supportive leadership and clearly stated communications could reduce stress and lead to improved well-being in the workplace.

2.5 Definition of Job Satisfaction

Job satisfaction is defined as an emotional state of pleasure that comes about when an individual evaluates his or her work experience and job (Locke, 1976). Therefore, it is based on several factors: working condition, pay, interpersonal relationships, and opportunities for growth. In the healthcare industry, job satisfaction is a critical determinant of employee retention, performance, and patient care quality (Wang et al., 2020).

Globally, job satisfaction of health workers has been one of the major research concerns because of its consequences on organizational efficiency and workforce stability. In the United States, Lee et al. (2021) conducted a study that reported that job satisfaction was significantly affected by workload, support from management,

and work-life balance; high levels of satisfaction were associated with reduced stress and improved patient outcomes. In the same line, Gómez et al. (2022) conducted a study in Europe that showed job satisfaction as a significant predictor of workplace safety guidelines adherence and compliance with occupational health standards. The two studies thus show that job satisfaction enhances individual and organizational performance in both countries.

The significance of job satisfaction has increasingly been given much attention in Malaysia due to the challenges faced by the workforce in the healthcare sector. According to a study by Othman et al. (2022), highly satisfied healthcare professionals exhibited lower levels of burnout and higher levels of organizational commitment. Workplace autonomy, fair compensation, and supportive leadership were significant factors. Moreover, a study conducted by Tan et al. in 2023 during the COVID-19 pandemic underlined that job satisfaction played a significant role in retaining healthcare workers amid increased stress and demands, which is a resilience-building function.

Synthesizing worldwide and Malaysian studies, it therefore appears that while the determinants of job satisfaction, for example, workload, leadership, and work-life balance, are universally consistent, their cultural variations also exist. Therefore, Malaysian healthcare workers view normative aspects of satisfactions, such as organizational commitment and community impact, as important shapers of their job satisfaction, in line with intrinsic motivators. This suggests that universally applied strategies need to be considered along with localized approaches to improve job satisfaction.

2.5.1 The Relationship Between Job Satisfaction and Job Stress

Job satisfaction and job stress are closely interlinked. A considerable amount of research has been conducted to study their interaction, especially in the high-pressure settings of healthcare. Job satisfaction is widely considered an antidote for job stress; satisfied employees tend to have lower levels of stress, whereas high stress reduces job satisfaction. Research has consistently shown that higher job satisfaction is associated with lower job stress, as satisfied employees report better mental health and resilience against work-related stressors.

For instance, Wang et al. (2021) found that healthcare workers expressing job satisfaction with their working environment and leadership reported their level of job stress as significantly low. This agrees with a similar study by Singh et al. (2022) that established that health workers expressing higher levels of job satisfaction are less likely to face burnout or experience high states of anxiety and stress. They concluded that job satisfaction, particularly in terms of autonomy and workload management, could buffer negative effects of stress in the healthcare sector. Conversely, in Malaysia, Tan et al. (2023) present findings indicating that low job satisfaction among health workers has been strongly correlated with high levels of job stress, especially in the front lines during the COVID-19 pandemic. Workers who experienced dissatisfaction with work conditions such as long working hours and unsatisfactory support developed significantly higher levels of stress. This therefore

underscores addressing job satisfaction to mitigate stress in sectors considered to be highly stressing, such as healthcare.

While generally, the relationship between the two constructs is considered to be significant, some studies suggest that the strength of this relationship varies under certain organizational and cultural variables. For example, Othman et al. (2022) reported that organizational commitment partially mediated the relation between job satisfaction and job stress, which implies that job satisfaction is not sufficient to reduce the level of stress without proper support by organizations.

2.6 Summary of the Chapter

This chapter reviews literature on job stress and its relationship with job autonomy, organizational commitment, and job satisfaction in healthcare. It defines job stress as the strain caused by work challenges, especially for healthcare workers facing high demands and limited resources. Global and Malaysian studies indicate that workload and lack of support contribute to stress. Job autonomy is shown to reduce stress, although hierarchical structures in Malaysia can limit its benefits. Organizational commitment is linked to lower stress, while higher job satisfaction correlates with reduced stress levels. Theories such as the Job Demand Control Model and Organizational Support Theory underpin the framework, helping explain how autonomy and commitment affect stress. This synthesis highlights the complexity of job stress and the need for both global practices and local context to support healthcare workers.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter explains how the study was carried out to examine the relationships between job autonomy, organizational commitment, and job satisfaction in relation to job stress among healthcare workers. It outlines the overall research design, sampling strategy, data collection procedures, and data analysis methods used in the study. All methodological choices were guided by the research objectives and underlying theoretical framework to ensure that the research questions were addressed in a systematic and meaningful manner. Emphasis was placed on selecting appropriate research instruments, adhering to ethical considerations, and applying suitable analytical techniques to enhance the reliability and validity of the findings. By clearly describing these methodological components, this chapter provides a solid foundation for generating credible and meaningful insights into the factors influencing job stress within the healthcare setting.

3.2 Research Framework

A research framework helps explain *how* and *why* certain factors are connected within a study. Rather than viewing variables in isolation, a framework provides a structured way to understand how workplace experiences shape employees' responses, particularly in demanding environments such as healthcare. As highlighted by Betsill and Nasiritousi (2023), developing a research framework is an iterative process that

requires continuous engagement with theory and prior studies to ensure that the proposed relationships are logical, relevant, and grounded in real workplace conditions. In this study, the framework is developed to explain job stress among healthcare workers at Klinik Kesihatan in Pulau Pinang by focusing on key organizational and job related factors.

The framework is mainly guided by the Job Demand Control Support (JDCS) Theory, supported by the Demand Control Model. In simple terms, the JDCS theory explains that job stress occurs when employees are exposed to high job demands without adequate resources to cope with them. In the context of Pulau Pinang, healthcare workers face heavy patient loads, time pressure, and multiple responsibilities. When resources such as job autonomy are limited, these demands are more likely to lead to stress. The Demand Control Model further strengthens this explanation by emphasizing that high demands combined with low control over work significantly increase psychological strain. Therefore, job autonomy in this framework represents both a resource and a form of control, allowing healthcare workers to manage their tasks more effectively and reducing their experience of job stress.

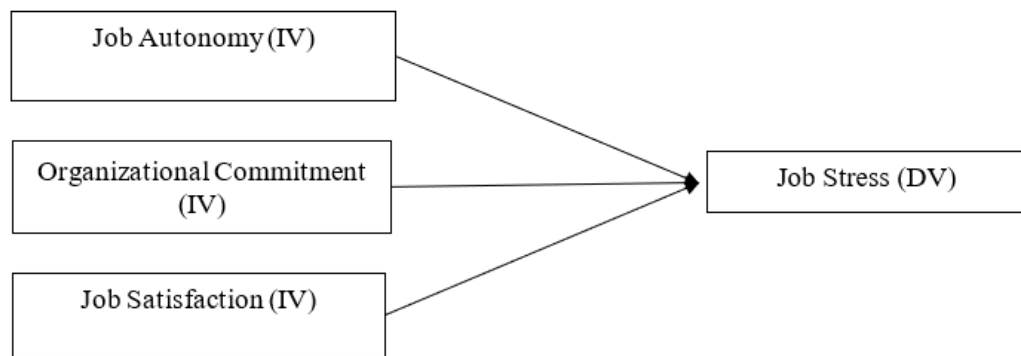
Organizational commitment is included in the framework to capture the emotional bond between healthcare workers and their organization. Drawing from Social Exchange Theory, employees who feel supported and valued by their organization are more likely to develop loyalty and a sense of belonging. In a demanding work environment like in Pulau Pinang, this sense of commitment can act as a psychological buffer, helping healthcare workers cope better with work pressure. When employees feel connected to their organization, they are more motivated, more resilient, and less likely to experience overwhelming stress. Implicitly, this framework assumes that both

job autonomy and organizational commitment contribute to higher job satisfaction and lower job stress among healthcare workers.

Job satisfaction plays a central role in explaining how these relationships work. When healthcare workers experience autonomy in their roles and feel committed to their organization, they are more likely to feel satisfied with their job. This positive emotional response helps them manage daily work challenges more effectively, thereby reducing stress levels. In other words, job satisfaction serves as a pathway through which job autonomy and organizational commitment influence job stress. This reflects the implicit assumptions that higher job autonomy and stronger organizational commitment increase job satisfaction, and that increased job satisfaction subsequently reduces job stress.

Figure 3.1 illustrates the proposed research framework, showing job autonomy and organizational commitment as independent variables, job satisfaction as an independent variable, and job stress as the dependent variable. The arrows in the framework represent the direction of influence suggested by the JDCS theory and the Demand Control Model, while also reflecting the real working conditions healthcare worker in Pulau Pinang. By grounding the framework in both theory and context, this study provides a clear and practical explanation of how organizational and job-related factors interact to influence job stress among healthcare workers in a primary healthcare setting.

Figure 3.1
Research Framework



3.3 Hypotheses Development

- H₁:** There is significant relationship between job autonomy and job stress among healthcare workers in Pulau Pinang.
- H₂:** There is significant relationship between organizational commitment and job stress among healthcare workers in Pulau Pinang.
- H₃:** There is significant relationship between job satisfaction and job stress among healthcare workers in Pulau Pinang.

3.4 Research Design

This research uses a quantitative method and a cross-sectional design to assess the relationship between job autonomy, organizational commitment, job satisfaction, and job stress among health workers in primary healthcare setting at Pulau Pinang. A quantitative method is appropriate for examining hypotheses and studying measurable

factors to uncover patterns and connections. The study's cross-sectional design allows for data collection at one specific moment, capturing a snapshot of the variables being studied and how they are connected.

A method of probability stratified random sampling is used to guarantee that the sample is representative. This method includes categorizing the target population into different groups according to certain traits, like job positions and duties in primary healthcare setting at Pulau Pinang, and then choosing participants randomly from each group. Stratified sampling enhances result accuracy by guaranteeing proportional representation of all population subgroups, reducing biases in selection.

3.5 Operational Definition

These definitions define abstract concepts into tangible terms to avoid ambiguity and discrepancies while analyzing and collecting data (Creswell & Creswell, 2018). For this study, job stress is referred to as the psychological and emotional pressure that medical staff undergo. The Job Stress Scale (PSS), analyzing stress resulting from work pressure, work timing, and emotional roles, measure this variable (Cohen et al., 1983). Work autonomy is referred to as the level of independence that an individual has when carrying out work and making decisions associated with this work. The Job Autonomy Scale (WDQ), developed by Morgeson and Humphrey (2006), is used to measure this variable. Organizational commitment is seen to be an emotional association that an individual has towards and with their organization. The Organizational Commitment Questionnaire (OCQ), measuring affective, continuation, and normative commitments proposed by Meyer and Allen (1991), is used in

measuring this variable. Job satisfaction is seen to be an emotional reaction towards one's work and working environment. The Job Satisfaction Survey (MSQ), evaluating intrinsic and extrinsic work satisfactions proposed by Weiss et al. (1967), measures this variable.

3.6 Measurement of Variables/Instrumentation

Outlines of the measurement methods involved in this study are presented in this subtopic. The processes involved ensure clarity and consistency for data collection and analysis. A self-administered questionnaire is used as the research instrument. The questionnaire was developed by adapting items from previous studies. Specifically, the items measuring the dependent variable job stress and independent variables job autonomy and job satisfaction were adapted from saragih s. (2011). Meanwhile, independent variable, organizational commitment, was assessed using items adapted from Hospital nurses in mainland China-PMC (2006), as outlined in Table 3.1.

The questionnaire utilized a five-point Likert scale (Likert, 1932) to measure responses, ranging from 1 ("strongly disagree") to 5 ("strongly agree"). This scale was chosen for its simplicity, ease of use, and proven effectiveness in capturing the intensity of respondents' attitudes and perceptions in a quantifiable manner. The five-point format is widely accepted in social science and occupational safety research due to its ability to balance response variety with clarity, reducing respondent fatigue and improving data quality (Joshi et al., 2015). Furthermore, the five-point Likert scale has demonstrated high reliability and validity in previous studies involving safety behavior and workplace attitudes. For example, prior research by Nguyen-Phuoc et al. (2024) and Somoray et al. (2024) utilized similar Likert-based instruments to measure

constructs such as safety motivation and safety knowledge, reporting Cronbach's alpha values above 0.70, indicating good internal consistency. The use of a standardized likert scale also facilitates comparability with other studies in the field, enhancing the generalizability and credibility of the findings.

All items in the questionnaire underwent an adaptation process to ensure better alignment with the context of healthcare work, particularly within Klinik Kesihatan settings. The purpose of this adaptation was to maintain conceptual consistency with the original constructs of Job Autonomy, Organizational Commitment, Job Satisfaction, and Job Stress, while ensuring that each item accurately reflects the real experiences, responsibilities, and challenges faced by healthcare workers.

The questionnaire items were translated into Bahasa Melayu using the Cambridge Dictionary as a linguistic reference. A back-to-back translation technique was conducted to ensure semantic equivalence between the English and Bahasa Melayu versions, thereby preserving the meaning and intent of each item.

Following the translation process, a Content Validation procedure was carried out to assess the relevance and clarity of the adapted items. Two experts one from the field of occupational health and healthcare management and another academic expert in organizational psychology evaluated the items for their appropriateness and representativeness within the Malaysian healthcare context.

According to Yusoff (2019), a minimum of two experts is acceptable for content validation. Content validation is defined as the process of determining the degree to which the elements of a measurement tool are relevant to and accurately represent

the construct being measured within a specific context. The validation process was conducted remotely, using an online content validation form that included clear instructions and structured scoring guidelines. As outlined by Yusoff (2019), the content validation procedure involves six systematic steps: (1) preparation of the content validation form, (2) selection of qualified experts, (3) execution of the validation process, (4) evaluation of domains and items, (5) assignment of expert ratings, and (6) computation of the Content Validity Index (CVI).

Through this process, the average CVI value obtained was 0.86, which exceeds the acceptable cut-off value of 0.80 for two experts (Davis, 1992, as cited in Yusoff, 2019). Therefore, it can be concluded that the questionnaire items demonstrate strong content validity, indicating that the instrument is well-suited to measure Job Autonomy, Organizational Commitment, Job Satisfaction, and Job Stress among healthcare workers in this research context.

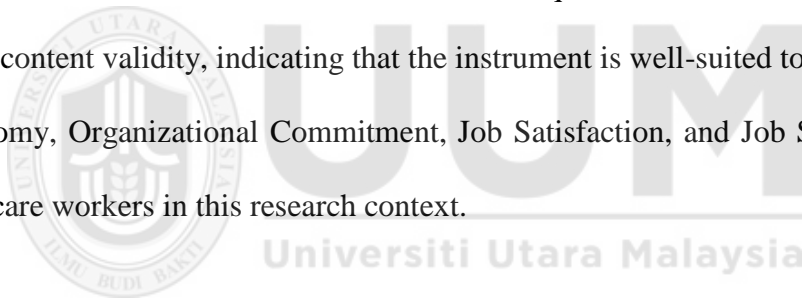


Table 3.1 :
Questionnaire items

Variables	Items		Sources
	Original	Adapted	
Job stress (DV)	1) I feel fidgety or nervous because of my job 2) Problems associated with work kept me awake at night 3) My job tends to directly affect my health 4) If I had a different job, my health would probably improve 5) I often take my work home with me in the sense that I think about it when doing other things 6) I fell nervous attending meetings in the organization 7) I sometimes feel weak all over	1) I feel restless or nervous because of my job 2) Problems related with work kept me awake at night 3) As original item 4) As original item 5) As original item 6) I fell anxious before joining meetings in the organization 7) As original item	Saragih, S. (2011).



UUM
Universiti Utara Malaysia

**Job
Autonomy (IV)**

- 1) I am allowed to decide how to go about getting my **job** done (the methods to use)
- 2) I am able to choose the way to go about my **job** (the procedures to utilize).
- 3) I am **free** to choose the methods to use in carrying out my work
- 4) I have control over the **scheduling** of my work
- 5) I have some control over the **sequencing** of my work activities (when I do what).
- 6) My **job** is such that can decide when to do particular work **activities**.
- 7) My **job** allows me to **modify** the normal way we are evaluated so that I can **emphasize** some aspects of my **job** and play down others.
- 8) I am able to **modify** what my **job** objectives are (what I am supposed to accomplish).
- 9) I have some control over what I am supposed to **accomplish** (what my supervisor sees as my

- 1) I am allowed to decide how to go about getting my **work** done (the methods to use)
- 2) I am able to choose the way to go about my **work** (the procedures to utilize).
- 3) I am **allowed** to choose the methods to use in carrying out my work
- 4) I have control over the **planning** of my work
- 5) I have some control over the **process** of my work activities (when I do what).
- 6) My **work** is such that can decide when to do specific work **actions**.
- 7) My **work** allows me to **change** the normal way we are evaluated so that I can **focus on** some aspects of my **work** and play down others.
- 8) I am able to **change** what my **occupation** objectives are (what I am supposed to accomplish).
- 9) I have some control over what I am supposed to **complete** (what my supervisor sees as my job objectives)

**Saragih,
S. (2011).**



**Organizational
Commitment
(IV)**

- 1) I am willing to put in a great deal of effort beyond that normally expected in order to help this **hospital** be successful.
 - 2) I talk up this **hospital** to my friends as a great organization to work for.
 - 3) I feel very little loyalty to this **hospital**.
 - 4) I would **accept** almost any type of job assignment in order to keep working for this **hospital**.
 - 5) I am proud to tell others that I am part of this **hospital**.
 - 6) I could just as well be working for a different **hospital** as long as the type of work was similar.
 - 7) This hospital really inspires the very best in me in the way of job performance.
 - 8) It would take very little changes in my present circumstances to cause me to leave this hospital.
 - 9) Often, I find it difficult to agree with this **hospital's** policies on important matters relating to
- 1) I am willing to put in a great deal of effort beyond that normally expected in order to help this **clinic** be successful.
 - 2) I talk up this **clinic** to my friends as a great organization to work for.
 - 3) I feel very little loyalty to this **clinic**.
 - 4) I would **take** almost any type of job assignment in order to keep working for this **clinic**.
 - 5) I am proud to tell others that I am part of this hospital.
 - 6) I could just as well be working for a different **clinic** as long as the type of work was similar.
 - 7) This clinic really inspires the very best in me in the way of job performance.
 - 8) It would take very little changes in my present conditions to cause me to leave this clinic.
 - 9) Often, I find it difficult to agree with this **clinic's** policies on important matters relating to its **staffs**.
 - 10) I really care about the fate of this **clinic**.
 - 11) For me this is the best of all possible **clinics** for which to

**Hong
Lu,
Alison
E
While,
K
Louise
Barriball
(2020)**



- | | | |
|--|---|---|
| <ol style="list-style-type: none"> 1) I am willing to put in a great deal of effort beyond that normally expected in order to help this hospital be successful. 2) I talk up this hospital to my friends as a great organization to work for. 3) I feel very little loyalty to this hospital. 4) I would accept almost any type of job assignment in order to keep working for this hospital. 5) I am proud to tell others that I am part of this hospital. 6) I could just as well be working for a different hospital as long as the type of work was similar. 7) This hospital really inspires the very best in me in the way of job performance. 8) It would take very little changes in my present circumstances to cause me to leave this hospital. 9) Often, I find it difficult to agree with this hospital's policies on important matters relating to its employees. 10) I really care about the fate of this | <ol style="list-style-type: none"> 1) I am willing to put in a great deal of effort beyond that normally expected in order to help this clinic be successful. 2) I talk up this clinic to my friends as a great organization to work for. 3) I feel very little loyalty to this clinic. 4) I would take almost any type of job assignment in order to keep working for this clinic. 5) I am proud to tell others that I am part of this hospital. 6) I could just as well be working for a different clinic as long as the type of work was similar. 7) This clinic really inspires the very best in me in the way of job performance. 8) It would take very little changes in my present conditions to cause me to leave this clinic. 9) Often, I find it difficult to agree with this clinic's policies on important matters relating to its staffs. 10) I really care about the fate of this clinic. 11) For me this is the best of all possible clinics for which to work. | <p>Hong Lu, Alison E While, K Louise Barrib all (2020)</p> |
|--|---|---|

Job Satisfaction (IV)	<ol style="list-style-type: none"> 1) Generally speaking, I am very satisfied with this job 2) I frequently think of quitting this job 3) I am generally satisfied with the kind of work I do in this job 4) Most people on this job are very satisfied with this job 	<ol style="list-style-type: none"> 1) Generally speaking, I am very satisfied with this occupation 2) I often think of quitting this job 3) I am generally fulfilled with the kind of work I do in this job 4) Most people on this job are very satisfied with this job 	Saragih, S. (2011).
------------------------------	---	---	----------------------------

3.7 Data Collection

Data for this study will be sourced from the healthcare workers of Klinik Kesihatan setting in Pulau Pinang, and the responses are to be retrieved using a structured questionnaire designed on Google Forms. The Google Form will include a simple introduction that summarizes the objectives of the study, assurance of confidentiality, and guidelines on how to fill out the questionnaire. This introduction will highlight voluntary participation and outline a timeline for submissions.

The link to the questionnaire will be shared through WhatsApp groups and email to guarantee broad accessibility and ease of use. Using Google Forms enables effective tracking of response rates, as the platform offers immediate updates on finished submissions and makes it easy to send follow-up reminders to those who haven't responded. Moreover, Google Forms makes the data gathering process

easier by structuring responses into a digital spreadsheet, which facilitates later data analysis.

This method ensures that the process is easy for the respondents and controllable for the researcher, thereby enhancing response rates and data quality without sacrificing confidentiality.

3.8 Sampling

The population of this study is 130 staff from Klinik Kesehatan in Pulau Pinang, including medical doctors, medical assistants, nurses, and support staff. Using Krejcie & Morgan's formula, 1970, to determine the suitable sample size, a sample of 97 is statistically sufficient for a population of 130. This sample size will ensure findings that are statistically valid and reliable for extrapolation.

The individual staff of the clinic form the units of analysis in this study that will look at their perceptions on various variables affecting work related outcomes.

The stratified random sampling is considered a probability sampling. Such a method of sampling has been used to ensure the proportionality of subgroups in the clinic, like the medical practitioner group, the administrative staff, and nurses, to the sample being taken. This approach helps to garner a wide array of perceptions from all categories of workers; this enhances the findings of the study on generalizability and accuracy, as posited by Sekaran (2003). This way, the study ensures that every demographic relevant to the subject matter is well represented

for an in-depth understanding of attitudes toward work and what causes stress among employees.

3.9 Data Collection Procedures

Data collection is a very important part of this research to ensure that the information collected is reliable, valid, and relevant to the research objectives. This study collected data through the use of structured questionnaires that were administered to a selected sample of 98 employees from Klinik Kesihatan in Pulau Pinang. The process followed a set of systematic steps to ensure the accuracy and consistency of the information collected.

Step 1: Before collecting the data, ethical approval will be sought from Pejabat Kesihatan Daerah Seberang Perai Utara, Pulau Pinang for the pre-survey preparation. Informed consent regarding the purpose of the research to be conducted, the right to confidentiality, and the right to withdraw from the study without any consequences will also be provided to the participants. Permission will be obtained from each participant before the administration of the survey.

Step 2: Handing out Surveys The surveys were passed out in person at the clinic, with staff members being asked to take part during their scheduled work hours. To promote participation, the surveys will be provided in Bahasa Melayu, making sure all employees can understand and answer the questions easily. The stratified random sampling technique will guarantee that each subset within the staff is equally reflected.

Step 3 involves gathering data through a self-administered questionnaire that should be completed in about 15–20 minutes. The organized format of the questionnaire guarantees that answers are uniform and can be compared among participants. The questions will assess different variables, such as job stress, job autonomy, organizational commitment, and job satisfaction, as outlined in the research framework.

Step 4 involves securely storing the completed questionnaires and anonymizing all responses for confidentiality. A database is going to be established for handling responses, and information will be inputted into statistical software for examination.

Step 5: If needed, additional contact will be made with participants to increase response rates and ensure that the sample size of 98 is reached. This could involve messages sent through WhatsApp or personal visits to the clinic.

These steps will guarantee that the information gathered is precise and collected in an ethically responsible manner, in accordance with the research goals, leading to reliable outcomes (Saunders, Lewis, & Thornhill, 2019; Creswell & Creswell, 2017).

3.10 Pilot test

Prior to the main data collection, a pilot test was conducted to examine the reliability and clarity of the questionnaire items. The purpose of this pilot study was to ensure that all items were clearly understood by respondents, contextually

relevant to healthcare settings, and capable of accurately measuring the intended constructs Job Autonomy, Organizational Commitment, Job Satisfaction, and Job Stress. Conducting a pilot test is crucial in instrument development, as it helps identify potential ambiguities or weaknesses in wording and ensures that the items are both culturally and contextually appropriate for the target population (Hassan et al., 2020).

The pilot test involved 30 healthcare workers from selected Klinik Kesihatan in Pulau Pinang, consistent with the Central Limit Theorem, which recommends a minimum of 30 participants for preliminary scale testing (Tabachnick & Fidell, 2019). The data collection was carried out over four days, during which participants voluntarily completed the questionnaire. Reliability analysis was conducted using Cronbach's alpha coefficient to assess the internal consistency of the items under each construct. Table 3.2 displays the results of the reliability analysis for each variable. According to Bujang et al (2024), a minimum sample size of approximately 30 respondents has been recommended for pilot studies assessing the reliability of a questionnaire, accounting for potential non-response and ensuring sufficient data for reliability estimates.

Table 3.2
Reliability Statistics of Pilot Test (n = 30)

Variables	Cronbach's Alpha	Number of Items
Job Autonomy	0.85	6
Organizational Commitment	0.80	8
Job Satisfaction	0.95	7
Job Stress	0.95	6

Results reveal that all the constructs had appropriate to excellent level of reliability. Following the suggestion made by Nunnally and Bernstein (1994), if the value of Cronbach's alpha is 0.70 or higher, then the internal consistency is satisfactory. From the results, the job autonomy, organizational commitment, job satisfaction, and job stress constructs had excellent internal consistency. Overall, the high value of Cronbach's alpha greater than 0.70 supports that the instrument used in the study is reliable to assess the relationship between job autonomy, organizational commitment, job satisfaction, and job stress in the healthcare sector. Based on the findings from the pilot test, there were no changes needed, supporting the use of the questionnaire in the full-scale study. Based on the findings from the pilot test, the items used in the survey are reliable, indicating that the instrument is appropriate for the full scale study without making any changes.



3.11 Techniques of Data Analysis

The main purpose of data analysis in this study is to test the proposed hypotheses and to answer the research questions. Data analysis is a crucial stage in the research process because raw survey data cannot provide meaningful insights unless it is properly organized, examined, and interpreted. As noted by Mohd Majid (1994), the purpose of data processing is to transform collected information into a form that can be clearly understood. In line with this view, this study focuses on organizing, analysing, and interpreting questionnaire data collected from healthcare workers at Klinik Kesihatan in Pulau Pinang to explain the factors influencing job stress.

All the analyses are done using the Statistical Package for the Social Sciences

(SPSS), Versions 26.0. Selection of the statistical methods depends on the nature of the research design, as categorized by the type of variable being measured. All the variables in the proposed study, that is, job autonomy, organizational commitment, job satisfaction, and job stress, are measured through the use of the Likert scaling technique, which treats the variables as continuous.

The data analysis will begin with descriptive statistics. Descriptive statistics will be used to summarize the demographic profile of the respondents as well as the data on autonomy, organizational commitment, job satisfaction, and job stress. Frequency, percentage, mean, and standard deviation will be employed to present a clear profile of the data from the perspective of the respondents to enable understanding of their situation at primary healthcare setting.

Thirdly, the reliability test follows, using Cronbach's Alpha on the internal consistency of the instruments used in measuring. A Cronbach's Alpha value of 0.70 or above is acceptable, indicating that the questionnaires are capable of measuring the variables to a desirable extent. The increase in inter-item correlations is then subjected to further tests using the questionnaires. In order to observe the relationship between the variables involved in the study, a correlation test using the Pearson method will be employed. This will enable the researcher to observe the nature of the relationship between the variables involved, namely job autonomy, organizational commitment, job satisfaction, and job stress. The test will offer some insights on whether the theoretical framework's postulated relationships exist.

Finally, multiple regression analysis is employed to examine the hypotheses

proposed in the research. In addition, multiple regression analysis is utilized to determine the predictive role of autonomy, organizational commitment, and job satisfaction on job stress. In multiple regression analysis, the study is capable of identifying the weight given to every independent variable when considering the variation in job stress. The findings from the regression analysis directly address the study objectives and offer empirical insight into how job and organization related factors influence job stress among healthcare workers in Pulau Pinang.

3.12 Descriptive analysis

Descriptive analysis was conducted as an initial step to gain a comprehensive understanding of the overall characteristics and distribution of the collected data. This analysis aimed to summarize and describe the essential features of the dataset before proceeding to more advanced statistical testing. Using IBM SPSS Statistics, key summary measures such as means, standard deviations, and frequency distributions were computed for all study variables, including Job Autonomy, Organizational Commitment, Job Satisfaction, and Job Stress. Demographic characteristics of respondents and the central tendencies of Likert-scale responses were analyzed using the Descriptives and Frequencies procedures located under the “Analyze > Descriptive Statistics” menu in SPSS. For example, a relatively high standard deviation in Job Stress scores may suggest notable variability in perceived stress levels among healthcare workers, reflecting differences in individual experiences and work conditions.

Overall, the results of the descriptive analysis provided meaningful context for the

dataset, offering a clear overview of participants' responses and highlighting emerging trends or inconsistencies. These preliminary insights were instrumental in guiding subsequent inferential analyses and ensuring accurate interpretation of the research findings (George & Mallery, 2022).

3.13 Normality Test

A normality test was performed to determine the suitability of applying parametric statistical analyses in this study. Normally distributed data refer to datasets that originate from a population following a normal distribution pattern, which is typically represented by a symmetrical bell-shaped curve (Sekaran & Bougie, 2016). Assessing normality is crucial, as many parametric tests assume that the data meet this condition to ensure the validity of statistical results.

Since the sample size for this study exceeded 50 respondents, normality was checked using the Shapiro–Wilk test. This tests the observed data against the normal distribution. A p-value of greater than 0.05 shows that the data meet the normality assumption and are approximately normally distributed. Thus, these results confirm that this study could proceed with parametric statistical analyses.

3.14 Reliability and Validity

Reliability concerns the consistency of measure that a given instrument gives for a construct, while validity concerns how well an instrument represents the underlying

concept that the instrument is supposed to measure. In this study, the internal consistency of the items for the constructs of job autonomy, organizational commitment, job satisfaction, and job stress was measured using Cronbach's alpha coefficient. According to Nunnally and Bernstein (1994), an acceptable Cronbach's alpha for newly developed or adapted instruments has scores above 0.60, while values above 0.70 reflect satisfactory reliability as recommended by Nunnally (1978). In this regard, Fornell and Larcker (1981) have observed that alpha scores higher than 0.70 demonstrate internally reliable items, suggesting the appropriate engagement of their respective measurement items for the reliable measurement of constructs. On this basis, Cronbach's alpha coefficients above the threshold of 0.70 obtained for this study were accepted as a measure of strong internal reliability for the measured variables.



3.15 Correlation Analysis

The correlation analysis was carried out to explore the degree and direction of linear relationships among the main constructs of this study Job Autonomy, Organizational Commitment, Job Satisfaction, and Job Stress. This analysis helps determine how strongly these variables are related to one another and whether the relationships are positive or negative. Using IBM SPSS Statistics, the Pearson's correlation coefficient (r) was computed through the *Bivariate Correlation* procedure available under "Analyze > Correlate."

In the context of this research, a negative correlation (for instance, between Job Autonomy and Job Stress or between Job Satisfaction and Job Stress) suggests that

higher autonomy or satisfaction levels correspond to lower perceived stress among healthcare workers. Conversely, a positive correlation (such as between Organizational Commitment and Job Satisfaction) indicates that an increase in one construct tends to be accompanied by an increase in the other. Identifying these relationships offers valuable preliminary insights into the dynamics between the variables and helps support or refine the research hypotheses before further statistical testing, such as regression analysis, is conducted. Table 3.3 outlines the range of correlation coefficient values and the interpretation of their respective strength levels, adapted from Meghanathan (2016).

Table 3.3:
Range of Correlation Coefficient Values and Corresponding Levels of Correlation

Range of Correlation Coefficient Values	Level of Correlation	Range of Correlation Coefficient Values	Level of Correlation
0.80 to 1.00	Very Strong Positive	-1.00 to -0.80	Very Strong Negative
0.60 to 0.79	Strong Positive	-0.79 to -0.60	Strong Negative
0.40 to 0.59	Moderate Positive	-0.59 to -0.40	Moderate Negative
0.20 to 0.39	Weak Positive	-0.39 to -0.20	Weak Negative
0.00 to 0.19	Very Weak Positive	-0.19 to -0.01	Very Weak Negative

Overall, this analysis provides a clearer understanding of how Job Autonomy, Organizational Commitment, and Job Satisfaction interact with Job Stress among healthcare workers, offering an empirical basis for the interpretation of subsequent inferential analyses.

3.16 Regression analysis

Regression analysis was used in the study to evaluate the degree to which the independent variables were able to explain the variation in the dependent variable. Specifically, the study sought to evaluate the relationship between job autonomy, job commitment, job satisfaction, and job stress in the healthcare sectors. As such, the Multiple Linear Regression technique was chosen due to its applicability in revealing the relationship between several independent variables to the dependent variable. As such, the use of the Linear Regression test in the SPSS software enabled the researcher to reveal the predictive relationship between the various independent variables to the dependent variable (George & Mallery, 2022). The results of regression analysis contained R^2 , described as the proportion of variance of job stress that was attributed by the three predictors, and ANOVA results, described as determining significance of the overall model. In addition, beta coefficients and significance (p) were presented, and these results were employed to determine significance of each of the predictor variables. The significance level was 0.05 (Kwak, 2023). A significance level less than 0.05 shows that there is statistical significance, while values higher than 0.05 describe lack of significance of the relationship.

3.17 Summary of the Chapter

In conclusion, this chapter has provided a detailed explanation of the entire research process carried out in this study. It outlined the research framework that connects job autonomy, organizational commitment, and job satisfaction as predictors of job stress among healthcare workers, supported by relevant theoretical foundations and previous

empirical studies. The study design and operational definitions of each construct were clearly described to ensure consistency in measurement and interpretation. Furthermore, the chapter discussed the selection of research instruments, sampling techniques, pilot testing, and data collection procedures. Lastly, the data analysis methods, including descriptive, correlation, and regression analyses, were explained to illustrate how the research questions and hypotheses were statistically evaluated to achieve the study's objective.



CHAPTER FOUR

DATA ANALYSIS AND FINDINGS

4.1 Introduction

This chapter presents the analysis and findings on how organizational commitment, job autonomy, and job satisfaction affect job stress. Data were collected from staff at Klinik Kesihatan in Pulau Pinang, including doctors, nurses, medical assistants, and support staff. The data were analyzed using SPSS Version 26 and are presented through text, tables, and visuals. This chapter includes descriptive statistics of participant demographics, reliability tests of the questionnaire, summaries of key variables, normality tests, correlation analysis, and multiple regression. The findings show how job autonomy, organizational commitment, and job satisfaction influence job stress at the clinic.

4.2 Demographic Profile of Respondents

As tables below displays, a total of 98 responses were validated. Frequency tests were run in SPSS for the demographic profile of respondents and presented as follows:

Table 4.1:
Frequency Distribution of Respondents' Demographics

Variable	Category	Frequency	Percentage (%)
Gender	Male	31	31.6
	Female	67	68.4

Table 4.2:
Frequency Distribution of Respondents' Age Group

Age Group	Frequency	Percent (%)
20–29 years	11	11.2
30–39 years	35	35.7
40–49 years	43	43.9
≥50 years	9	9.2

Table 4.3:
Frequency Distribution of Respondents' Job Position

Job Position	Frequency	Percent (%)
Doctor	13	13.3
Medical Assistant	9	9.2
Nurse	66	67.3
Support Staff	10	10.2

Table 4.4:
Frequency Distribution of Respondents

Tenure	Frequency	Percent (%)
<5 years	44	44.9
5–10 years	26	26.5
>10 years	28	28.6

As observed in Table 4.1, 68.4% of the respondents were female, accounting for the majority of the participants. Table 4.2 displays that majority of the participants belonged in the 40-49 years age group, which was a majority of the healthcare staff at the facility. Further descriptive statistics of the respondent's demography reveal that 67.3% nurses constituted the largest occupational group, a finding consistent with the reported statistics of the composition of healthcare workers in Malaysia. Approximately half of the respondents (44.9%) as displayed in table 4.4 had been in practice for less

than five years, indicating that a majority of workers at the facility were relatively new.

4.3 Reliability Analysis

An analysis was performed to assess the internal consistency of the measurement items through a reliability test. According to Nunnally and Bernstein (1994), the acceptable reliability measured via Cronbach's alpha should be at least 0.70. Table 4.5 below summarizes the reliability statistics.

Table 4.5:
Reliability Statistics of Study Variables

Construct	Cronbach's Alpha	Interpretation
Job Autonomy	0.85	Good
Organisational Commitment	0.80	Acceptable
Job Satisfaction	0.95	Excellent
Job Stress	0.95	Excellent

From Table 4.5, the reliability results of the study reveal that all the constructs in this study are in good to excellent levels. Job autonomy had a Cronbach's alpha value of 0.85, indicating that it has good reliability. Organisational commitment had an alpha value of 0.80, which is in the acceptable range. Furthermore, job satisfaction and job stress also had excellent reliability, as indicated by the high value of Cronbach's alpha, which is 0.95. These findings provide an assurance that the items in the constructs are highly related to the phenomenon being studied. Hence, the findings support the idea that the instruments used in this study are reliable. However, the high reliability levels in the study should provide the researcher some assurance that the results are reliable,

especially when the independent variables, such as job autonomy, organisational commitment, job satisfaction, are highly reliable. Similarly, the reliability level of the dependent variable, job stress, is also high.

4.4 Descriptive Statistics of Main Variables

The study sought to summarise respondents' perceptions of the study variables, which was possible through descriptive statistics. As table 4.6 below summarises, organisational commitment and job autonomy exhibited higher mean scores compared to job stress that had a mean score of 2.55.

Table 4.6
Descriptive Statistics of Study Variables

Variable	Mean	SD	Minimum	Maximum
Job Autonomy	3.152	0.184	2.48	3.40
Organisational Commitment	3.457	0.154	3.69	3.457
Job Satisfaction	3.260	0.189	2.00	5.00
Job Stress	2.674	0.305	1.79	3.18

The means scores were interpreted based on the data collection instrument's five-point Likert scale. The interpretation of mean scores followed the original five-point Likert scale. Mean scores between 1.00 and 2.33 were classified as low, 2.34 to 3.66 as moderate, and 3.67 to 5.00 as high levels of the measured constructs (Pallant, 2020). The findings indicate that respondents reported high levels of organizational commitment (M = 3.457, SD = 0.154) and job satisfaction (M = 3.260, SD = 0.189). Job autonomy was also rated at a high level (M = 3.152, SD = 0.184), while job stress was perceived at a moderate level (M = 2.674, SD = 0.305). The analysis implies that

healthcare workers from Klinik Kesihatan in Pulau Pinang reported relatively high autonomy, commitment, and satisfaction, alongside moderate stress levels. These findings suggest that healthcare workers at Klinik Kesihatan experience notable work-related stress, potentially due to workload demands and organizational constraints.

4.5 Normality Test

One of the key assumptions for parametric tests in inferential statistics is the normality of the data, which in this study was assessed using the Shapiro–Wilk test. This test was chosen because the sample size was fewer than 100 respondents, making it more sensitive and appropriate for small to moderate sample sizes compared to other normality tests. As summarised in Table 4.7, the response variable and the three predictor variables did not meet the <0.05 significance threshold, as they were categorical (ordinal) in nature.

Table 4.7 :
Test for Normality

Variable	Shapiro–Wilk (Sig.)	Interpretation
Job Autonomy	0.002	Non-normal
Organizational Commitment	0.001	Non-normal
Job Satisfaction	0.001	Non-normal
Job Stress	0.001	Non-normal

However, further tests after standardisation to their natural logarithms, further normality tests were run as summarised in table 4.8 below. All variables passed the normality test with both Skewness and Kurtosis falling within the -3 to +3 normality range. Given the adequate sample size (*N* = 98) and the robustness of parametric tests to minor violations of normality assumptions with larger samples, Pearson correlation and multiple regression analyses were deemed appropriate (Pallant, 2020).

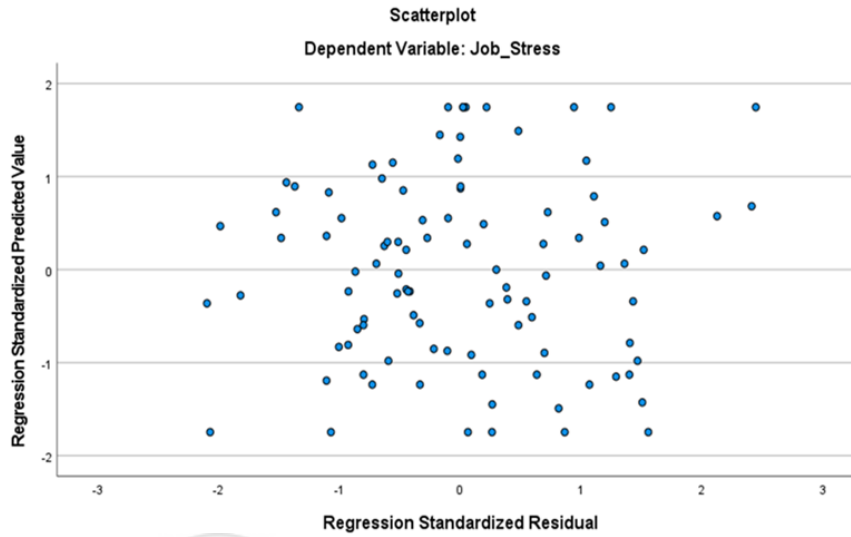
Table 4.8 :
Table of Skewness and Kurtosis

Descriptive Statistics					
	N	Skewness		Kurtosis	
	Statistic	Statistic	Std. Error	Statistic	Std. Error
Job Autonomy	98	-1.078	.244	2.178	.483
Organizational Commitment	98	-.414	.244	-.062	.483
Job Satisfaction	98	-.693	.244	.831	.483
Job Stress	98	-.933	.244	1.437	.483
Valid N (listwise)	98				

No significant violations were detected for other parametric tests assumptions, including linearity, homoscedasticity, and independence of errors (residual

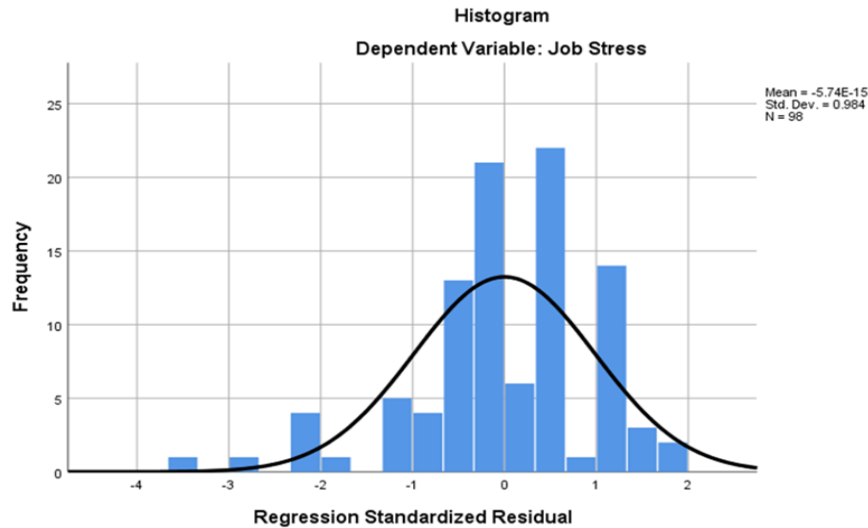
diagnostics). Multicollinearity was largely absent with VIF values below 3 and tolerance values above 0.30.

Figure 4.1 :
Scatterplot



UUM
Universiti Utara Malaysia

Figure 4.2 :
Histogram

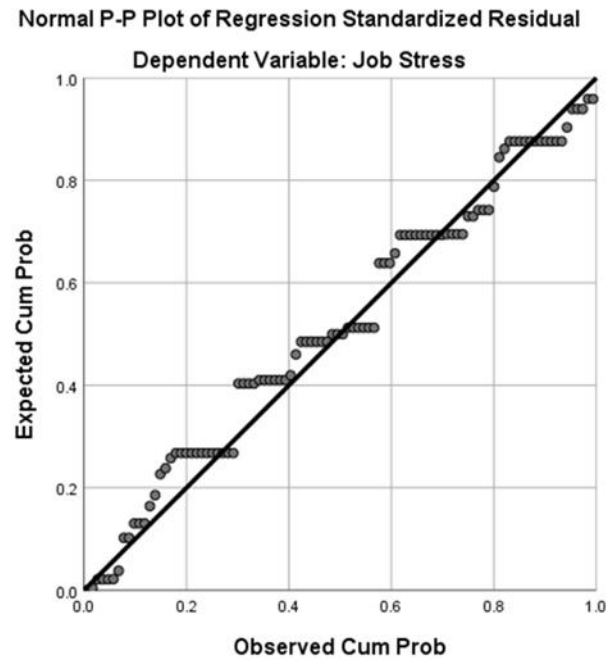


The histogram illustrates the distribution of normalized residuals from the regression analysis with job stress as the outcome variable. The black curve depicts a normal distribution for reference.

From the histogram, we can see that the residuals are roughly symmetrically distributed around zero, with most residuals falling close to the mean. The shape closely follows the normal curve, indicating that the assumption of normality for residuals is reasonably met.

This suggests that the regression model is appropriate and that the errors are distributed in a way that satisfies one of the key assumptions for parametric regression analysis. The spread of residuals also shows no extreme outliers, supporting the reliability of the model.

Figure 4.3 :
Normal P-P Plot of Regression



The Normal P-P plot shows the regression standardized residuals for Job Stress. Most of the points lie close to the diagonal line, indicating that the residuals are approximately normally distributed. This suggests that the normality assumption for the regression analysis is reasonably met, supporting the reliability of the model results.

4.6 Correlation Analysis (Spearman's rho)

Spearman's rho was used to examine the relationships between the study variables. This method is appropriate for ordinal data and does not require the data to be normally distributed. It assesses whether changes in one variable are associated with consistent changes in another.

The correlation coefficients range from -1 to $+1$, where values closer to these limits indicate stronger relationships, while values close to zero suggest weak or no association (Spearman). Statistical significance was determined at $p < 0.05$.

Table 4.9

Table of Spearman's rho between Job Autonomy and Job Stress.

		Job	
		Autonomy	Job Stress
Spearman's rho	Job Autonomy	1.000	-.450**
	Correlation Coefficient		
	Sig. (2-tailed)	.	.000
	N	98	98
	Job Stress	-.450**	1.000
	Correlation Coefficient		
	Sig. (2-tailed)	.000	.
	N	98	98

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

The Spearman's rho correlation results show a moderate negative relationship between job autonomy and job stress ($r = -0.450$, $p < 0.01$). This indicates that employees with higher levels of job autonomy tend to experience lower levels of job stress. The relationship is statistically significant at the 0.01 level.

The findings show a moderate negative relationship between the two variables ($r = -0.525$, $p < 0.01$). This means that as employees' organisational commitment increases, their level of job stress tends to decrease. The relationship is statistically significant at the 0.01 level, indicating that the association is unlikely to have occurred by chance. Overall, the results suggest that stronger commitment to the organisation is associated with lower job stress among employees.

Table 4.10

Table of Spearman's rho between Job Autonomy and Job Stress.

			Organizational Commitment	Job Stress
Spearman's rho	Organizational Commitment	Correlation Coefficient	1.000	-.525**
		Sig. (2-tailed)	.	.000
		N	98	98
	Job Stress	Correlation Coefficient	-.525**	1.000
		Sig. (2-tailed)	.000	.
		N	98	98

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

Table 4.11

Table of Spearman's rho between Job satisfaction and Job Stress

			Job Satisfaction	Job Stress
Spearman's rho	Job Satisfaction_C	Correlation Coefficient	1.000	-.582**
		Sig. (2-tailed)	.	.000
		N	98	98
	Job Stress	Correlation Coefficient	-.582**	1.000
		Sig. (2-tailed)	.000	.
		N	98	98

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

The analysis shows a moderately strong inverse correlation between the two variables ($r = -0.582$, $p < 0.01$). This suggests that workers who convey greater job satisfaction generally encounter reduced job stress.

The relationship is statistically significant at the 0.01 level, suggesting that the association is unlikely to be due to chance. Overall, the findings highlight the importance of job satisfaction in helping to reduce job stress among employees.

4.7 Multiple Regression Analysis

The effect of job satisfaction, organisational commitment, and job autonomy on job stress was examined using multiple linear regression. The test was run subject to the data satisfying the normality, linearity, homoscedasticity, and multicollinearity assumptions. The findings were presented using tables and text as follows:

Table 4.12
Model Summary

R	R²	Adjusted R²	Std. Error	Durbin-Watson
0.666	0.444	0.426	0.231	1.887

^aPredictors: (Constant), Job Satisfaction, Job Autonomy, Organisational Commitment.

From the above model summary, the model achieved adequacy with R square = 0.444 indicating that it accounted for at 44.4% of the change in the response variable was accounted for in the model. Hence, 44.4% of the variation in job stress is due to job satisfaction, job autonomy, and organisational commitment. All predictors demonstrated negative regression coefficients, confirming that increases in these organizational factors are associated with reductions in job stress.

These findings suggest that improving job satisfaction, strengthening organizational commitment, and enhancing job autonomy may serve as effective strategies for reducing job stress among healthcare workers in primary healthcare settings.

Table 4.13
ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.000	3	1.333	25.003	<.001 ^b
	Residual	5.013	94	.053		
	Total	9.014	97			

a. Dependent Variable: Job Stress

b. Predictors: (Constant), Job Satisfaction, Job Autonomy, Organizational Commitment

The analysis of variance output above affirmed that the regression model was statistically significant, $F(3, 94) = 25.003$, $p < .001$, indicating that the combined effect of job autonomy, organizational commitment, and job satisfaction significantly predicts job stress.

Table 4.14
Regression Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	7.696	.593		12.970	.000
	Job Autonomy	-.408	.140	-.246	-2.917	.004
	Organizational Commitment	-.618	.175	-.312	-3.522	.001
	Job Satisfaction	-.491	.146	-.304	-3.373	.001

a. Dependent Variable: Job Stress

Using values from Table 4.12, the resulting regression equation becomes $Job\ Stress = 7.696 - 0.408(Job\ Autonomy) - 0.618(Organizational\ Commitment) - 0.491(Job\ Satisfaction)$. The Variance Inflation Factor (VIF) values for all predictors ranged from 1.243 to 1.387, well below the recommended threshold of 10, indicating the absence of multicollinearity concerns. Tolerance values ranged from .721 to .805, all exceeding the minimum threshold of .10. These statistics confirm that the independent variables

are sufficiently distinct and do not exhibit problematic overlap in the regression model. The assumption of homoscedasticity is validated by the below scatterplot of standardized residuals against standardized predicted values.

4.8 Interpretation of Findings

The multiple regression analysis shows that job autonomy, organisational commitment, and job satisfaction are significant factors influencing job stress among healthcare workers at Klinik Kesihatan in Pulau Pinang, with organisational commitment emerging as the strongest predictor ($\beta = -0.312$, $p = .001$), followed by job satisfaction ($\beta = -0.304$, $p = .001$) and job autonomy ($\beta = -0.246$, $p = .004$). The negative beta values indicate that higher levels of organisational commitment, job satisfaction, and job autonomy are associated with lower levels of job stress. Overall, the model explained 44.4% of the variance in job stress ($R^2 = 0.444$) and was statistically significant, suggesting that these psychosocial and work-related factors collectively provide a meaningful explanation of job stress in this setting. In general, the findings imply that healthcare workers who are more satisfied with their jobs, feel a stronger commitment to their organisation, and experience greater autonomy in their work are less likely to face high levels of stress in the workplace.

4.9 Hypotheses Testing Summary

Based on the results of the correlation and regression analyses, the hypotheses were tested and summarised as follows:

<p>H1: The analysis showed that job autonomy has a negative and significant relationship with job stress, meaning that higher autonomy at work is associated with lower job stress.</p>	<p>Supported.</p>
<p>H2: Organizational commitment was negatively and significantly related to job stress, indicating that employees who are more committed to the organization tend to experience less stress.</p>	<p>Supported.</p>
<p>H3: Job satisfaction also showed a negative and significant relationship with job stress, which means that employees who are more satisfied with their jobs experience lower levels of stress.</p>	<p>Supported.</p>

4.10 Chapter Summary

This chapter has shown the outcomes of the data analysis, encompassing descriptive statistics, reliability assessment, correlation examination, and multiple regression evaluation. The results indicate that job autonomy, commitment to the organization, and satisfaction with one's job are key predictors of stress at work for healthcare professionals at Klinik Kesihatan in Pulau Pinang. These findings offer empirical evidence for the suggested conceptual framework and lay the groundwork for further exploration in the following chapter.

CHAPTER FIVE

DISCUSSION

5.1 Introduction

This chapter presents a comprehensive discussion of the findings obtained in Chapter Four, interpreted in relation to the research objectives, research questions, and underpinning theories discussed in earlier chapters. The purpose of this chapter is to explain the meaning of the results in a practical and theoretical context, particularly within the healthcare setting of Klinik Kesihatan in Pulau Pinang. In addition, this chapter highlights the implications of the findings for healthcare management and occupational safety and health (OSH) practices, outlines the limitations of the study, and proposes recommendations for future research. The chapter concludes with an overall summary of the study.

5.2 Discussion of Research Findings

This study aimed to examine the relationships between job autonomy, organizational commitment, and job satisfaction on job stress among healthcare workers in Klinik Kesihatan in Pulau Pinang. The discussion below is structured according to the research objectives and hypotheses.

5.2.1 Relationship between Job Autonomy and Job Stress

The findings revealed that job autonomy has a negative relationship with job stress.

however, it was not a significant predictor in the regression analysis (Spector, 1986; Hackman & Oldham, 1976). This suggests that while higher autonomy can reduce stress, it may not be sufficient alone to significantly lower job stress among healthcare workers.

Otherwise, this finding partially supports the Job Demand Control Model (Karasek, 1979), which proposes that job control can buffer the effects of high job demands. In Klinik Kesihatan, healthcare workers operate in a structured and protocol driven environment, where autonomy is often limited by standard operating procedures, clinical guidelines, and hierarchical decision making. As a result, the potential stress-reducing effect of autonomy may be constrained.

This result is consistent with previous Malaysian studies that found job autonomy to be less influential in highly regulated healthcare settings (Othman et al., 2022; Tan et al., 2023). Unlike healthcare systems in Western contexts, autonomy in Malaysian public clinics is often moderated by organizational policies and resource limitations. Therefore, even when autonomy exists at an individual level, its impact on stress reduction may be overshadowed by workload pressure and staffing constraints.

5.2.2 Relationship between Organizational Commitment and Job Stress

The analysis demonstrated a significant negative relationship between organizational commitment and job stress. Organizational commitment emerged as a significant

predictor of job stress, indicating that healthcare workers with stronger emotional attachment and loyalty to the organization experienced lower stress levels.

This finding strongly supports Organizational Support Theory (Eisenberger et al., 1986), which emphasizes that employees who feel valued and supported by their organization are better able to cope with workplace stressors. In the context of Klinik Kesihatan in Pulau Pinang, committed employees may perceive their work as meaningful, which helps them endure high job demands and emotional pressure.

The result aligns with previous studies conducted in Malaysia and other countries, which reported that committed healthcare workers exhibit greater resilience, reduced burnout, and better psychological well being (Liu et al., 2022; Gómez et al., 2022). Cultural values in Malaysia that emphasize loyalty and collective responsibility may further strengthen the protective role of organizational commitment against stress.

5.2.3 Relationship between Job Satisfaction and Job Stress

The findings also revealed a significant negative relationship between job satisfaction and job stress. Job satisfaction was identified as a significant predictor of job stress, suggesting that healthcare workers who are satisfied with their work environment, leadership, and job roles experience lower levels of stress.

This result is consistent with previous research that identifies job satisfaction as a key psychological resource in reducing occupational stress (Wang et al., 2020; Singh et al., 2022). Satisfied employees are more likely to demonstrate positive coping strategies,

maintain emotional stability, and comply with OSH procedures.

In the healthcare setting studied, job satisfaction may stem from factors such as teamwork, professional recognition, and perceived fairness in workload distribution. When these elements are present, healthcare workers are better equipped to manage stress despite the demanding nature of their roles.

5.3 Implications of the Study

5.3.1 Practical Implications

The findings of this study provide important insights for healthcare administrators and policymakers. Strengthening organizational commitment and job satisfaction should be prioritized as part of stress management strategies in public healthcare facilities. Management can foster commitment by promoting transparent communication, recognizing employee contributions, and creating a supportive work culture.

Improving job satisfaction through better workload management, fair scheduling, and opportunities for professional development may also help reduce stress levels. Although job autonomy was not a significant predictor, allowing reasonable decision making flexibility within clinical boundaries may still contribute to overall well being. From an OSH perspective, reducing job stress can enhance compliance with safety procedures, minimize human errors, and improve patient safety outcomes.

5.3.2 Theoretical Implications

The study contributes to the existing body of knowledge by empirically validating the relevance of the Job Demand Control Model and Organizational Support Theory within a Malaysian public healthcare context. The findings suggest that while job autonomy plays a role, psychosocial factors such as organizational commitment and job satisfaction are more critical in predicting job stress. This study extends current literature by demonstrating the combined effects of these variables on job stress rather than examining them in isolation, thereby offering a more integrated understanding of workplace stress dynamics in healthcare.

5.3.3 Empirical Implications

Empirically, this study provides localized evidence from Klinik Kesihatan in Pulau Pinang, contributing to limited Malaysian based research on job stress among healthcare workers. The results may serve as a reference for similar public healthcare institutions facing comparable challenges.

5.4 Limitations of the Study

Multiple constraints need to be recognized. Initially, the cross-sectional design restricts the capacity to deduce causal connections among variables. Secondly, the research was carried out in one clinic, potentially restricting the applicability of the results to

alternative healthcare environments. Third, employing self reported questionnaires could lead to response bias since participants might either minimize or exaggerate their stress levels.

5.5 Recommendations for Future Research

Future studies are encouraged to adopt a longitudinal design to better examine causal relationships between job autonomy, organizational commitment, job satisfaction, and job stress. Expanding the sample to include multiple clinics or hospitals across different regions would improve generalizability.

Qualitative approaches, such as interviews or focus group discussions, could also be employed to gain deeper insights into healthcare workers' lived experiences of stress. Additionally, future research may explore mediating or moderating variables such as leadership style, coping strategies, and organizational support.

5.6 Conclusion

In conclusion, this study examined the impact of job autonomy, organizational commitment, and job satisfaction on job stress among healthcare workers at Klinik Kesihatan in Pulau Pinang. The findings indicate that organizational commitment and job satisfaction are significant predictors of job stress, while job autonomy shows a negative but non-significant effect. The study highlights the importance of fostering a

supportive organizational environment and enhancing job satisfaction to reduce stress among healthcare workers. By addressing these factors, healthcare institutions can improve employee well-being, strengthen OSH compliance, and enhance the quality of patient care. Overall, this research contributes meaningful insights to occupational safety and health management within the Malaysian healthcare sector.



REFERENCES

- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice-Hall. <https://doi.org/10.5465/amr.1987.4306538>
- Bujang, M. A., Omar, E. D., Foo, D. H. P., & Hon, Y. K. (2024). Sample size determination for conducting a pilot study to assess reliability of a questionnaire. *Restorative Dentistry & Endodontics*, 49, e3. <https://doi.org/10.5395/rde.2024.49.e3>
- Chang, C. H., et al. (2020). Job autonomy and its role in mitigating workplace stress: Evidence from the healthcare sector. *Journal of Occupational Health Psychology*, 25(4), 409–419. <https://doi.org/10.1038/s41598-025-17209-5>
- Chao, M. L., Hou, S. M., & Wang, J. L. (2015). *Job satisfaction and job performance among healthcare professionals in Taiwan*. *Journal of Health Management*, 21(2), 111–126. <https://doi.org/10.1177/1010539513506604>
- De los Santos, J. A. A., & Labrague, L. J. (2021). The impact of fear of COVID-19 on job stress and psychological well-being among nurses: A systematic review. *Journal of Nursing Management*, 29(7), 1893–1901. <https://doi.org/10.1037/trm0000294>
- Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology*, 71(3), 500–507. <https://doi.org/10.1037/0021-9010.71.3.500>
- Gómez, F., et al. (2022). Affective commitment and its influence on patient safety: Evidence from European healthcare systems. *International Journal of Nursing Studies*, 126, 104134. <https://doi.org/10.1136/bmj.e1717>

- Hackman, J. R., & Oldham, G. R. (1976). Motivation through the design of work: Test of a theory. *Organizational Behavior and Human Performance*, 16(2), 250–279. [https://doi.org/10.1016/0030-5073\(76\)90016-7](https://doi.org/10.1016/0030-5073(76)90016-7)
- Karasek, R. A. (1979). Job demands, job decision latitude, and mental strain: Implications for job redesign. *Administrative Science Quarterly*, 24(2), 285–308. <https://doi.org/10.2307/2392498>
- Krejcie, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. *Educational and Psychological Measurement*, 30(3), 607–610. <https://doi.org/10.1177/001316447003000308>
- Lau, C., et al. (2021). Self-leadership and job autonomy: Improving work engagement and health among healthcare professionals. *Frontiers in Psychology*, 12, Article 1118. <https://doi.org/10.3389/fpsyg.2020.01420>
- Lau, K. S., et al. (2021). The relationship between job autonomy and stress in healthcare: A meta-analysis. *Healthcare Management Review*, 46(3), 223–230. <https://doi.org/10.48121/jihsam.1294446>
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer. <https://www.scirp.org/journal/paperinformation?paperid=72578>
- Lee, S. H., et al. (2020). The role of organizational commitment in reducing burnout among healthcare professionals. *Journal of Healthcare Management*, 65(3), 183–194. https://doi.org/10.4103/jehp.jehp_1067_23
- Liu, X., et al. (2023). Organizational commitment and its role in workplace safety among healthcare professionals. *Journal of Occupational Health Psychology*, 28(3), 129–141. <https://doi.org/10.3389/fpubh.2022.1049822>

- Liu, Y., et al. (2021). Organizational commitment as a moderator in the stress-performance relationship: Evidence from healthcare workers. *Healthcare Management Review*, 46(2), 151–159. <https://doi.org/10.3390/ijerph18094496>
- Locke, E. A. (1976). The nature and causes of job satisfaction. In M. D. Dunnette (Ed.), *Handbook of industrial and organizational psychology* (pp. 1297–1349). Rand McNally. <https://doi.org/10.4236/psych.2013.46074>
- Meyer, J. P., & Allen, N. J. (1997). *Commitment in the workplace: Theory, research, and application*. Sage Publications. <https://doi.org/10.4135/9781452231556>
- MOH (Ministry of Health Malaysia). (2023). *National Health and Morbidity Survey 2023: Mental health issues among healthcare workers*. Ministry of Health Malaysia. <https://iku.nih.gov.my/images/nhms2023/fact-sheet-nhms-2023.pdf>
- Mowday, R. T., et al. (1979). The measurement of organizational commitment. *Journal of Vocational Behavior*, 14(2), 224–247. [https://doi.org/10.1016/0001-8791\(79\)90072-1](https://doi.org/10.1016/0001-8791(79)90072-1)
- Nunnally, J. C., & Bernstein, I. H. (1994). *Psychometric theory* (3rd ed.). McGraw-Hill. <https://www.scirp.org/reference/ReferencesPapers?ReferenceID=1017362>
- Othman, N., et al. (2022). Exploring the mediation role of organizational commitment in the relationship between job satisfaction and job stress among healthcare workers in Malaysia. *Journal of Occupational Health Psychology*, 27(4), 301–315. <https://doi.org/10.2139/ssrn.5417768>

- Rubina, et al. (2024). Analysis of work stress and job performance. *Journal of Ayub Medical College Abbottabad*. Retrieved from WHO study resource.
<http://www.ayubmed.edu.pk/JAMC/PAST/20-3/Rubina.pdf>
- Sekaran, U. (2003). *Research methods for business: A skill-building approach* (4th ed.). Wiley. <https://doi.org/10.4236%2Ffoalib.1103156>
- Shanafelt, T. D., Dyrbye, L. N., West, C. P., & Sinsky, C. (2019). Potential impact of burnout on the U.S. physician workforce. *Mayo Clinic Proceedings*, 94(11), 2237–2245. <https://doi.org/10.1016/j.mayocp.2019.05.034>
- Tabachnick, B. G., & Fidell, L. S. (2019). *Using multivariate statistics* (7th ed.). Pearson Education. <https://doi.org/10.4236/jfrm.2021.104025>
- Tan, Y. L., et al. (2023). Impact of job satisfaction on job stress among Malaysian healthcare workers during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, 20(3), 1234.
<https://doi.org/10.3390/ijerph191610169>
- Wang, X., et al. (2022). Relationships between job satisfaction, organizational commitment, burnout, and job performance of healthcare professionals in a district-level healthcare system. *Frontiers in Psychology*, 13, 992258.
<https://doi.org/10.3389/fpsyg.2022.992258>
- Wang, Y., Zhang, J., & Liu, J. (2020). The role of burnout in the relationship between job satisfaction and job performance in healthcare professionals. *Journal of Healthcare Quality*, 42(7), 52–60.
<https://doi.org/10.3389/fpsyg.2022.992258>

Whittington, D., et al. (2023). The impact of job autonomy on healthcare worker stress and safety adherence. *Journal of Healthcare Management*, 68(4), 250–267. <https://doi.org/10.5296/ijhrs.v4i2.5907>

World Health Organization (WHO). (2024). *Mental health at work: Risk factors and impacts*. World Health Organization.
<https://www.who.int/news/fact-sheets/mental-health>

Zhang, Y., et al. (2021). The impact of organizational commitment on healthcare workers' adherence to safety protocols. *Journal of Safety Research*, 72, 154–163. <https://doi.org/10.1108/JHOM-07-2016>

https://doi.org/10.1108/JHOM-07-2016-0150?urlappend=%3Futm_source%3Dresearchgate.net%26utm_medium%3Darticle



UUM
Universiti Utara Malaysia

Appendix A
Questionnaire form



BORANG SOAL SELIDIK QUESTIONNAIRE FORM

Kajian ini dijalankan bagi menilai tahap **autonomi kerja, komitmen organisasi, kepuasan kerja, dan tekanan kerja** dalam kalangan kakitangan kesihatan di Pulau Pinang. Tujuan utama kajian ini adalah untuk memahami faktor-faktor yang mempengaruhi tekanan kerja supaya langkah penambahbaikan dapat dilaksanakan bagi meningkatkan kesejahteraan dan kepuasan kerja di tempat kerja.

Penyelidik:

Muhammad Ikhmal bin Sabri

Master of Occupational Safety and Health Management

Universiti Utara Malaysia (UUM)



Penyella:

Dr. Intan Suraya Noor Arzahan

Terima Kasih atas kerjasama dan masa anda.



BORANG SOAL SELIDIK QUESTIONNAIRE FORM

Bahagian A: Maklumat Demografi Sila tandakan (✓) pada jawapan yang sesuai atau isikan maklumat yang berkenaan

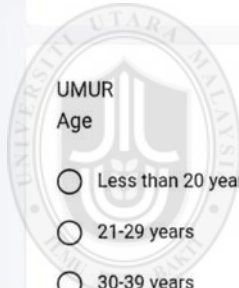
Section A: Demographic Information Please tick (✓) the appropriate answer or fill in the required information.

JANTINA
Gender

- LELAKI Male
- PEREMPUAN Female

UMUR
Age

- Less than 20 years
- 21-29 years
- 30-39 years
- More than 40 years



UUM
Universiti Utara Malaysia

JAWATAN
Position

- Pakar Kesihatan Keluarga/FMS
- Pegawai Perubatan
- Penolong Pegawai Perubatan
- Jururawat
- Pegawai Farmasi
- Penolong Pegawai Farmasi
- Pembantu Takbir/Pembantu Operasi/Pra
- Juruteknologi Makmal Perubatan
- Juru x-ray
- Pembantu Perawatan Kesihatan
- Pemandu
- Other: _____

TEMPOH BEKERJA

Years of Service

- Less than 1 year
- 1-5 years
- 5-10 years
- More than 10 years

TAHAP PENDIDIKAN

Education Level

- PMR
- SPM/SPMV
- STPM/DIPLOMA
- IJAZAH/SARJANA Degree/Master
- PHD



BORANG SOAL SELIDIK QUESTIONNAIRE FORM

Bahagian B: Arahan Section B: Instructions

Sila nyatakan tahap persetujuan anda terhadap setiap pernyataan di bawah berdasarkan pengalaman anda di tempat kerja. Tandakan satu jawapan sahaja bagi setiap item menggunakan skala berikut:

*Please indicate your level of agreement with each of the statements below based on your work experience. Tick only **one** answer for each item using the following scale:*

Skala 1 : Sangat tidak bersetuju

Skala 2 : Tidak bersetuju

Skala 3 : Tidak pasti

Skala 4 : Setuju

Skala 5 : Sangat setuju

Scale 1 : Strongly Disagree

Scale 2 : Disagree

Scale 3 : Neutral

Scale 4 : Agree

Scale 5 : Strongly Agree

Tekanan Kerja (Job Stress)

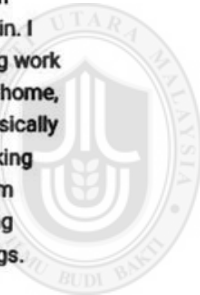
	Sangat tidak bersetuju Strongly Disagree	Tidak bersetuju Disagree	Tidak pasti Neutral	Setuju Agree	Sangat setuju Strongly Agree
1. Saya berasa gelisah atau gementar disebabkan oleh pekerjaan saya. I feel anxious or nervous because of my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Masalah yang berkaitan dengan kerja menyebabkan saya sukar untuk tidur pada waktu malam. Work-related problems make it difficult for me to sleep at night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Pekerjaan saya memberi kesan secara langsung terhadap kesihatan saya. My job has a direct effect on my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Sekiranya saya mempunyai pekerjaan yang berbeza, kesihatan saya mungkin akan bertambah baik. If I had a different job, my health might improve.

5. Saya sering membawa masalah kerja pulang ke rumah, sama ada secara fizikal atau dengan terus memikirkannya ketika melakukan perkara lain. I often bring work problems home, either physically or by thinking about them while doing other things.

6. Saya berasa cemas sebelum menghadiri mesyuarat di tempat kerja. I feel anxious before attending meetings at work.

7. Kadangkala saya berasa lemah seluruh badan.7) I sometimes feel weak all over

UUM
Universiti Utara Malaysia

Autonomi Kerja (Job Autonomy)

	Sangat tidak bersetuju Strongly Disagree	Tidak bersetuju Disagree	Tidak pasti Neutral	Setuju Agree	Sangat setuju Strongly Agree
<p>1. Saya dibenarkan membuat keputusan tentang cara untuk melaksanakan kerja saya (kaedah yang akan digunakan). I am allowed to make decisions about how to perform my work (methods to be used).</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>2. Saya mempunyai kebebasan untuk memilih prosedur dalam melaksanakan tugas saya. I have the freedom to choose the procedures in performing my tasks.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>3. Saya bebas menentukan kaedah kerja yang paling sesuai untuk menyelesaikan tugas saya. I am free to determine the best work method to complete my tasks.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>4. Saya mempunyai kawalan terhadap perancangan kerja saya. I have control over my work planning.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>5. Saya mempunyai sedikit kawalan terhadap proses aktiviti kerja saya (bila saya melakukan sesuatu tugas). I have control over my work activity processes (for example, when a task is carried out).</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>6. Pekerjaan saya memberi saya kebebasan</p>					



6. Pekerjaan saya memberi saya kebebasan untuk menentukan masa yang sesuai bagi melaksanakan tugas tertentu. My job allows me to determine the appropriate time to perform certain tasks.

7. Pekerjaan saya memberi saya kebebasan untuk menentukan masa yang sesuai bagi melaksanakan tugas tertentu. My job enables me to adjust the way performance is evaluated so that I can focus on certain aspects of my work and reduce others.

8. Saya boleh menentukan matlamat kerjaya saya sendiri (apa yang ingin saya capai dalam kerja). I have little control over my work objectives (what my supervisor considers important).

9. Saya mempunyai sedikit kawalan terhadap objektif kerja saya (apa yang dianggap penting oleh penyelia saya). I have little control over my work objectives (what my supervisor considers important).



Bahagian E: Komitmen Organisasi (Organizational Commitment)

	Sangat Tidak Setuju Strongly Disagree	Tidak Setuju Disagree	Tidak Pasti Neutral	Setuju Agree	Sangat Setuju Strongly Agree
<p>Saya sanggup berusaha melebihi jangkauan biasa untuk membantu kejayaan klinik ini. I am willing to put in extra effort to help this clinic succeed.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Saya sering memuji klinik ini kepada rakan-rakan sebagai tempat kerja yang baik. I often praise this clinic to my friends as a good place to work.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Saya berasa kurang mempunyai rasa setia terhadap klinik ini. I feel that I have little sense of loyalty toward this clinic.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Saya sanggup menerima hampir apa sahaja tugasan untuk terus bekerja di klinik ini.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Saya dapati bahawa standard saya dan standard klinik ini adalah sangat serupa. I find that my standards and this clinic's standards are very similar.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Saya berasa bangga untuk memberitahu orang lain bahawa saya bekerja di klinik ini. I am proud to tell others that I work in this clinic.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

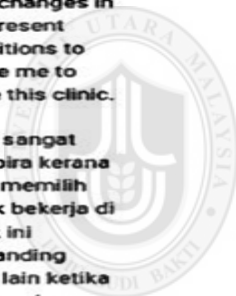
Saya boleh bekerja di klinik lain asalkan jenis kerjanya serupa.
I could work at another clinic as long as the job is similar.

Klinik ini memberi inspirasi kepada saya untuk memberikan prestasi kerja terbaik.
This clinic inspires me to give my best performance.

Hanya sedikit perubahan perubahan dalam keadaan kerja saya sekarang sudah cukup untuk membuat saya meninggalkan klinik ini.
It would take very little changes in my present conditions to cause me to leave this clinic.

Saya sangat gembira kerana saya memilih untuk bekerja di klinik ini berbanding yang lain ketika saya mula menyertai.
I am extremely glad that I chose this clinic to work for over others I was considering at the time I joined.

Tidak banyak manfaat yang boleh saya peroleh jika saya terus kekal di klinik ini untuk tempoh yang panjang.
There's not too much to be gained by sticking with this clinic indefinitely.



UUM
Universiti Utara Malaysia

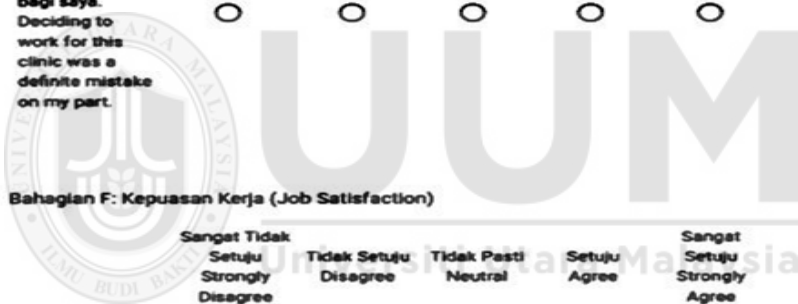
Saya sering merasa sukar untuk bersetuju dengan polisi klinik ini dalam perkara-perkara penting yang melibatkan staf.
Often, I find it difficult to agree with this clinic's policies on important matters relating to its staffs.

Saya benar-benar prihatin terhadap masa depan klinik ini.
I really care about the fate of this clinic.

Bagi saya, ini adalah antara klinik terbaik untuk bekerja.
For me this is the best of all possible clinics for which to work.

Memilih untuk bekerja di klinik ini merupakan satu kesilapan bagi saya.
Deciding to work for this clinic was a definite mistake on my part.

Bahagian F: Kepuasan Kerja (Job Satisfaction)



Sangat Tidak Setuju Strongly Disagree Tidak Setuju Disagree Tidak Pasti Neutral Setuju Agree Sangat Setuju Strongly Agree

Secara keseluruhannya, saya berpuas hati dengan pekerjaan saya sekarang.
Overall, I am satisfied with my current job.

Saya sering terfikir untuk berhenti daripada pekerjaan ini.
I often think about quitting this job.

Saya berpuas hati dengan jenis kerja yang saya lakukan dalam pekerjaan ini.
I am satisfied with the type of work I do in this job.

Bahagian F: Kepuasan Kerja (Job Satisfaction)

	Sangat Tidak Setuju Strongly Disagree	Tidak Setuju Disagree	Tidak Pasti Neutral	Setuju Agree	Sangat Setuju Strongly Agree
Secara keseluruhannya, saya berpuas hati dengan pekerjaan saya sekarang. Overall, I am satisfied with my current job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saya sering terfikir untuk berhenti daripada pekerjaan ini. I often think about quitting this job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saya berpuas hati dengan jenis kerja yang saya lakukan dalam pekerjaan ini. I am satisfied with the type of work I do in this job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secara umumnya, kebanyakan rakan sekerja saya juga berpuas hati dengan pekerjaan mereka. In general, most of my colleagues are also satisfied with their jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orang yang berada dalam pekerjaan ini sering terfikir untuk berhenti. People on this occupation often think of quitting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



LAMPIRAN B : SURAT KELULUSAN ETIKA

Ver 4.0 September 2021

NMRR/FORM/IAHODIA

INVESTIGATOR'S AGREEMENT, HEAD OF DEPARTMENT AND ORGANISATIONAL / INSTITUTIONAL APPROVAL PERSETUJUAN PENYELIDIK DAN KEBENARAN KETUA JABATAN DAN PENGARAH ORGANISASI/INSTITUSI

This document is intended for online submission for formal research registration. It is issued as the Investigator's Agreement to participate in the research as well as the Investigator's **Head of Department and Director's Approval**. Please upload this document in the required section in NMRR upon completion.

****Note:** This form is NOT to be used for obtaining permission to conduct the research at the named / selected study site(s).

Dokumen ini adalah untuk penghantaran 'online' mengikut prosedur rasmi pendaftaran penyelidikan. Borang ini dikeluarkan sebagai pengakuan penyelidik untuk menjalankan penyelidikan dan persetujuan serta kebenaran daripada **Ketua Jabatan dan Pengarah masing-masing**. Sila lengkapkan borang ini dan muat naik ke dalam sistem NMRR di seksyen yang telah ditetapkan.

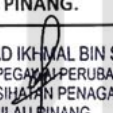
****Nota :** Borang ini BUKAN digunakan untuk tujuan mendapatkan kelulusan untuk menjalankan penyelidikan di lokasi kajian yang dipilih.

Research Title [Tajuk Penyelidikan]	IMPACT OF JOB AUTONOMY, ORGANIZATIONAL COMMITMENT, AND JOB SATISFACTION ON JOB STRESS AMONG HEALTHCARE WORKERS IN KLINIK KESIHATAN TASEK GELUGOR PULAU PINANG		
Research ID [Nombor Pendaftaran]	RSCH ID-25-07271-L3Y	Protocol Number (if available) [Nombor Protokol (jika ada)]	

INVESTIGATOR'S AGREEMENT [PERSETUJUAN PENYELIDIK]

I have understood the above mentioned proposed research and I agree to participate as an Investigator and being responsible to conduct the research.


Saya faham atas cadangan penyelidikan di atas dan bersetuju untuk mengambil bahagian serta bertanggungjawab untuk melaksanakan penyelidikan tersebut.

Name [Nama]	MUHAMMAD IKHMAL BIN SABRI
IC number [Nombor K/P]	940718075571
Institute [Institusi]	KLINIK KESIHATAN PENAGA, PEJABAT KESIHATAN DAERAH SEBERANG PERAI UTARA, PULAU PINANG.
Signature and Official stamp [Tandatangan dan Cop Rasmi]	 MUHAMMAD IKHMAL BIN SABRI PENOLONG PEGAWAI PERUBATAN US KLINIK KESIHATAN PENAGA SPU PULAU PINANG 13 NOV 2025
Date [Tarikh]	13 NOV 2025

HEAD OF DEPARTMENT AGREEMENT [PERSETUJUAN KETUA JABATAN]

I agree to allow the above named investigator to conduct the above titled research. I am also responsible to monitor the above mentioned research conducted by investigator under my department.

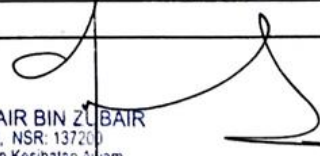
Saya bersetuju dan membenarkan pegawai seperti penama di atas untuk menjadi penyelidik di dalam projek penyelidikan seperti yang dinyatakan. Saya juga akan bertanggungjawab dalam memantau penyelidikan yang akan dijalankan oleh penyelidik dibawah seliaan jabatan saya.

Name of Head : [Nama Ketua Jabatan]	DR YUSNITA BINTI YUSOF
Signature and Official stamp [Tandatangan dan Cop Rasmi]	 DR YUSNITA BINTI YUSOF PAKAR PERUNDING PERUBATAN KELUARGA UD15 NO MPM: 35294 NSR: 134595 13 NOV 2025
Date [Tarikh]	13 NOV 2025

INSTITUTIONAL'S AGREEMENT [PERSETUJUAN INSTITUSI/FASILITI]

I acknowledge and approve the above named investigator to conduct the above mentioned research. Monitoring of the research by the Institution or Facility Director, Head of Department and CRC Unit (if any) will be done to ensure the quality and integrity of research conducted.

Saya mengesahkan dan mengambil maklum penglibatan penyelidik ini di dalam penyelidikan seperti yang tertera. Pemantauan penyelidikan oleh pihak institusi / fasiliti, ketua jabatan dan CRC unit (sekiranya ada) akan dilakukan bagi menjamin kualiti dan integriti penyelidikan yang dijalankan.

Name of Director [Nama Pengarah]	
Signature and Official stamp [Tandatangan dan Cop Rasmi]	 DR. IZANI UZAIR BIN ZUBAIR MPM: 46672, NSR: 137200 Pakar Perubatan Kesihatan Awam Pegawai Kesihatan Daerah Pejabat Kesihatan Daerah Seberang Perai Utara
Date [Tarikh]	12/11/25

This is computer generated. Borang ini adalah cetakan komputer.

LAMPIRAN C: SURAT KEBENARAN KAJIAN

Muhammad Ikhmal Bin Sabri
Penolong Pegawai Perubatan U5
Klinik Kesihatan Penaga
No. Telefon: 013-4444795
E-Mel: ikhmalsabri@gmail.com

Tarikh: 13 November 2025

Dr Izani Uzair Bin Zubair
Pegawai Kesihatan Daerah
Pejabat Kesihatan Daerah Seberang Perai Utara,
13200 Kepala Batas,
Pulau Pinang.

Tuan,

PERMOHONAN KEBENARAN MENJALANKAN KAJIAN DI KLINIK KESIHATAN TASEK GELUGOR

Dengan segala hormatnya, perkara di atas adalah dirujuk.

Saya, Muhammad Ikhmal Bin Sabri, pelajar Sarjana Sains Kesihatan dan Keselamatan Pekerjaan, Universiti Utara Malaysia, ingin memohon kebenaran daripada pihak Pejabat Kesihatan Daerah Seberang Perai Utara untuk menjalankan satu kajian bertajuk "*Impact Of Job Autonomy, Organizational Commitment, And Job Satisfaction On Job Stress Among Healthcare Workers In Klinik Kesihatan Tasek Gelugor Pulau Pinang*" yang akan di jalankan di Klinik Kesihatan Tasek Gelugor.


2. Tujuan kajian ini dijalankan adalah untuk menilai tahap stres pekerjaan dan faktor psikososial dalam kalangan anggota kesihatan primer di klinik kesihatan. Kajian ini akan dijalankan melalui edaran borang soal selidik kepada responden yang terlibat melalui *google form*.

3. Kajian ini hanya akan dilaksanakan setelah mendapat kelulusan daripada Jawatankuasa Etika Penyelidikan *National Medical Research Register, Malaysia* dan segala maklumat responden akan dirahsiakan mengikut etika penyelidikan.

4. Sehubungan itu, saya amat berharap agar pihak tuan dapat mempertimbangkan dan memberi kebenaran untuk menjalankan kajian ini di Klinik Kesihatan Tasek Gelugor. Bersama ini saya lampirkan Surat permohonan etika penyelidikan (NMRR).

5. Segala kerjasama dan perhatian pihak tuan dalam perkara ini amat saya hargai dan didahului dengan ucapan terima kasih.

Sekian, terima kasih.

diluluskan

DR. IZANI UZAIR BIN ZUBAIR
MPM: 46672, NBR: 117200
Pakar Perubatan Kesihatan Awam
Pegawai Kesihatan Daerah
Pejabat Kesihatan Daerah Seberang Perai Utara

LAMPIRAN D : GANTT CHART

