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**THE INFLUENCE OF WORK-RELATED FACTORS ON JOB  
SATISFACTION AMONG ASSISTANT MEDICAL  
OFFICER IN HOSPITAL H**



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SATISFACTION AMONG ASSISTANT MEDICAL  
OFFICER IN HOSPITAL H**



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## ABSTRACT

Job satisfaction among frontline healthcare workers is a critical concern for ensuring effective service delivery and workforce sustainability, particularly in demanding hospital environments. This study investigates the relationships between workload, work stress, working environment, and job satisfaction among Assistant Medical Officers (AMOs) at Hospital H, a public hospital in Malaysia. A quantitative cross-sectional research design was adopted, and data were collected using a structured self-administered questionnaire. The population of the study consisted of 103 AMOs, and a sample of 82 respondents was selected using stratified random sampling based on hospital departments. Data were analysed using the Statistical Package for the Social Sciences (SPSS), employing descriptive analysis, reliability testing using Cronbach's Alpha, Pearson correlation analysis, and multiple regression analysis. The reliability results indicated acceptable internal consistency, with Cronbach's Alpha values exceeding 0.70 for all constructs. Pearson correlation analysis revealed a strong positive and statistically significant relationship between workload and work stress ( $r = 0.645$ ,  $p < 0.001$ ). In addition, work stress was weakly but significantly correlated with working environment ( $r = 0.310$ ,  $p = 0.005$ ) and job satisfaction ( $r = 0.247$ ,  $p = 0.025$ ), while working environment showed a weak but significant relationship with job satisfaction ( $r = 0.220$ ,  $p = 0.047$ ). However, multiple regression analysis showed that workload, work stress, and working environment did not significantly predict job satisfaction when examined collectively ( $R = 0.301$ ,  $R^2 = 0.090$ , Adjusted  $R^2 = 0.055$ ,  $F = 2.582$ ,  $p = 0.059$ ), and none of the independent variables had a statistically significant individual effect on job satisfaction ( $p > 0.05$ ). These findings suggest that although work-related factors are interrelated, job satisfaction among AMOs is influenced by additional factors beyond workload, stress, and environmental conditions alone. The study highlights the central role of work stress as a linking factor and provides practical insights for hospital management to adopt more holistic strategies in improving employee well-being and job satisfaction within public healthcare institutions.

## ABSTRAK

Kepuasan kerja dalam kalangan petugas kesihatan barisan hadapan merupakan isu penting bagi memastikan penyampaian perkhidmatan yang berkesan serta kestabilan tenaga kerja, khususnya dalam persekitaran hospital yang mencabar. Kajian ini bertujuan untuk meneliti hubungan antara beban kerja, tekanan kerja, persekitaran kerja dan kepuasan kerja dalam kalangan Penolong Pegawai Perubatan (AMO) di Hospital H, sebuah hospital awam di Malaysia. Reka bentuk kajian kuantitatif secara keratan rentas telah digunakan, dan data dikumpulkan melalui soal selidik berstruktur yang ditadbir sendiri. Populasi kajian terdiri daripada 103 orang AMO, dan seramai 82 responden telah dipilih sebagai sampel kajian menggunakan kaedah pensampelan rawak berstrata berdasarkan jabatan hospital. Data dianalisis menggunakan Statistical Package for the Social Sciences (SPSS) melalui analisis deskriptif, ujian kebolehpercayaan menggunakan Cronbach's Alpha, analisis korelasi Pearson dan analisis regresi berganda. Keputusan ujian kebolehpercayaan menunjukkan tahap konsistensi dalaman yang memuaskan dengan nilai Cronbach's Alpha melebihi 0.70 bagi semua konstruk. Analisis korelasi Pearson mendapati terdapat hubungan positif yang kuat dan signifikan antara beban kerja dan tekanan kerja ( $r = 0.645$ ,  $p < 0.001$ ). Selain itu, tekanan kerja menunjukkan hubungan positif yang lemah tetapi signifikan dengan persekitaran kerja ( $r = 0.310$ ,  $p = 0.005$ ) dan kepuasan kerja ( $r = 0.247$ ,  $p = 0.025$ ), manakala persekitaran kerja juga mempunyai hubungan positif yang lemah tetapi signifikan dengan kepuasan kerja ( $r = 0.220$ ,  $p = 0.047$ ). Walau bagaimanapun, analisis regresi berganda menunjukkan bahawa beban kerja, tekanan kerja dan persekitaran kerja tidak memberi kesan yang signifikan terhadap kepuasan kerja apabila diuji secara serentak ( $R = 0.301$ ,  $R^2 = 0.090$ ,  $\text{Adjusted } R^2 = 0.055$ ,  $F = 2.582$ ,  $p = 0.059$ ), dan tiada pemboleh ubah bebas yang menunjukkan kesan signifikan secara individu ( $p > 0.05$ ). Dapatan kajian ini menunjukkan bahawa walaupun faktor-faktor berkaitan kerja saling berhubung, kepuasan kerja AMO dipengaruhi oleh faktor lain di luar skop kajian ini. Kajian ini menekankan peranan penting tekanan kerja sebagai faktor penghubung dan memberikan implikasi praktikal kepada pihak pengurusan hospital untuk merangka strategi yang lebih holistik dalam meningkatkan kesejahteraan dan kepuasan kerja kakitangan dalam institusi kesihatan awam.

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## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Background of the study**

Job satisfaction is widely recognised as a fundamental component of effective workforce management, particularly within the healthcare sector. It reflects the extent to which employees experience positive attitudes and emotional responses toward their work and workplace. In healthcare organisations, job satisfaction is especially critical because it directly influences employee motivation, organisational commitment, and the quality of services delivered to patients. Healthcare professionals who are satisfied with their jobs tend to demonstrate higher engagement levels, improved performance, and stronger dedication to organisational goals, thereby contributing to more efficient and reliable healthcare delivery (Kuoefi, 2024).

The importance of job satisfaction in healthcare extends beyond individual well-being to encompass broader organisational and patient-related outcomes. High levels of job satisfaction among healthcare workers have been associated with improved patient safety, enhanced service quality, and reduced staff turnover. Conversely, low job satisfaction may lead to negative consequences such as burnout, reduced productivity, absenteeism, and an increased likelihood of errors, all of which can compromise patient care and strain healthcare systems (Mufarrih, 2019). As healthcare institutions operate in high-pressure environments where service quality is paramount, maintaining a satisfied and motivated workforce is essential for

sustaining effective operations and achieving positive patient outcomes.

Within the Malaysian healthcare system, Assistant Medical Officers (AMOs) play a crucial frontline role in delivering medical services. AMOs serve as an essential link between patients and other medical professionals, performing a wide range of clinical and administrative duties that support the daily functioning of healthcare facilities. Their responsibilities often require them to work closely with doctors, nurses, and allied health professionals while responding promptly to patient needs. Given their central role in patient care delivery, the job satisfaction of AMOs is a key factor influencing both individual performance and the overall effectiveness of healthcare services (Wilson, 2015).

Job satisfaction among AMOs is particularly important because their work directly affects patient interactions, teamwork, and service continuity within hospitals. Satisfied AMOs are more likely to be motivated, committed, and engaged in their roles, which enhances cooperation among healthcare teams and improves patient experiences. In contrast, dissatisfaction among AMOs may result in fatigue, reduced morale, and disengagement, potentially disrupting service delivery and increasing pressure on already stretched healthcare resources. Ensuring favourable job satisfaction levels among AMOs is therefore essential for maintaining a stable, efficient, and resilient healthcare workforce.

Previous research has identified various work-related factors that generally influence job satisfaction among healthcare professionals. These factors include workload, work-related stress, and the overall working environment, all of which shape employees' perceptions of their jobs and organisations. A supportive working

environment, characterised by adequate resources, effective communication, and positive interpersonal relationships, has been shown to enhance motivation and organisational commitment. Similarly, manageable job demands contribute to better employee well-being and higher satisfaction levels (Arage, 2022; Zhenjing, 2022). These general findings suggest that the nature of work conditions plays an important role in determining how healthcare workers experience their jobs.

Although studies on job satisfaction in healthcare settings have increased over time, much of the existing literature has focused on doctors, nurses, and broader healthcare employee groups. Comparatively limited attention has been given to Assistant Medical Officers, particularly within the Malaysian context. The unique responsibilities and working conditions faced by AMOs mean that findings from other healthcare professions may not fully capture their experiences. As such, there remains a need for research that specifically examines job satisfaction among AMOs and the work-related factors that influence it within Malaysian hospitals.

In addition, many existing studies adopt a generalised approach that does not fully account for the cultural, organisational, and systemic characteristics of the Malaysian healthcare system. These contextual factors may shape employee expectations, work experiences, and satisfaction levels in ways that differ from other healthcare settings (Hudays, 2024). Addressing this gap is important for developing context-specific insights that can inform effective management strategies.

Therefore, this study focuses on examining work-related factors influencing job satisfaction among Assistant Medical Officers at Hospital H. By providing a structured analysis of job satisfaction within this specific professional group and

organisational setting, the study aims to contribute to a deeper understanding of workforce management issues in Malaysian healthcare institutions and to support efforts to enhance employee well-being, service quality, and organisational performance.

## **1.2 Problem Statement**

Job satisfaction among healthcare workers is a critical determinant of service quality, patient safety, and workforce stability within healthcare institutions (Kirkpatrick et al., 2017). In hospital settings, Assistant Medical Officers (AMOs) serve as essential frontline personnel who provide immediate medical care and support the delivery of continuous healthcare services. Their role places them at the centre of patient management processes, particularly in high-demand clinical environments, making their job satisfaction an important concern for healthcare administrators and policymakers (Rosliza & Raudhiah, 2018).

Despite their critical contribution to healthcare delivery, AMOs often operate in demanding work conditions that may negatively influence their job satisfaction. The nature of hospital work, especially in emergency and acute care settings, requires AMOs to manage high patient volumes, respond rapidly to medical emergencies, and work rotating shifts to ensure uninterrupted service provision. These conditions expose AMOs to sustained job demands that may increase physical and psychological strain, potentially reducing job satisfaction and increasing the risk of burnout and turnover (Lambrou et al., 2010; Goh et al., 2015).

Existing research has consistently identified workload as a key factor influencing job satisfaction among healthcare professionals. Excessive workload has been linked to

fatigue, burnout, and reduced morale, particularly in high-pressure environments such as hospital emergency departments (Aruasa et al., 2019). For AMOs, the need to manage multiple patients simultaneously and make rapid clinical decisions can intensify job demands, contributing to elevated stress levels and diminished job satisfaction. Such conditions may not only affect the well-being of AMOs but also compromise the quality and safety of patient care (Rahman, 2017).

In addition to workload, the working environment plays a significant role in shaping AMOs' job satisfaction. A supportive work environment characterised by adequate resources, effective supervision, and positive interpersonal relationships has been shown to enhance employee motivation and satisfaction. Conversely, environments marked by limited resources, ineffective management practices, and weak supervisory support often lead to dissatisfaction and disengagement among healthcare workers (Seo et al., 2012; Sharma et al., 2012). These environmental factors may further exacerbate the negative effects of heavy workload and work-related stress on AMOs.

Although job satisfaction has been widely studied among healthcare professionals, much of the existing literature has focused on doctors and nurses, with comparatively limited attention given to Assistant Medical Officers. Studies examining job satisfaction within the Malaysian healthcare context frequently adopt a generalised approach, which may overlook the distinct responsibilities and work experiences of AMOs. As a result, there remains an empirical gap in understanding how specific work-related factors, particularly workload, work stress, and the working environment, influence job satisfaction among AMOs in Malaysian hospitals (Aruasa et al., 2019).

This lack of focused research is of concern, as dissatisfaction among AMOs may lead to reduced motivation, increased intention to transfer to less demanding departments, or exit from frontline roles altogether. Such outcomes can intensify staffing challenges and disrupt service delivery in critical hospital units (Sharma et al., 2012). Addressing this gap is therefore essential for developing evidence-based management strategies that support AMOs' well-being and enhance organisational performance.

Accordingly, this study seeks to examine the influence of workload, work-related stress, and the working environment on job satisfaction among Assistant Medical Officers at Hospital H. By investigating these relationships within a specific organisational and contextual setting, the study aims to generate practical insights that can assist hospital administrators in improving workplace conditions, strengthening employee satisfaction, and supporting the retention of competent AMOs within a sustainable healthcare system.

### **1.3 Research Question**

Based on the problem statements that have been discussed above, this study intends to discover the answers to the questions as follows:

1. Is there a relationship between workloads and job satisfaction among Assistant Medical Officer at HOSPITAL H?

2. Is there a relationship between work stress and job satisfaction among Assistant Medical Officer at HOSPITAL H?
3. Is there any relationship between working environment and job satisfaction among Assistant Medical Officer at HOSPITAL H?

#### **1.4 Research Objective**

Based on the above research questions, this study intends to achieve the specific research objectives:

1. To determine the relationship between workload and job satisfaction among Assistant Medical Officer at HOSPITAL H.
2. To examine whether work stress is related with job satisfaction among Assistant Medical Officer at HOSPITAL H.
3. To evaluate the relationship working environment and job satisfaction among Assistant Medical Officer at HOSPITAL H.

#### **1.5 Significant of the study**

This study is significant as it contributes to a clearer understanding of job satisfaction among Assistant Medical Officers (AMOs) within the Malaysian healthcare system. While AMOs play a critical frontline role in delivering healthcare services, existing research in Malaysia has largely focused on doctors and nurses, with limited empirical attention given to AMOs. As a result, there is insufficient evidence on the specific work-related factors that influence job satisfaction among this professional group. By examining workload, work-related stress, and the working environment, this study addresses an important gap in the healthcare management literature.

From an academic perspective, the findings of this study contribute to the body of knowledge on job satisfaction in healthcare settings by providing profession-specific insights into AMOs' work experiences. The study offers empirical evidence that can support future research related to healthcare workforce management, occupational well-being, and organisational behaviour. It also provides a reference point for comparative studies involving other healthcare professions or institutional contexts, particularly within developing healthcare systems.

Practically, this study holds significant value for hospital administrators, middle-level managers, and supervisors, especially those involved in workforce planning and employee welfare. A clearer understanding of the factors influencing AMOs' job satisfaction enables healthcare leaders to design targeted interventions aimed at improving working conditions, reducing work-related stress, and managing workload more effectively. Such initiatives are essential for enhancing employee well-being, motivation, and organisational commitment among AMOs.

In addition, the findings of this study are relevant to the management of Hospital H and the Ministry of Health Malaysia. The results can serve as a practical guide for policymakers and healthcare managers in identifying areas that require organisational improvement and in formulating strategies to enhance job satisfaction among AMOs. Improving job satisfaction may contribute to better staff retention, reduced turnover intentions, and more stable service delivery in critical hospital units.

Ultimately, higher job satisfaction among AMOs can lead to improved efficiency, better teamwork, and a more positive perception of healthcare management. These

outcomes may also translate into improved patient experiences, reduced service complaints, and enhanced quality of care. Therefore, this study is significant not only for advancing academic understanding but also for supporting effective healthcare management practices and sustainable workforce development within Malaysian hospitals.

## **1.6 Scope of the study**

This study is conducted within the context of understanding work-related factors that influence job satisfaction among Assistant Medical Officers (AMOs). Specifically, the study focuses on three main variables workload, work stress, and collegial relationships as determinants of job satisfaction. These factors are selected because they represent the most pressing challenges faced by AMOs in high-pressure healthcare environments, where the balance between professional demands and staff well-being is critical for maintaining service quality.

Geographically, the research is situated at Hospital H in Malaysia, a large public hospital that provides 24-hour emergency care and serves a high daily patient volume. The hospital setting is particularly significant because AMOs stationed in its Emergency Department encounter unique pressures, including long shifts, continuous triage duties, and exposure to high-stress situations. This makes Hospital H an appropriate and relevant site for investigating the dynamics of job satisfaction in relation to workload, stress, and workplace environment.

The sample for this study consists of Assistant Medical Officers employed in the Emergency Department of Hospital H. These participants include both junior and

senior AMOs across different age groups, genders, and years of service. By focusing on this sample, the study captures the perspectives of AMOs who operate directly in critical care conditions, thereby ensuring that the findings reflect the real challenges and lived experiences of this professional group.

## **1.7 Definition of the Key Term**

### **1.7.1 Assistant Medical Officer (AMO)**

Assistant Medical Officers (AMOs) are healthcare professionals employed in hospital settings to provide urgent medical care, perform medical procedures, and coordinate patient care with other healthcare staff (Rosliza & Raudhiah, 2018).

### **1.7.2 Job Satisfaction**

Job satisfaction refers to the degree to which individuals experience positive or negative emotions toward their work, representing their overall emotional reaction to different aspects of their job (Lambrou et al., 2010; Kirkpatrick et al., 2017).

### **1.7.3 Workload**

Workload is defined as the range of tasks, responsibilities, and patient cases assigned to an AMO within a healthcare setting. It includes both the volume of duties and the perceived intensity of those duties, which influence well-being and performance (Bakker & Demerouti, 2017; Schaufeli & Bakker, 2004).

#### **1.7.4 Work Stress**

Work stress refers to the psychological and emotional strain experienced by employees when job demands exceed their ability to cope effectively. In healthcare settings, work stress commonly arises from high workload demands, time pressure, role ambiguity, emotional involvement in patient care, and elevated performance expectations. Stress levels are further intensified when employees perceive inadequate supervisory support or have limited control over their work processes (Maslach & Leiter, 2016; Shanafelt et al., 2016; Labrague et al., 2017).

#### **1.7.5 Working Environment**

The working environment encompasses both the physical and psychological conditions of the workplace, including safety, resources, communication practices, supervisory support, opportunities for promotion, and recognition. A supportive environment enhances job satisfaction, while poor conditions can lead to dissatisfaction (Hayes et al., 2010; Bakker & Demerouti, 2014; Zhenjing, 2022).

### **1.8 Chapter Summary**

#### Chapter One: Introduction

This chapter outlines the study's background, problem statement, research objectives and questions, significance, scope, and key term definitions. It lays the groundwork for the research by emphasizing the relevance of job satisfaction among Assistant Medical Officers (AMOs) and addressing the existing gap in related literature.

#### Chapter Two: Literature Review

This chapter offers a thorough review of literature related to job satisfaction, workload, work stress, and the work environment. It explores both theoretical frameworks

and prior empirical studies, highlighting gaps that underscore the necessity of this research. The chapter also outlines the theoretical framework underpinning the study.

#### Chapter Three: Research Methodology

This chapter describes the research design, population and sampling procedures, instruments used for data collection, validity and reliability considerations, and methods of data analysis. It explains the quantitative approach adopted and provides justification for the techniques employed.

#### Chapter Four: Data Analysis and Findings

This chapter presents the results of the data analysis using descriptive statistics, correlation analysis, and regression analysis. It discusses the findings in relation to the research objectives and questions, showing how workload, work stress, and working environment influence job satisfaction among AMOs.

#### Chapter Five: Discussion and Conclusion

This chapter interprets the study's findings in relation to existing literature, emphasizing their contribution to knowledge and practical implications. It also addresses the study's limitations and offers recommendations for future research, alongside actionable strategies to enhance job satisfaction among AMOs in Malaysian hospitals.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter presents a review of literature on workload, work-related stress, the working environment, and job satisfaction, while also detailing the research framework and the formulation of hypotheses for the study.

#### **2.2 Job Satisfaction (Dependent Variable)**

Job satisfaction is a key concept in organizational behaviour and human resource management, representing the degree to which individuals feel positively or negatively about their work. It encompasses employees' attitudes, emotional responses, and levels of fulfilment derived from different aspects of their job, including workload, relationships, recognition, and work environment (Lambrou et al., 2010; Kirkpatrick et al., 2017). In the healthcare sector, job satisfaction is especially important because it affects both the performance of healthcare professionals and the quality of care provided to patients. When healthcare workers are satisfied with their jobs, they tend to show greater commitment, enhanced efficiency, and stronger motivation, all of which support organizational success and improve patient outcome (Hudays, 2024).

The importance of job satisfaction in healthcare has been widely emphasized because it is closely linked to patient safety, staff retention, and service quality. Dissatisfied employees, on the other hand, are more prone to burnout, absenteeism, and turnover,

which disrupt service delivery and impose additional strain on already overburdened systems (Mufarrih et al., 2019). In high-pressure hospital settings such as emergency departments, dissatisfaction can also translate into reduced attentiveness, medical errors, and compromised patient outcomes. These outcomes underscore why administrators and policymakers focus heavily on identifying the factors that influence healthcare workers' job satisfaction (Koueifi, 2024).

Scholarly perspectives have sought to explain job satisfaction through different theoretical lenses. For example, Herzberg's Two-Factor Theory distinguishes between hygiene factors such as pay, working conditions, and job security and motivators such as recognition, achievement, and growth opportunities. Both categories shape how individuals perceive their work and influence their satisfaction levels. In the healthcare context, these theoretical insights provide a useful framework for examining how environmental pressures and intrinsic motivators interact to shape outcomes among staff. Other frameworks, such as the Job Demand-Resources (JD-R) model, explain that excessive demands, including workload and stress, erode job satisfaction, while the availability of adequate resources, such as supportive colleagues and management, enhances it (Schaufeli & Bakker, 2004).

In Malaysia, the study of job satisfaction among healthcare professionals has primarily focused on doctors, nurses, and general staff, often overlooking the unique challenges faced by Assistant Medical Officers. Yet, Assistant Medical Officers play a crucial role in hospital operations, particularly in emergency departments where they must manage high patient volumes, coordinate with multidisciplinary teams, and provide frontline care under significant time pressure. The gap in research attention to Assistant Medical Officers is significant, considering that their satisfaction levels

directly affect not only their personal well being but also organizational stability and patient care outcomes (Rosliza & Raudhiah, 2018).

Given the ongoing challenges in Malaysia's healthcare system, including staff shortages, rising patient numbers, and increased demand for quality service, addressing job satisfaction among Assistant Medical Officers is both timely and necessary. Satisfied Assistant Medical Officers are more resilient, adaptable, and likely to remain in their positions, whereas dissatisfied Assistant Medical Officers may seek transfers or resign, thereby exacerbating workforce instability (Aruasa et al., 2019). Understanding job satisfaction in this specific professional group can therefore provide critical insights for improving management strategies, designing supportive work environments, and ultimately enhancing the delivery of healthcare services at institutional and national levels.

### **2.3 Independent Variables (IVs)**

#### **2.3.1 Workload**

Workload is a major factor that affects both the experiences and job satisfaction of healthcare professionals. In organizational psychology, workload is commonly understood as the amount of work assigned to an individual within a given timeframe, encompassing both the quantity of tasks and their complexity (Bakker & Demerouti, 2017). In the healthcare setting, workload extends beyond mere numbers; it involves the intensity of responsibilities such as handling patient admissions, managing clinical procedures, maintaining documentation, and responding to emergency cases. For Assistant Medical Officers, workload is particularly demanding because they serve as frontline providers who must make rapid decisions under pressure while balancing

multiple patient needs simultaneously (Salama, 2022).



An excessive workload is commonly linked to negative consequences for both employees and the organizations they serve. Healthcare professionals exposed to heavy workloads are more likely to experience physical exhaustion, mental fatigue, and reduced efficiency, which in turn lowers job satisfaction (Leiter & Maslach, 2016). Empirical evidence shows that sustained exposure to high workloads contributes to burnout, absenteeism, and turnover intentions, especially in emergency department contexts where case volumes are consistently high (Gilbert et al., 2016). On the other hand, when workloads are distributed more evenly and matched with available resources, employees are better able to manage their duties effectively, leading to improved morale and higher satisfaction levels (Geta et al., 2021). This suggests that workload acts not only as a direct determinant of satisfaction but also as a mediating factor that influences other aspects of work life, such as stress, motivation, and patient care quality.

For Assistant Medical Officers in Malaysia, workload challenges are further compounded by systemic issues within the healthcare system. Hospitals, particularly emergency departments, often face overwhelming patient inflows, staff shortages, and resource limitations, which place disproportionate demands on Assistant Medical Officers. These conditions can hinder their ability to provide consistent quality care, leading to frustration and diminished job satisfaction (Rahman, 2017). Moreover, Assistant Medical Officers are frequently required to multitask performing clinical duties, administrative work, and coordination with other medical staff all within tight timeframes. This multitasking, while essential to the hospital workflow, intensifies perceptions of workload and increases the likelihood of errors, thereby affecting both staff well-being and patient outcomes (Aruasa et al., 2019).

Scholars often differentiate between quantitative workload (the sheer number of tasks or patients handled) and qualitative workload (the complexity and difficulty of those tasks). Both dimensions are relevant to Assistant Medical Officers. For example, during peak hours in emergency units, the quantitative workload may escalate due to high patient inflows, while qualitative workload intensifies when Assistant Medical Officers must manage life-threatening cases that demand advanced clinical judgment (Sonnentag & Frese, 2002). Research suggests that both aspects, when excessive, negatively correlate with job satisfaction and create a persistent sense of strain among healthcare workers (Schaufeli & Bakker, 2004). Conversely, balanced task allocation and appropriate staffing can mitigate these negative effects and foster a healthier, more productive work environment.

The literature underscores that workload is not an isolated issue but one that interacts closely with other work-related variables. High workload is a primary driver of occupational stress, which subsequently impacts satisfaction and retention (Maslach & Leiter, 2016). It also influences perceptions of the work environment; when staff shortages force Assistant Medical Officers to take on additional responsibilities, the organizational climate may be perceived as unsupportive, further lowering satisfaction levels (Hudays, 2024). These interconnections highlight that workload should be examined not only as a direct factor but also as part of a broader system of influences on job satisfaction.

### **2.3.2 Work Stress**

Work stress, often referred to as occupational stress, has long been recognized as one of the most significant challenges in healthcare professions. It can be defined as the psychological strain or tension that arises when job demands exceed an individual's

capacity to cope effectively (Maslach & Leiter, 2016). In the healthcare sector, stress



is not only inevitable but also particularly intense because of the high-stakes environment in which professionals operate. For Assistant Medical Officers, stress emerges from the need to provide timely and accurate medical interventions, handle emotionally charged situations, and manage heavy patient loads within limited resources and strict time constraints (Shanafelt et al., 2016). Such conditions generate ongoing pressure, directly affecting healthcare professionals' job satisfaction and overall well-being, with the sources of work-related stress in healthcare settings being diverse and multifaceted.

Assistant Medical Officers are frequently exposed to time pressures, such as the urgent need to triage and manage patients in critical condition, often with limited staff and inadequate resources. Emotional demands also play a major role, as Assistant Medical Officers regularly encounter distressed patients and families, trauma cases, and life-or-death decision-making. Furthermore, high expectations from management and supervisors intensify stress levels, particularly when performance is closely tied to patient outcomes and institutional efficiency (Labrague et al., 2017). Prolonged exposure to these stressors has been linked to both physical and psychological health issues, including fatigue, sleep disturbances, anxiety, and depression, all of which erode job satisfaction and reduce commitment to the organization (Mufarrih et al., 2019).

Research consistently demonstrates the negative relationship between work stress and job satisfaction among healthcare workers. Aiken et al. (2002) found that frontline professionals with high stress levels reported significantly lower satisfaction and increased turnover intentions. Similarly, Kirkpatrick et al. (2019) highlighted that sustained work stress contributes to burnout, diminished morale, and weakened

organizational loyalty. In the context of Assistant Medical Officers, stress not only undermines satisfaction



but also affects the quality of care, as stressed employees are more prone to errors, impaired judgment, and reduced productivity. This link underscores the importance of addressing stress as both an employee welfare issue and a critical determinant of healthcare outcomes.

The Job Demand-Resources (JD-R) model provides a theoretical framework for understanding how work stress affects satisfaction. According to the model, excessive job demands such as workload, time pressure, and emotional burden consume energy and lead to strain, while the absence of sufficient resources such as supervisory support, autonomy, and adequate staffing further exacerbates stress. In contrast, when job resources are present, they can buffer the negative impact of demands and improve satisfaction levels (Schaufeli & Bakker, 2004). For Assistant Medical Officers, this means that organizational strategies such as providing mentorship, promoting teamwork, and ensuring manageable workloads are crucial in reducing stress and enhancing satisfaction.

In the Malaysian healthcare system, stress among Assistant Medical Officers has been identified as a pressing issue, particularly within emergency departments that operate 24 hours a day and manage high patient volumes. The constant exposure to acute medical emergencies and the necessity of shift work create persistent stress that can lead to dissatisfaction and attrition (Rahman, 2017). Furthermore, the lack of targeted studies on Assistant Medical Officers means that much of what is known about stress in Malaysian healthcare is derived from studies on nurses and doctors, leaving an important research gap. Addressing this gap is vital, as Assistant Medical Officers unique responsibilities and position within the healthcare hierarchy expose them to stressors that differ from those experienced by other medical professionals.

### 2.3.3 Working Environment

The working environment is a critical factor influencing job satisfaction in any profession, but it holds particular importance in the healthcare sector, where the quality of the environment can directly impact both employee well-being and patient outcomes. Broadly defined, the working environment encompasses the physical conditions of the workplace as well as the psychosocial climate in which employees operate. It includes aspects such as safety, resources, workload distribution, supervisory practices, peer relationships, communication patterns, and opportunities for career growth (Hayes et al., 2010). A well-designed environment fosters engagement, motivation, and resilience, while a poor environment creates stressors that diminish satisfaction and increase turnover intentions (Bakker & Demerouti, 2014).

For Assistant Medical Officers, the working environment is particularly significant given their dual responsibilities in both clinical and administrative functions. The physical conditions of the workplace such as the adequacy of equipment, cleanliness, and safety protocols affect their ability to carry out tasks efficiently. Equally important are the psychosocial elements, including supportive supervision, collaboration with colleagues, and recognition of contributions. A positive environment, where Assistant Medical Officers feel valued and supported, has been shown to enhance morale, improve commitment, and increase job satisfaction (Zhenjing, 2022). Conversely, environments marked by poor communication, staff shortages, and inadequate resources often leave Assistant Medical Officers overburdened and dissatisfied, with potential implications for patient care quality (Seo et al., 2012).

Research indicates that supportive organizational cultures significantly influence the way healthcare professionals perceive their jobs. For example, Sharma et al. (2012) found that collegial relationships and supervisory support are central to satisfaction, as they provide not only professional guidance but also emotional reassurance in high-stress situations. Similarly, Henderson et al. (2019) noted that environments characterized by conflict, lack of cooperation, and insufficient leadership support lead to disengagement and dissatisfaction among healthcare workers. In contrast, environments that encourage teamwork and reward employee contributions foster stronger organizational loyalty and better performance outcomes. These findings highlight that the working environment acts not merely as a background condition but as a dynamic factor shaping the everyday experiences of Assistant Medical Officers.

The Malaysian healthcare context presents unique challenges that make the working environment an especially relevant variable for study. Hospitals frequently face high patient volumes, limited resources, and constraints in staffing, which put additional pressure on the working conditions of Assistant Medical Officers. In emergency departments, where Assistant Medical Officers are stationed on rotating shifts, the demands of continuous patient inflow and critical decision-making intensify the need for supportive environments. When Assistant Medical Officers perceive that they lack adequate institutional support whether in terms of staffing, resources, or leadership their dissatisfaction increases, contributing to burnout and turnover (Rahman, 2017). Conversely, when management invests in adequate resources, clear communication, and professional development opportunities, Assistant Medical Officers report higher levels of job satisfaction and a stronger sense of professional identity (Hudays, 2024).

The role of supervisors and organizational leadership is particularly influential in shaping the environment. Effective leadership that values employee input, promotes open communication, and recognizes achievements fosters a culture of trust and collaboration, reducing work stress and increasing satisfaction (Tepper, 2000; Bakker et al., 2006). Poor management practices, however, exacerbate stress and create environments where staff feel undervalued and unsupported, leading to dissatisfaction and attrition (Nielsen et al., 2017). In this sense, the working environment is not only about structural and material resources but also about the interpersonal and cultural climate established by organizational policies and leadership practices.

#### **2.4 Relationships Between IVs and DV**

For decades, organizational and healthcare research has extensively examined how work-related factors influence job satisfaction. Among healthcare professionals, especially Assistant Medical Officers, understanding these dynamics is crucial, as they affect both employee well-being and performance, as well as the quality of patient care. Evidence from empirical studies and theoretical frameworks, such as the Job Demand-Resources (JD-R) model, indicates that high job demands such as heavy workloads and work stress tend to lower job satisfaction, whereas the presence of supportive resources, including a positive work environment, can enhance it. (Schaufeli & Bakker, 2004). The present study focuses on three key variables workload, work stress, and working environment and their relationships with job satisfaction among Assistant Medical Officers.

Workload has consistently been identified as a key factor negatively impacting job satisfaction. High workloads whether due to the number of patients or the complexity

of assigned tasks impose physical and emotional stress, diminishing employees' motivation and commitment. Studies indicate that healthcare professionals subjected to excessive workloads often experience fatigue, lower efficiency, and decreased job satisfaction (Leiter & Maslach, 2016; Salama, 2022). In contrast, workloads that are reasonable and manageable enable employees to perform their duties effectively, contributing to higher satisfaction levels (Geta et al., 2021). For Assistant Medical Officers, whose responsibilities span both clinical and administrative functions, workload plays a major role in shaping their perceptions of their job. Overburdened employees may suffer lowered morale and compromised quality of patient care, which can trigger a cycle of stress and dissatisfaction affecting both staff and organizational outcomes.

Work stress, closely linked to workload, has also been shown to negatively influence job satisfaction. Stress arises when job demands exceed an individual's ability to cope, and in healthcare, these demands are often heightened by the urgency of patient needs, emotional burdens, and high performance expectations (Maslach & Leiter, 2016; Shanafelt et al., 2016). Empirical evidence demonstrates that high levels of work stress are associated with burnout, mental health issues, and reduced job satisfaction (Labrague et al., 2017; Mufarrih et al., 2019). Studies involving frontline healthcare workers reveal that when stress remains unmanaged, employees are more likely to disengage, report dissatisfaction, and consider leaving their jobs (Aiken et al., 2002; Kirkpatrick et al., 2019). For Assistant Medical Officers working in emergency departments, where the pressure is constant and resources may be limited, stress acts as a major barrier to job satisfaction, undermining their motivation and commitment to the organization.

In contrast, the working environment is positively associated with job satisfaction. A supportive work environment that ensures safety, provides adequate resources, encourages teamwork, and recognizes employee contributions enhances motivation and morale (Hayes et al., 2010; Zhenjing, 2022). Studies have shown that healthcare professionals who perceive their work environment as fair, collaborative, and well-resourced report higher satisfaction levels and greater organizational loyalty (Sharma et al., 2012; Henderson et al., 2019). On the other hand, environments characterized by poor communication, inadequate support, and lack of resources contribute to dissatisfaction and turnover (Seo et al., 2012). For Assistant Medical Officers, the working environment is particularly significant as it shapes their ability to manage workload and stress. A well-structured and supportive environment can buffer the negative effects of heavy workload and stress, creating conditions where Assistant Medical Officers feel valued and satisfied with their roles.

Taken together, these findings suggest that workload and work stress negatively influence job satisfaction, while the working environment plays a positive and potentially moderating role. This aligns with the JD-R model, which explains that excessive demands without adequate resources reduce satisfaction, while supportive environments enhance it (Schaufeli & Bakker, 2004). For Assistant Medical Officers in Malaysian hospitals, particularly those working in high-pressure emergency departments, the interplay of these factors is crucial in shaping their overall job satisfaction. Understanding these relationships is therefore essential for designing effective interventions aimed at reducing workload and stress while enhancing the working environment to promote satisfaction and retention of skilled healthcare professionals.

## **2.5 Past Studies Related to the Research Variables**

Research on job satisfaction in healthcare has been extensive, with many studies examining how work-related factors such as workload, stress, and the working environment influence employee attitudes and performance. However, much of this scholars has focused on nurses, doctors, or general healthcare staff, while relatively little attention has been paid to Assistant Medical Officers, particularly in the Malaysian context. Reviewing both international and local studies is therefore necessary to establish what is already known and to identify the gaps that justify the present study.

Internationally, numerous studies have consistently demonstrated the negative effect of workload on job satisfaction. Leiter and Maslach (2016) found that excessive demands were a major predictor of burnout and reduced morale among hospital staff, especially in high-intensity care units. Similarly, Gilbert et al. (2016) reported that nurses exposed to heavy workloads experienced greater job dissatisfaction and were more likely to consider leaving their positions. These findings are corroborated by Geta et al. (2021), who showed that balanced task distribution and adequate staffing improved satisfaction among health professionals in Ethiopian hospitals. Collectively, these studies highlight that workload remains a central determinant of satisfaction across healthcare settings.

Work stress has also been a prominent focus of international research. Aiken et al. (2002) conducted a landmark study across multiple countries and found that frontline healthcare providers working under sustained stress reported lower job satisfaction and higher turnover intentions. Shanafelt et al. (2016) further established the link between

stress and dissatisfaction by documenting how prolonged work stress among physicians led to burnout, impaired performance, and reduced organizational commitment. More recent studies, such as that of Labrague et al. (2017), confirmed that unmanaged stress undermines morale and directly contributes to dissatisfaction in nursing and allied health professions. These findings reinforce that stress is not only a health issue but also a core determinant of job attitudes.

The working environment, in contrast, is consistently identified as a positive contributor to job satisfaction. Hayes et al. (2010) found that supportive supervision, adequate resources, and teamwork were strongly associated with satisfaction among nurses in Canadian hospitals. Henderson et al. (2019) similarly reported that environments marked by collaboration and recognition of contributions fostered higher levels of commitment and satisfaction. Conversely, poor environments characterized by inadequate resources, staff shortages, and conflict were associated with dissatisfaction and turnover (Seo et al., 2012). These studies suggest that the environment acts as both a direct influence on satisfaction and a buffer against the negative effects of workload and stress.

Within Malaysia, several studies have examined job satisfaction among healthcare professionals, though most focus on nurses and doctors rather than Assistant Medical Officers. Rosliza and Raudhiah (2018) noted that supportive management and professional recognition were critical in enhancing satisfaction among Malaysian hospital staff. Rahman (2017) identified workload and stress as major contributors to dissatisfaction in emergency departments, emphasizing the pressure caused by high patient inflows and limited staffing. Aruasa et al. (2019) also found that excessive workloads in Malaysian hospitals led to burnout and reduced morale among

nurses, echoing findings from



international literature. More recently, Hudays (2024) highlighted that organizational culture and resource availability significantly shaped satisfaction levels among Malaysian mental health nurses, suggesting that contextual and systemic factors play a major role in shaping work attitudes locally.

Despite these contributions, there remains a clear gap in the literature regarding Assistant Medical Officers. While nurses and doctors are frequently the subjects of satisfaction research, the unique experiences of Assistant Medical Officers who serve as frontline providers in both clinical and administrative roles have been largely overlooked. This gap is particularly significant in emergency department contexts, where Assistant Medical Officers face continuous exposure to high patient volumes, urgent decision-making, and resource constraints. Although existing studies provide useful insights into the relationships between workload, stress, environment, and satisfaction, they do not fully capture the challenges and realities of Assistant Medical Officers, whose responsibilities differ from those of nurses and physicians.

## **2.6 Theoretical Framework**

A theoretical framework provides the foundation for understanding the relationships between variables in a study by offering a structured explanation of how and why certain factors influence outcomes. In this study, the relationships between workload, work stress, working environment, and job satisfaction among Assistant Medical Officers are primarily grounded in the Job Demands–Resources (JD-R) model, which serves as the main theoretical lens. Herzberg’s Two-Factor Theory is used as a complementary framework to further explain satisfaction and dissatisfaction mechanisms within the work environment.

The Job Demands–Resources (JD-R) model is particularly suitable for this study because it aligns directly with the variables under investigation. According to the JD-R model, every occupation can be characterised by two broad categories: job demands and job resources (Schaufeli & Bakker, 2004). Job demands refer to aspects of the job that require sustained physical, psychological, or emotional effort, such as high workload, time pressure, and emotional strain. When these demands are excessive, they deplete employees' energy and lead to stress, fatigue, and burnout, ultimately reducing job satisfaction. In contrast, job resources include elements of the work environment that help employees manage job demands, achieve work goals, and promote personal development, such as supervisory support, adequate resources, effective communication, and a supportive organisational climate.

Within the context of this study, workload and work stress represent job demands, while the working environment functions as a key job resource. The JD-R model explains that job satisfaction among Assistant Medical Officers decreases when job demands outweigh available resources, but increases when sufficient resources are present to buffer the negative effects of demands. Given the demanding nature of healthcare work and the frontline role of Assistant Medical Officers, the JD-R model provides a strong and coherent framework for explaining how these work-related factors influence job satisfaction.

Herzberg's Two-Factor Theory is incorporated as a supporting framework to further clarify how specific workplace conditions contribute to satisfaction or dissatisfaction. Herzberg (1959) distinguishes between hygiene factors and motivators. Hygiene factors, such as working conditions, supervision quality, interpersonal relationships, and organisational policies, do not necessarily create satisfaction when present, but

their absence leads to dissatisfaction. Motivators, including recognition, achievement, and opportunities for growth, are intrinsic to the job and contribute positively to satisfaction when present.

In this study, Herzberg's theory helps explain why poor working environments and unmanaged job stress contribute to dissatisfaction, while supportive environments that promote recognition, collaboration, and development can enhance satisfaction among Assistant Medical Officers. However, unlike the JD-R model, Herzberg's theory does not explicitly account for the dynamic interaction between demands and resources. Therefore, it is used to complement, rather than replace, the JD-R framework.

Together, these frameworks provide a coherent explanation of job satisfaction in healthcare settings. The JD-R model explains the structural balance between job demands and resources, while Herzberg's Two-Factor Theory offers additional insight into how specific workplace conditions prevent dissatisfaction or promote satisfaction. For Assistant Medical Officers working in high-pressure environments, heavy workloads and persistent stress act as job demands and hygiene challenges that reduce satisfaction, whereas supportive working environments function as both job resources and motivational factors that enhance commitment and well-being.

This theoretical grounding is particularly relevant within the Malaysian healthcare context, where Assistant Medical Officers face sustained job demands due to high patient volumes, resource constraints, and the demanding nature of emergency care (Rahman, 2017; Hudays, 2024). By adopting the JD-R model as the primary framework and Herzberg's Two-Factor Theory as a complementary perspective, this

study provides a clear, theoretically sound foundation for examining the influence of work-related factors on job satisfaction and for informing the development of effective organisational interventions.



## 2.7 Research Framework

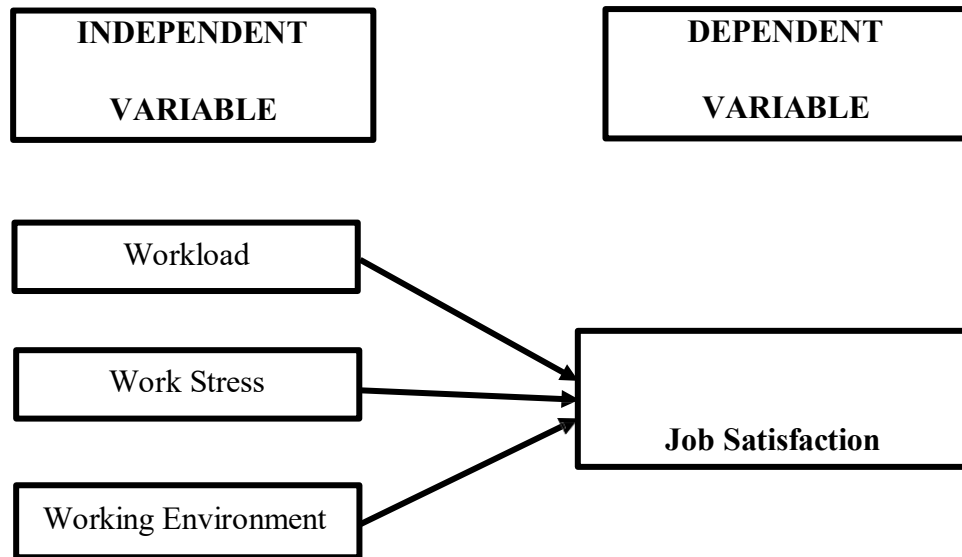


Figure 2.1: The research framework illustrates the connection between the independent variables and the dependent variable.

## 2.8 Hypotheses Development

The initial hypothesis examines how workload relates to job satisfaction. Previous research consistently highlights workload as a key element that shapes employees' perceptions and assessments of their work experiences. High workloads, often reflected in the volume and complexity of tasks, have been associated with fatigue, burnout, and dissatisfaction among healthcare professionals (Leiter & Maslach, 2016; Salama, 2022). Excessive patient demands and limited resources increase the pressure on healthcare workers, reducing their ability to maintain quality care and, in turn, lowering job satisfaction. Conversely, manageable workloads have been found to enhance morale and efficiency, creating a sense of fulfillment in one's role (Geta et al., 2021). For Assistant Medical Officers, who balance both clinical and administrative responsibilities in fast-paced environments such as emergency departments, workload becomes a key determinant of satisfaction. Based on this evidence, the study proposes the following hypothesis:

### **H1: Workload has a significant relationship with job satisfaction.**

The second hypothesis explores how work-related stress impacts job satisfaction. Workplace stress occurs when the demands of the job surpass an individual's ability to cope. In the healthcare sector, this condition is often intensified by emotional exhaustion, strict time constraints, and high organizational expectations (Maslach & Leiter, 2016; Shanafelt et al., 2016). Studies have consistently shown that elevated stress levels lead to lower job satisfaction, higher rates of burnout, and increased turnover intentions (Labrague et al., 2017; Mufarrih et al., 2019). Aiken et al. (2002) further demonstrated that stress among frontline healthcare providers is a predictor of both reduced satisfaction and compromised care delivery. For Assistant Medical Officers, who are continuously exposed to emergency cases and high patient volumes, stress directly impacts their sense of well-being and professional fulfilment. Therefore, this study proposes the second hypothesis:

### **H2: Work stress has a significant relationship with job satisfaction.**

The third hypothesis investigates how the work environment influences job satisfaction. This environment encompasses not only physical factors like safety measures and the availability of resources but also psychosocial elements, including managerial support, collaboration among colleagues, and acknowledgment of employee contributions. A positive work environment has been shown to foster collaboration, motivation, and higher satisfaction among healthcare staff (Hayes et al., 2010; Zhenjing, 2022). Conversely, negative environments characterized by poor communication, insufficient resources, and staff shortages contribute to dissatisfaction and attrition (Seo et al., 2012; Henderson et al., 2019). For Assistant Medical Officers, whose duties involve interacting with colleagues, supervisors, and patients under high-pressure

conditions, the quality of the work environment can either buffer the negative effects of stress and workload or exacerbate dissatisfaction. Given this evidence, the third hypothesis is proposed:

**H3: Working environment has a significant relationship with job satisfaction.**

## **2.9 Summary of the Chapter**

This chapter provided an overview of previous studies concerning job satisfaction and its association with three primary factors: workload, work stress, and the work environment. Job satisfaction was described as a crucial element influencing the quality of healthcare services, employee retention, and overall organizational performance. Meanwhile, excessive workload and high levels of work-related stress were highlighted as major job demands that can diminish employee morale and lower satisfaction levels. In contrast, a supportive working environment was shown to act as a valuable job resource that enhances motivation, teamwork, and commitment. Past international and local studies consistently highlighted these relationships, but also revealed a notable gap in research focusing specifically on Assistant Medical Officers, particularly in Malaysia's high-pressure emergency departments. To provide a structured explanation, the Job Demands-Resources (JD-R) model and Herzberg's Two-Factor Theory were adopted as the theoretical foundation, illustrating how demands such as workload and stress diminish satisfaction, while resources such as supportive environments foster it. Building upon these insights, a research framework was proposed, and three hypotheses were developed to guide the empirical investigation. The next chapter outlines the research methodology employed in this study, including the design, population, sampling, instrumentation, and data analysis techniques used to examine the hypothesized relationships.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Introduction**

This chapter presents the research methodology adopted for the current study. The first part describes the research design, the intended population, and the instruments used to address the research questions and accomplish the study objectives. The subsequent section elaborates on the application of the chosen design and tools in the data collection process. Finally, the chapter concludes with an evaluation of the measurement model results, including assessments of reliability and validity.

#### **3.2 Research Design**

This study employs a descriptive design, which, as noted by McLeod (2019), is appropriate for providing insights that can inform future research endeavors. This perspective is further supported by Babbie (2016), who asserts that descriptive studies effectively gain a clearer understanding of specific issues through systematic data

collection. Research methods can generally be categorized into quantitative and qualitative approaches. This study utilizes a quantitative methodology to systematically address the research questions, employing descriptive questionnaires for data collection.

This method is selected for its ability to measure relationships between research constructs. According to Blaikie (2018), quantitative research enables researchers to gain clearer insights into the variables that influence specific outcomes, making it a suitable approach for this study, which examines the relationships among employee satisfaction, workload, job stress, and the work environment. To collect quantitative data, this research utilized a structured questionnaire consisting of closed-ended items rather than interviews.

Dillman et al. (2014) note that self-administered questionnaires are advantageous because they are convenient, economical, and reduce the possibility of interviewer bias while maintaining participant confidentiality, thereby allowing faster data processing. Furthermore, the use of closed-ended items allows the researcher to narrow and standardize responses, which helps preserve the study's reliability and validity while limiting potential sources of bias (Creswell, 2014).

### **3.3 Population**

The population of this study comprises Assistant Medical Officers (AMOs) employed at Hospital H, Malaysia, a public healthcare institution providing secondary and tertiary medical services. AMOs at Hospital H function as frontline healthcare personnel and are responsible for a range of clinical and operational duties, including patient assessment, emergency care support, clinical procedures, and coordination with doctors and nursing staff across various hospital departments.

Hospital H operates as a public hospital where AMOs are required to work on a rotational shift basis to ensure continuous healthcare service delivery. Due to the nature of public healthcare settings, AMOs are frequently exposed to high patient volumes, time pressure, and demanding work environments. These conditions make AMOs at Hospital H an appropriate and relevant population for examining job satisfaction in relation to workload, work stress, and the working environment.

At the time of data collection, a total of 103 Assistant Medical Officers were actively employed at Hospital H. This number represents the entire accessible population of AMOs who met the study's inclusion criteria, as obtained from the hospital's administrative and human resource records. The population size of 103 AMOs forms the basis for determining the sample size and sampling strategy adopted in this study and is presented in Table 3.1.

Table 3.1

*Total number of Assistant Medical Officers at the Tanjong Karang Hospital by department*

No.	Department	Total AMO
1.	Hospital Supervisory Division	7
2.	Emergency Department	37
3.	Medical Department	8
4.	Surgical Department	7
5.	Orthopaedic Department	6
6.	Anaesthesiology Department	8
7.	Nephrology Department	9
8.	Psychiatry Department	6
9.	Forensic Department	5
10.	OSH Department	1
11.	Phlebotomy Unit	9
<b>TOTAL</b>		<b>103</b>

### 3.4 Sample size

To maintain a desired level of confidence and accuracy while minimizing sampling errors, this study used the sample size determination table developed by Krejcie and Morgan (1970). Based on their guideline, for a total population of 103 employees, a sample size of 82 was considered adequate for this analysis. This sample size also aligns with Roscoe's guideline (as cited in Sekaran, 2010), which suggests that having between 30 and 500 respondents is suitable for the majority of research studies. Selecting an appropriate sample size can lead to more reliable results, as it helps

minimize respondent fatigue and potential data collection errors, particularly when dealing with a large number of elements (Sekaran, 2003).

### **3.5 Sampling Technique**

In this study, stratified random sampling was employed as the sampling technique. This method was selected because the population of Assistant Medical Officers (AMOs) at Hospital H is distributed across multiple departments and clinical units, each with distinct operational roles and work demands. Stratified random sampling ensures that AMOs from all departments are proportionately represented in the study sample, thereby enhancing the representativeness and accuracy of the findings.

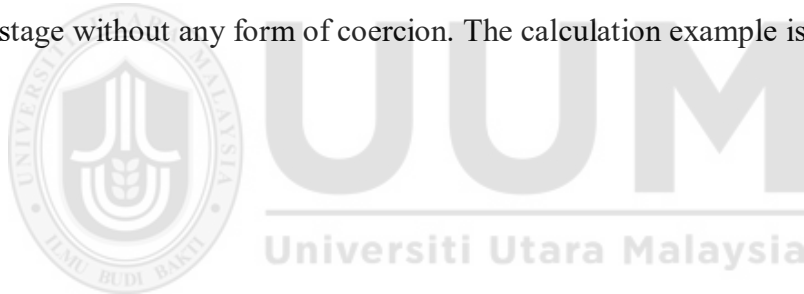
Under stratified random sampling, the population is first divided into mutually exclusive subgroups, known as strata, based on a relevant characteristic (Ackoff, 1953). In the context of this study, hospital departments and units served as the strata, as AMOs are assigned to different clinical areas such as emergency services, outpatient clinics, inpatient wards, and specialised units. This approach is appropriate because job demands, stress levels, and working environments may vary across departments.

After stratification, simple random sampling was applied within each department to select respondents. Simple random sampling provides every AMO within each stratum with an equal and independent chance of being selected (Zikmund, 2003). This procedure minimizes selection bias and ensures that no department is overrepresented or underrepresented in the final sample.

The total population of this study consisted of 103 Assistant Medical Officers

employed at Hospital H. Based on the Krejcie and Morgan (1970) sampling table, the required sample size for a population of 103 was 82 respondents. The number of respondents selected from each department was determined proportionately according to the size of the department, ensuring fair representation across all strata.

The proportional allocation was calculated by dividing the required sample size by the total population size and multiplying the result by the number of AMOs in each department. This procedure ensured that the sample accurately reflected the departmental distribution of AMOs within Hospital H. Participation in the study was voluntary, and respondents were informed that all information collected would be kept confidential. They were also informed of their right to withdraw from the study at any stage without any form of coercion. The calculation example is as follows: –



$N$  = the populations size

$S$  = required sample size (Krejcie & Morgan)

$R$  = number of respondents

e.g.: Calculation sample of respondents for Hospital Supervisory Division

$$\frac{S(82)}{N(103)} \times R(10) = 7.96(8 \text{ people}) \quad (3.1)$$

Table 3.2  
*Stratified Random Sampling Techniques*

No. Department	Total AMO	Stratified %
1. Hospital Supervisory Division	7	6
2. Emergency Department	37	29
3. Medical Department	8	6
4. Surgical Department	7	6
5. Orthopaedic Department	6	5
6. Anaesthesiology Department	8	6
7. Nephrology Department	9	7
8. Psychiatry Department	6	5
9. Forensic Department	5	4
10. OSH Department	1	1
11. Phlebotomy Unit	9	7
<b>TOTAL</b>	<b>103</b>	<b>82</b>

### **3.6 Questionnaire design**

The questionnaire employed in this study aimed to explore the factors influencing job satisfaction among Assistant Medical Officers at HOSPITAL H. Three primary independent variables were examined: workload, work stress, and the working environment, all of which are considered to affect the dependent variable, job satisfaction. The questionnaire was administered in English, as the respondents consisted of both professional and support staff groups.

To assess job satisfaction, this study adapted the Job Satisfaction Survey (JSS) developed by Spector (1994) and later utilized by Zhang et al. (2012). The JSS is a nine-scale instrument designed to measure employee job satisfaction, particularly within human services, public, and non-profit organizations. The development process of the JSS involved item selection, item analysis, and the establishment of the final 36-item scale, with reliability and validity data summarized. The instrument's standards include comparisons with the Job Descriptive Index (JDI) through multitrait-multimethod analyses, factor analysis, and intercorrelations among scales. JSS scores were found to correlate consistently with employee perceptions and behaviors across multiple samples, similar to findings in other satisfaction scales and private-sector

studies, while correlations with salary, age, job level, absenteeism, and turnover were more moderate.

For this study, the adapted JSS instrument was used to evaluate job satisfaction among Assistant Medical Officers at HOSPITAL H. The questionnaire comprised two sections: Section A addressed job satisfaction, adapted from the JSS, while Section B collected demographic information, including gender, race, age, marital status, educational level, job group, and length of service. From the original 36 JSS items, 23 questions were selected to correspond with the independent variables of workload, work stress, and working environment. These items were reworded and reordered to ensure clarity for respondents.

To facilitate responses, a 4-point Likert scale was applied, ranging from (1) strongly disagree to (4) strongly agree. The selected items will be further analyzed in Chapter 4 through a descriptive analysis of the independent variables. Table 3.3 provides the sources used for designing the questionnaire in this study.

Table 3.3  
*Original and Translated versions Items of the Job Satisfaction Survey*

<b>Dimension</b>	<b>Original Version (36 items)</b>	<b>Adapted Version (23 items)</b>
<b>Workload</b>	I have too much paperwork. I have too much to do at work.	I have too many tasks to do at work.
	Staff ratio and workload are reasonable.	The ratio of patient to staff is reasonable.
	The work provided is affordable.	The amount of workload that my supervisor expects from me is reasonable.
	Patients and family have high expectations of the treatment provided.	—

Table 3.3 (Continued)

	Many of our rules and procedures make doing a good job difficult.	—
	Work assignments are often not fully explained.	—
	I find I have to work harder at my job than I should because of the incompetence of coworkers.	—
	People get ahead as fast here as they do in other places.	—
<b>Work Stress</b>	I have to follow a lot of rules and procedures that make work more difficult to complete.	—
	Work assignment is not fully explained and briefed by the supervisor.	—
	I find I have to work harder than I should because of the incompetence of coworkers.	—
	People get promoted as fast here as they do in other places.	—
	I feel burdened with my work.	I feel tense/stressed with my job.
<b>Working Environment</b>	I enjoy my co-workers.	I enjoy my co-workers.
	My efforts to do a good job are seldom blocked by red tape.	—
	I often feel that I do not know what is going on with the organization.	I often feel that I do not know what is going on with the organization.
	My efforts to perform a good job are seldom opposed by my officemates.	—
	I like my supervisor.	I like my supervisor.
	My supervisor is quite competent in doing his/her job.	My supervisor is quite competent in doing his job.
	When I do a good job, I receive the recognition I should receive.	When I do a good job, I receive the recognition I should receive.

Table 3.3 (Continued)

	My supervisor is unfair to me.	My supervisor is unfair to me.
	There is too much bickering and fighting at work.	There is too much conflict and argument at work.
	I like the people I work with.	I like the people I work with.
	Communications seem good within this organization.	Communications seem good within this organization.
	My supervisor shows too little interest in the feelings of subordinates.	My supervisor shows too little interest in the feelings of subordinates.
	Those who do well on the job stand a fair chance of being promoted.	Those who do well on the job stand a fair chance of being promoted.
	There are few rewards for those who work here.	There are few rewards for those who work here.
<b>Job Satisfaction</b>	I feel a sense of pride in doing my job.	I feel a sense of pride in doing my job.
	My job is enjoyable.	My job is enjoyable.
	I like doing the things I do at work.	I like doing the things I do at work.
	I do not feel that the work I do is appreciated.	I do not feel appreciated at work.
	I sometimes feel my job is meaningless.	I sometimes feel my job is meaningless.

### **3.7 Pre-Testing Instrument**

To ensure the instruments effectively addressed the research objectives, three specialists were selected for pre-testing: a professor, a hospital specialist, and senior Assistant Medical Officers (AMOs) from the Ministry of Health. Following the guidelines of Dillman, Redline, and Carley-Baxter (1999) as well as Yaghmale (2003), these experts evaluated the survey instrument in terms of verbal validity, formatting, clarity, simplicity, and potential ambiguities in the questions. Feedback from this process was incorporated into the final research instrument to enhance its quality and to ensure clear and accurate pre-test objectives were achieved.

### **3.8 Pilot Study**

In this study, a pilot study was conducted among 15 nurses at Tanjong Karang Hospital. Nurses were selected because their characteristics and work nature closely resemble those of the actual study population. All 15 questionnaires were completed and utilized for analysis, with an average completion time of 15–20 minutes. Feedback indicated that respondents generally understood the wording clearly, with only minor adjustments needed. Reliability testing was also conducted to ensure the instrument was free from bias and measurement errors.

Table 3.4  
*Summary of Pilot Test result*

<b>Variables</b>	<b>N of Items</b>	<b>Cronbach's Alpha</b>
Job Satisfaction	5	0.872
Work Load	5	0.826
Work Stress	5	0.798
Working Environment	13	0.875



The reliability analysis indicated that the Cronbach's alpha values for both independent and dependent variables exceeded 0.7. This suggests that all items across the variables in this study are reliable and possess satisfactory internal consistency.

### **3.9 Data Collection Procedure**

Data collection is planned to take place between October and November 2024.

Participants are assured that all information provided will be handled with strict

confidentiality and respect throughout the study. Selected respondents will be asked questions related to the study and are expected to provide honest and sincere answers.

This study focuses on examining the relationships between workload, job stress, and the working environment in relation to job satisfaction among Assistant Medical Officers at Tanjong Karang Hospital. In September 2024, prior to collecting data from the hospital, an approval letter and information regarding potential data collection concerns were obtained from the Othman Yeop Abdullah Graduate School of Business (OYA), requesting their cooperation and support. By mid-October 2024, questionnaires were distributed following approval from the Director of Tanjong Karang Hospital.

To encourage participation, respondents were assured that their responses would remain confidential and would not be disclosed to unauthorized parties. Leveraging digital tools, the questionnaires were distributed via Google Form and shared through WhatsApp to all Assistant Medical Officers at Tanjong Karang Hospital. Respondents were restricted to a single submission. Using Google Drive facilitated efficient distribution to all targeted participants. Of the 103 Assistant Medical Officers, 86 completed the questionnaire, resulting in a response rate of 83.49% of the total population. According to the Krejcie & Morgan (1970) sample size table, the required sample was 82, making the total of 82 completed responses adequate for this study.

### **3.10 Data Analysis**

The response rate, respondents' demographic profiles, frequency statistics, reliability analysis, descriptive analysis, Pearson correlation analysis, and multiple regression analysis were conducted using the Statistical Package for the Social Sciences (SPSS).

### **3.10.1 Descriptive Analysis**

Descriptive analysis was conducted to provide an overview of the characteristics of the respondents and to describe the general patterns of the study variables. Specifically, this analysis provides information on respondents' demographic profiles as well as the overall levels of workload, work stress, working environment, and job satisfaction among Assistant Medical Officers at Hospital H.

The results of descriptive analysis are presented in the form of frequencies, percentages, means, and standard deviations. Frequencies and percentages were used to summarise respondents' demographic characteristics, while mean scores and standard deviations were used to indicate the average level and variability of each study variable. This analysis allows the researcher to understand the general condition of the respondents and to identify whether the levels of the variables are low, moderate, or high before proceeding to inferential analysis.

### **3.10.2 Inferential Analysis**

Inferential analysis was conducted to examine the relationships between the independent variables and job satisfaction, as well as to test the study hypotheses. The inferential analyses applied in this study include reliability testing, Pearson correlation analysis, and multiple regression analysis, in line with the study objectives and research framework.

### **3.10.3 Reliability Test**

The reliability of the research instrument was assessed using Cronbach's Alpha to determine the internal consistency of the measurement items. A Cronbach's Alpha value of 0.70 and above indicates acceptable reliability, while values above 0.80 indicate good reliability. This analysis ensures that the items used to measure each construct are consistent and suitable for further statistical analysis.

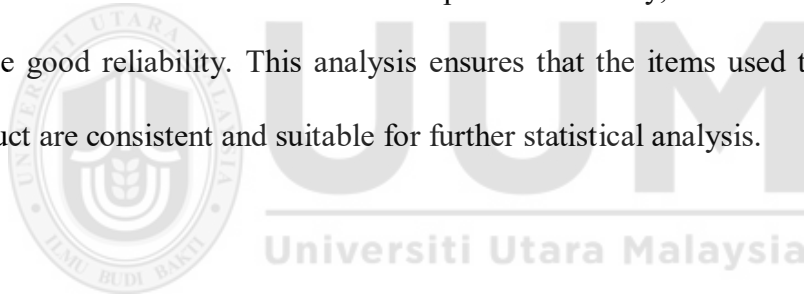


Table 3.5  
*Reliability Scale*

Alpha Coefficient Range	Strength of Association
<0.6	Poor
0.6 to < 0.7	Moderate
0.7 to < 0.8	Good
0.8 to < 0.9	Very Good
> 0.9	Excellence

### 3.10.4 Correlation Analysis

Pearson correlation analysis was employed to examine the strength and direction of the relationships between workload, work stress, working environment, and job satisfaction. The correlation coefficient ( $r$ ) ranges from  $-1$  to  $+1$ , where values closer to  $\pm 1$  indicate stronger relationships. The significance of the relationships was evaluated at  $p < 0.05$  and  $p < 0.01$  levels.

Table 3.6  
*Strength of Correlation*

Very weak	Weak	Moderate	Strong	Very Strong
0.00-0.20	0.30-0.40	0.40-0.60	0.60-0.80	0.90-1.00

Source: Salkind 2009

### 3.10.5 Multiple Regression Analysis

Multiple regression analysis was conducted to examine the combined and individual effects of workload, work stress, and working environment on job satisfaction among Assistant Medical Officers at Hospital H. This method is appropriate as the study involves one dependent variable and three independent variables.

The results of multiple regression analysis were used to determine:

1. The overall explanatory power of the model, and

2. The significance and direction of each independent variable in predicting job satisfaction.

The explanatory power of the regression model was assessed using the coefficient of determination ( $R^2$ ), which indicates the proportion of variance in job satisfaction explained by the independent variables. A higher  $R^2$  value reflects a stronger explanatory model.

Hypothesis testing was conducted based on the p-values reported in the regression coefficient table. A hypothesis was considered supported when the p-value was less than 0.05, indicating a statistically significant relationship between the variables. Conversely, hypotheses with p-values greater than 0.05 were considered not supported.



### **3.10.6 Chapter Summary**

In summary, this chapter explains the research methodology and analytical procedures adopted in the study. It outlines the data analysis techniques used to describe respondent characteristics, assess measurement reliability, examine relationships between variables, and test the study hypotheses. These analyses provide the empirical foundation for addressing the research objectives and answering the research questions.



## CHAPTER FOUR

### RESULT AND DATA ANALYSIS

#### 4.1 Introduction

This chapter presents the findings of the study. Data for the quantitative analysis were gathered from participants using a questionnaire, and all analyses were conducted with SPSS version 29. The chapter also discusses descriptive analysis, reliability testing, discriminant validity assessment, and inferential analysis to offer a comprehensive understanding of the research outcomes.

#### 4.2 Descriptive Analysis of Respondents Profile

##### 4.2.1 Response Rate

Table 4.1  
*Response Rate of Questionnaires*

Description	Frequency	Percentage (%)
Questionnaires Distributed	100	100.0
Questionnaires Returned	85	85.0
Valid Questionnaires Used	82	82.0

Out of a total of 100 questionnaires distributed to Assistant Medical Officers at Hospital H, 85 were returned, representing a response rate of 85 percent. Following the screening process, three questionnaires were excluded due to incomplete or inconsistent responses, leaving 82 valid questionnaires for analysis. This represents a

usable response rate of 82 percent, which is considered highly satisfactory for survey-based research and sufficient to ensure the reliability and generalizability of the findings.

#### 4.2.2 Demographic Analysis

Table 4.2  
*Demographic Analysis*

<b>Variable</b>	<b>Category</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
<b>Age</b>	22–30 years	27	32.9
	31–40 years	34	41.5
	41–50 years	17	20.7
	51–60 years	4	4.9
<b>Gender</b>	Male	69	84.1
	Female	13	15.9
<b>Race</b>	Malay	72	87.8
	Chinese	4	4.9
	Indian	3	3.7
	Others	3	3.7
<b>Marital Status</b>	Single	42	51.2
	Married	37	45.1
	Divorced	3	3.7
<b>Education Level</b>	Diploma	76	92.7
	Degree	5	6.1
	Master	1	1.2
<b>Position</b>	U29	59	71.9
	U32	13	15.9
	U36	8	9.8
	U41/42/44	2	2.4
<b>Service Period</b>	< 5 years	33	40.2
	6–10 years	26	31.7
	11–15 years	13	15.9
	> 16 years	10	12.2

The demographic profile of the respondents in this study provides important context for understanding the findings related to job satisfaction among Assistant Medical

Officers (AMOs). Table 4.2 summarizes the demographic characteristics of the 82 valid respondents, capturing their age distribution, gender, race, marital status, educational level, work position, and years of service. These factors not only describe the composition of the sample but also provide insights into the diversity of the workforce and the potential influences that demographic characteristics may exert on job satisfaction. Interpreting demographic data is essential, as variables such as age, gender, and years of service often interact with workplace experiences, perceptions of stress, workload tolerance, and perceptions of the working environment.

In terms of age distribution, the sample is dominated by younger respondents, with the majority falling below the age of 40. Specifically, 32.9 percent of the respondents are between 22 and 30 years old, while 41.5 percent are aged between 31 and 40 years. Together, these two groups account for nearly three-quarters of the sample, or 74.4 percent of all respondents. This suggests that the AMO workforce in this hospital is relatively young, with most individuals either at the early stages or approaching the midpoint of their careers. The third largest age group comprises respondents aged between 41 and 50 years, who represent 20.7 percent of the sample, while only a small proportion of 4.9 percent are aged between 51 and 60 years. The age distribution highlights that the AMO profession in this setting is heavily reliant on younger employees, which may reflect national workforce trends in Malaysia where the healthcare sector has seen an influx of younger professionals due to government training programs and recruitment initiatives. The predominance of younger employees may influence job satisfaction in complex ways. On one hand, younger workers may bring energy, adaptability, and openness to change, which are valuable qualities in a dynamic emergency department environment. On the other hand, they may be more vulnerable to stress and workload pressures as they adjust to professional

demands, especially if they lack long-term experience in handling critical medical cases. The small percentage of older employees suggests fewer AMOs near retirement age, which could imply either limited retention into later years or a relatively young workforce pipeline overall.

The gender distribution of respondents reflects a clear imbalance, with males comprising 84.1 percent of the sample and females accounting for only 15.9 percent. This disproportionate representation is noteworthy because it suggests that the AMO profession in this hospital is male-dominated. Such gender disparities in healthcare professions are not unusual, particularly in roles that involve high physical demands, irregular shift work, and exposure to stressful and sometimes hazardous working conditions. In Malaysia, the AMO profession has historically attracted more male than female candidates, partly due to cultural perceptions of the role as one requiring resilience and endurance. The underrepresentation of women in this profession could limit diversity of perspectives and reduce opportunities for gender-balanced teamwork. From the perspective of job satisfaction, gender imbalances may also influence workplace dynamics. Female AMOs may face challenges such as navigating male-dominated professional cultures, balancing work-life demands, and dealing with issues of recognition and advancement. Meanwhile, male AMOs may experience different stressors, including expectations to perform under high workload pressure and to conform to traditional notions of toughness in the workplace. The gender distribution therefore provides a meaningful backdrop for interpreting differences in satisfaction and stress across respondents.

In terms of racial composition, the sample is predominantly Malay, with 87.8 percent of the respondents identifying as Malay. Chinese respondents account for 4.9 percent,

Indians for 3.7 percent, and another 3.7 percent fall under the “Others” category. This distribution reflects the broader demographic trends in Malaysia, where Malays form the majority population and are strongly represented in public sector employment, including healthcare. The relatively smaller representation of Chinese, Indian, and other ethnic groups underscores the cultural context in which AMOs operate. While the dominance of one ethnic group might contribute to greater cultural cohesion, it may also limit the degree of ethnic diversity within the workforce. Diversity in healthcare is often beneficial as it enhances cultural sensitivity and broadens perspectives on patient care. However, in this sample, the overwhelmingly Malay composition means that cultural homogeneity may characterize daily work interactions. In terms of job satisfaction, cultural values may shape how AMOs perceive authority, teamwork, and organizational support, with collectivist values among Malays potentially encouraging strong group cohesion. Nonetheless, the small numbers of non-Malay respondents ensure that perspectives from minority groups are also included, providing a more balanced understanding of satisfaction across cultural lines.

The marital status of respondents reveals that slightly more than half of the participants are single, with 51.2 percent identifying as unmarried. Married individuals account for 45.1 percent of the sample, while a smaller group of 3.7 percent are divorced. This distribution highlights a relatively young and single workforce, consistent with the earlier finding that the majority of respondents are below 40 years of age. Marital status is a significant demographic factor because it influences how individuals balance personal and professional responsibilities. Single employees may be able to devote more time and flexibility to demanding work schedules, including long hours and irregular shifts, which are characteristic of the AMO profession. However, they may also experience challenges in terms of social support outside of work, which can affect

stress management and job satisfaction. Married employees, meanwhile, may face the challenge of balancing family responsibilities with professional demands, which could increase stress levels if workplace support is lacking. The small proportion of divorced respondents suggests that while some AMOs may have experienced marital strain, the majority are either single or married, providing a relatively stable social backdrop for analyzing satisfaction outcomes.

Educational background is another critical dimension of the demographic analysis. An overwhelming majority of respondents, 92.7 percent, hold a diploma, while 6.1 percent possess a degree, and only 1.2 percent have attained a master's degree. This distribution reflects the entry requirements and professional pathways of AMOs in Malaysia, where the diploma has traditionally been the standard qualification for entering the field. The small proportion of respondents with higher educational attainment suggests that opportunities for academic advancement among AMOs are limited, or that the profession does not typically require education beyond the diploma level. From a job satisfaction perspective, educational qualifications can influence expectations, career aspirations, and perceptions of opportunities for advancement. Those with higher qualifications may expect greater recognition and professional mobility, and may feel dissatisfied if these opportunities are not available. Conversely, those with diploma-level qualifications may have expectations more aligned with the structure of the profession. The strong dominance of diploma holders in the sample underscores the uniformity of educational backgrounds among AMOs and suggests that job satisfaction differences are less likely to be driven by disparities in education.

The distribution of respondents by position within the organizational structure shows that the majority occupy lower-ranked positions. Specifically, 71.9 percent of the

respondents are at the U29 level, 15.9 percent at U32, 9.8 percent at U36, and only 2.4 percent at senior levels U41/42/44. This pattern reflects the hierarchical structure of AMO positions in the Malaysian healthcare system, where most personnel enter at U29 and only a smaller proportion progress to higher ranks. The large representation of U29 employees demonstrates that the workforce is heavily concentrated at the entry level, which may have implications for workload distribution, career aspirations, and satisfaction. Employees at the U29 level may feel burdened by heavy clinical and administrative tasks while still being at the early stages of their careers, which could increase stress and lower satisfaction. At the same time, they may also be highly motivated as they are in the phase of learning, growth, and establishing themselves professionally. The relatively small number of respondents in higher ranks indicates limited opportunities for upward mobility, which may contribute to dissatisfaction if employees perceive promotion pathways as restricted. The positional distribution highlights the importance of organizational policies in supporting career development and recognizing contributions at various ranks to maintain satisfaction levels across the hierarchy.

Finally, the distribution of respondents according to years of service reveals a workforce with diverse levels of experience but one that is skewed towards early and mid-career stages. A total of 40.2 percent of the respondents have less than five years of service, making this the largest group. Another 31.7 percent have between six and ten years of experience, while 15.9 percent have between eleven and fifteen years of service. Only 12.2 percent of respondents have served for more than sixteen years. This distribution underscores that most of the AMO workforce in this hospital is relatively young in terms of tenure, with 71.9 percent having less than ten years of service. Such a profile indicates that the majority of respondents are either new or in

the process of consolidating their careers. While shorter service periods may be associated with enthusiasm, adaptability, and openness to learning, they may also bring challenges in terms of managing workload and stress due to limited experience. Longer-tenured employees, on the other hand, bring valuable experience and institutional knowledge, but their smaller representation suggests that retention of AMOs into later career stages may be a challenge. This trend could have implications for job satisfaction, as newer employees may struggle with adjustment, while more experienced employees may become dissatisfied if they perceive limited recognition or career progression.

### 4.3 Descriptive Analysis of Variables

#### 4.3.1 Descriptive Analysis of Workload

Table 4.3  
*Descriptive Analysis of Workload*

	N	Minimum	Maximum	Mean	Std. Deviation
I have the opportunity to work on a lot of documentation	82	1	4	3.46	.773
I have a productive and fulfilling workload at work	82	1	4	3.33	.754
The ratio of patient to staff is reasonable.	82	1	4	3.34	.757

Table 4.3 (Continued)

The workload assigned by my supervisor is fair.	82	1	4	3.38	.764
Patients and their families hold strong expectations regarding the care they receive.	82	1	4	3.27	.832
Valid N (listwise)	82				

Table 4.3 compares workload perceptions of 82 respondents through statistical analysis. The table shows workload data through five work-related statements rated on a scale from 1 to 4 by 82 respondents. Most respondents confirm they get the chance to do thorough documentation work since their average response stands at 3.46. Each supervisor gives their staff reasonable workloads according to our survey data with a mean answer of 3.38.

The three items about workload resulted in similar positive reactions from staff members who rated their workloads at 3.34 and 3.33. The "Patients and families have high expectations of the treatment provided" scored the lowest at 3.27 but still shows positivity. Measurement results show standard deviations between 0.754 and 0.832 which indicates that respondents answered similar to their colleagues in the sample. Respondents mostly have strongly positive views about their workplace responsibilities in all categories as shown by mean scores above 3.

### 4.3.2 Descriptive Analysis of Work Stress

Table 4.4  
*Descriptive Analysis of Workload*

	N	Minimum	Maximum	Mean	Std. Deviation
I follow structured rules and procedures that help ensure quality and efficiency in my work	82	1	4	3.46	.670
Work assignments provide me with opportunities to take initiative and enhance my problem-solving skills	82	1	4	3.37	.778
I embrace challenges at work as opportunities to grow and contribute more effectively	82	1	4	3.24	.746



Table4.4 (Continued)

Growth and advancement opportunities unfold at their own pace, allowing for steady career development	82	1	4	3.32	.626
I see my job as a challenge that helps me grow and improve every day	82	1	4	3.32	.799
Valid N (listwise)	82				

Table 4.4 explores how 82 respondents view workloads using responses about their job conditions, development chances, and personal growth. The chart presents five work perceptions for staff members to assess on four-point scales. A result of 3.46 points shown by respondents demonstrates their strong support for following structured work processes to deliver quality and efficient performance at work. The participants mostly believe their work helps them take control of tasks and build situational problem-solving skills since they rated this item 3.37 on average.

Two statements about employees' career pathways show similar opinions when their average response score reaches 3.32. Workers view their organization as an opportunity for career advancement while feeling that their tasks present productive challenges every day. Employees generally see workplace difficulties as chances to

strengthen their skills so they can make better contributions. People in our sample show strong agreement in their answers about opportunities for job growth (SD 0.626). Respondents also shared their views about job challenges most actively across this topic (SD 0.799). The participants show favourable opinions about their job loads as shown by their results above 3 on all three dimensions. The results show that employees work in an organized setting with chances to take leadership over their work and tackle stimulating projects while progressing their careers.

### 4.3.3 Descriptive Analysis of Working Environment

Table 4.5  
*Descriptive Analysis of Working Environment*

	N	Minimum	Maximum	Mean	Std. Deviation
I enjoy with my co-worker.	82	1	4	3.39	.733
I face occasional challenges from my officemates, which motivates me to keep improving and delivering my best work	82	1	4	3.35	.776
I see it as an opportunity to stay proactive and seek clarity, ensuring I stay aligned with the organization's goals	82	1	4	3.37	.794
I have a positive regard for my supervisor.	82	1	4	3.21	.782

Table 4.5 (Continued)

My supervisor is highly capable in performing his/her duties.	82	1	4	3.33	.832
When I perform well, I receive the appropriate recognition.	82	1	4	3.21	.716
My supervisor treats me fairly.	82	1	4	3.34	.835
I see conflicts at work as opportunities to improve communication and find solutions that benefit everyone	82	1	4	3.43	.832
I enjoy working with my colleagues.	82	1	4	3.41	.874
Communication appears to be effective within this department/organization.	82	1	4	3.35	.837
I focus on creating a positive work environment by being mindful of my own interactions and supporting my colleagues	82	1	4	3.48	.789
Employees who perform well have the opportunity for promotion.	82	1	4	3.43	.802

Table 4.5 (Continued)

Only a limited number of rewards are available for staff working here.	82	1	4	3.49	.758
Valid N (listwise)	82				

The results on 13 different work environment subjects display in Table 4.5 from 82 participant views. The table shows 13 statements about work environment items covered in a scale ranging from 1 to 4. Most employees recognize that their workplace offers minor rewards according to their responses. Employees prioritize positive workplace interactions by taking care of their actions while helping their team members achieve their goals. The participants see conflicts as chances to get better and they think top performers gain better job prospects. The statements emphasize that employees enjoy their colleagues and like working with them delivering a 3.41 rating for each.

The scores coming in at 3.21 show that employees do not enjoy working with their supervisors and do not get proper recognition when performing well at work. Supervisor relationships and recognition gestures could benefit from further enhancement according to these scores. The responses to recognition for good work display the highest stability with a standard deviation of 0.716 whereas employees express more differing views about liking coworkers with a standard deviation of 0.874. People like their work setting because they feel positively about interactions with others, their supervisors' abilities, the communication flow, and opportunities to grow and get recognized. The information shows employees work in a helpful

environment with good relationships between colleagues and access to growth opportunities.

#### 4.3.4 Descriptive Analysis of Job Satisfaction

Table 4.6  
*Descriptive Analysis of Job Satisfaction*

	N	Minimum	Maximum	Mean	Std. Deviation
I take pride in the work I do.	82	1	4	3.34	.820
I find my job enjoyable.	82	1	4	3.37	.823
I enjoy the tasks I perform at work.	82	1	4	3.29	.745
I feel valued in my workplace.	82	1	4	3.43	.861
I believe my job has significance and purpose.	82	1	4	3.23	.758
Valid N (listwise)	82				

Job satisfaction data based on 82 participant responses appears in Table 4.6. The study looks at five work satisfaction items through four-point scales that respondents evaluate. Overall, most survey participants score 3.43 when rating if their work environment treats them like valuable team members. Participants strongly agree their job is enjoyable with a rating of 3.37 while other ratings remain high. The participants strongly believe their work enables them to experience pride in themselves. Most people like the tasks they perform at work according to this result. Although the score stands at 3.23 people generally believe their job makes a difference. Responses about different work aspects varied by 0.745 to 0.861 across the sample. People consistently

rate their enjoyment for work tasks (standard deviation of 0.745) but show greater diversity in how they feel appreciated at work (standard deviation of 0.861). Most staff members report strong satisfaction with their work across four major facets indicated by their average scores exceeding 3. Employees feel content with their work duties and show enthusiasm toward their job tasks.

#### 4.4 Reliability Test

Table 4.7  
*Reliability Test*

Variable	Number of Items	Cronbach Alpha
Workload	5	0.806
Work Stress	5	0.808
Working Environment	13	0.931
Job Satisfaction	5	0.774

The table shows results from the reliability check of the study data for Workload, Job Stress, Working Environment, and Job Satisfaction. The data shows its internal structure through Cronbach's Alpha because it analyses how closely related questions in a scale work together. The Working Environment variable made up of 13 items shows strong reliability with a Cronbach's Alpha score of 0.931. The questions assessing working environment show robust internal consistency because they measure the same concept in all of their items.

The Job Stress and Workload scales generated consistent results because each scale contained five related questions and produced reliability scores above 0.8. The scales achieve good internal quality since their values remain above 0.8. The Job Satisfaction

variable, also with 5 items, shows a Cronbach's Alpha of 0.774. Although smaller than other metrics the obtained value of 0.774 still demonstrates reliable internal consistency because it exceeds the accepted standard of 0.7. The measurement scales during the study produced stable and dependable results because each variable achieved good to excellent internal reliability scores. The valid measurements let researchers trust the data quality and improve their confidence in the recorded results.

#### 4.5 Discriminant Validity Analysis

##### 4.5.1 KMO and Bartlett's Test Analysis

Table 4.8

*KMO and Bartlett's Test Analysis*

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.777
Bartlett's Test of Sphericity	Approx. Chi-Square	1339.625
	df	351
	Sig.	<,001

The results of the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy and Bartlett's Test of Sphericity are presented in Table 4.8, which are essential tests to analyze data whether it would fit factor analysis. Sampling adequacy based on the KMO measure is 0.777. The value in this case ranges from 0.7 to 0.8, which is considered good by default. Typically, it is required that the factor analysis has a KMO value greater than 0.6, and values close of 1 indicate that the patterns of correlation are relatively compact, suggesting that factor analysis will generate distinct and reliable factors. The 0.777 value here means that sample is sufficient and the data probably will factor well.

The Chi Square value for Bartlett's Test of Sphericity comes out to be an approximate value of 1339.625 with 351 deg. of freedom (df). This is most importantly reported as  $<.001$ , which corresponds to  $p < 0.001$ . The very low p value (less than 0.05) here indicates that the correlation matrix is not an identity matrix, that there is really significant relationship in variables. Together these results indicate that the data is satisfactory for factor analysis. The results indicate good sampling adequacy from the KMO value and supports factor analysis due to significant correlations among the variables confirmed from the Bartlett's test. These findings give confidence to carry out further multivariate analysis, principal component or factor analysis, to unravel some underlying structure in the data.

## 4.6 Hypothesis Test

### 4.6.1 Pearson Correlation Coefficient

Table 4.9  
*Pearson Correlation Coefficient*

Variable	Workload	Work Stress	Working Environment	Job Satisfaction
Workload	1	.645**	.003	.188
Work Stress	.645**	1	.310**	.247*
Working Environment	.003	.310**	1	.220*
Job Satisfaction	.188	.247*	.220*	1

Table 4.9 presents the Pearson correlation coefficients among Workload, Job Stress, Working Environment, and Job Satisfaction. The results indicate several statistically significant relationships between the study variables.

A strong positive and statistically significant relationship was observed between

Workload and Job Stress ( $r = 0.645, p < 0.01$ ). This indicates that higher levels of workload are associated with higher levels of job stress among Assistant Medical Officers. This relationship represents the strongest correlation in the model, highlighting workload as an important factor linked to job stress. The analysis also revealed a weak but statistically significant positive relationship between Job Stress and Working Environment ( $r = 0.310, p < 0.01$ ). This suggests that variations in job stress are associated with employees' perceptions of their working environment. In addition, Job Stress was weakly and significantly correlated with Job Satisfaction ( $r = 0.247, p < 0.05$ ), indicating that higher stress levels are associated with changes in job satisfaction.

Furthermore, a weak but statistically significant positive correlation was found between Working Environment and Job Satisfaction ( $r = 0.220, p < 0.05$ ). This result indicates that a more favourable working environment is associated with slightly higher levels of job satisfaction among respondents. However, Workload did not show a statistically significant relationship with either Working Environment ( $r = 0.003, p > 0.05$ ) or Job Satisfaction ( $r = 0.188, p > 0.05$ ). These findings suggest that workload, on its own, is not directly associated with perceptions of the working environment or overall job satisfaction in this sample.

#### 4.6.2 Multiple Regression

Table 4.10

*Model Summary Regression*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	0.301	0.090	0.055	0.59822	0.090	2.582	3	78	0.059

Table 4.10 presents the model summary of the multiple regression analysis examining the combined effects of workload, job stress, and working environment on job satisfaction among Assistant Medical Officers. The multiple correlation coefficient ( $R = 0.301$ ) indicates a weak overall relationship between the independent variables and job satisfaction.

The coefficient of determination ( $R^2 = 0.090$ ) shows that approximately 9.0% of the variance in job satisfaction is explained collectively by workload, job stress, and working environment. After adjusting for the number of predictors in the model, the Adjusted  $R^2$  value decreased to 0.055, indicating that about 5.5% of the variance in job satisfaction is explained by the model when sample size and model complexity are taken into account. This suggests that while the model explains some variation in job satisfaction, a substantial proportion of the variance is influenced by other factors not included in the model.

The standard error of the estimate (0.59822) reflects the average deviation of the observed job satisfaction values from those predicted by the regression model, indicating a moderate level of prediction accuracy.

The overall model significance was assessed using the F-test. The regression model produced an F-value of 2.582 with degrees of freedom ( $df_1 = 3$ ,  $df_2 = 78$ ) and a significance value of 0.059. Since the Sig. F value exceeds the 0.05 threshold, the overall regression model is not statistically significant at the 5% significance level. This indicates that, taken together, workload, job stress, and working environment do not significantly predict job satisfaction in this sample.

Table 4.11  
*Anova Regression*

<b>Model</b>	<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
Regression	2.772	3	0.924	2.582	0.059
Residual	27.914	78	0.358		
Total	30.686	81			

Table 4.11 presents the results of the ANOVA test for the multiple regression model examining the effects of workload, job stress, and working environment on job satisfaction among Assistant Medical Officers. The ANOVA test evaluates whether the regression model, as a whole, provides a statistically significant explanation of variation in the dependent variable.

The results indicate that the regression model has a sum of squares of 2.772 with 3 degrees of freedom, while the residual sum of squares is 27.914 with 78 degrees of freedom. The total sum of squares is 30.686, representing the total variation in job satisfaction within the sample.

The mean square for the regression model is 0.924, compared to a residual mean square of 0.358. The resulting F-value of 2.582 with degrees of freedom ( $df = 3, 78$ ) reflects the ratio of explained variance to unexplained variance in the model. The significance value ( $Sig. = 0.059$ ) exceeds the 0.05 threshold, indicating that the regression model is not statistically significant at the 5% level.

This result suggests that, collectively, workload, job stress, and working environment do not significantly explain variations in job satisfaction among Assistant Medical Officers in this study. Therefore, the null hypothesis for the overall regression model

cannot be rejected. Further examination of the individual regression coefficients is required to determine whether any single predictor contributes significantly to job satisfaction.

Table 4.12  
*Coefficients Regression*

Model	Unstandardized Coefficients (B)	Std. Error	Standardized Coefficients (Beta)	t	Sig.	95% Confidence Interval for B
(Constant)	1.775	0.562	–	3.160	0.002	0.657 – 2.894
Workload	0.117	0.155	0.110	0.752	0.454	-0.192 – 0.425
Work Stress	0.154	0.200	0.119	0.771	0.443	-0.243 – 0.551
Working Environment	0.190	0.123	0.183	1.547	0.126	-0.055 – 0.436

Table 4.12 presents the results of the multiple regression coefficients analysis examining the effects of workload, job stress, and working environment on job satisfaction among Assistant Medical Officers. The table reports the unstandardized coefficients (B), standardized coefficients (Beta), t-values, significance levels, and 95% confidence intervals for each predictor.

The constant term is statistically significant ( $B = 1.775$ ,  $t = 3.160$ ,  $p = 0.002$ ), indicating that when all independent variables are held constant, job satisfaction has a baseline value of 1.775. This suggests that factors not included in the regression model also contribute to job satisfaction.

With respect to the independent variables, workload shows a positive but non-significant effect on job satisfaction ( $B = 0.117$ ,  $\beta = 0.110$ ,  $t = 0.752$ ,  $p = 0.454$ ). The 95% confidence interval for workload (-0.192 to 0.425) includes zero, further indicating that workload does not have a statistically significant influence on job

satisfaction in this model.

Similarly, job stress demonstrates a positive but non-significant relationship with job satisfaction ( $B = 0.154$ ,  $\beta = 0.119$ ,  $t = 0.771$ ,  $p = 0.443$ ). The confidence interval ( $-0.243$  to  $0.551$ ) also crosses zero, suggesting that job stress does not significantly predict job satisfaction when other variables are controlled.

The working environment variable exhibits the largest standardized coefficient among the predictors ( $\beta = 0.183$ ), indicating a relatively stronger influence compared to workload and job stress. However, this effect remains statistically non-significant ( $B = 0.190$ ,  $t = 1.547$ ,  $p = 0.126$ ). The 95% confidence interval ( $-0.055$  to  $0.436$ ) includes zero, confirming the absence of a significant effect.

#### 4.7 Summary of Hypothesis Test Results

Table 4.13  
*Summary of Hypothesis Result*

Hypothesis	Relationship	Direction of Relationship	Sig. (p-value)	Result
H1	Workload → Job Satisfaction	Positive	0.454	Not Supported
H2	Work Stress → Job Satisfaction	Positive	0.443	Not Supported
H3	Working Environment → Job Satisfaction	Positive	0.126	Not Supported

The results of the hypothesis testing shed light on the relationships between the independent variables—workload, job stress, and working environment—and the

dependent variable, job satisfaction. The analysis revealed that all three predictors were positively associated with job satisfaction, as indicated by their standardized beta coefficients. Nonetheless, none of these associations were statistically significant at the 0.05 level, implying that while the direction of the effects was positive, the relationships were not strong enough to provide definitive evidence of significant impacts in this sample.

Regarding the first hypothesis (H1), workload exhibited a positive association with job satisfaction ( $\beta = 0.110$ ,  $p = 0.454$ ). This indicates that higher workload corresponded with a slight increase in job satisfaction, although the effect was not statistically significant. This finding runs contrary to much of the existing literature, which often associates heavy workloads with higher stress, burnout, and lower satisfaction. A plausible explanation may be linked to the unique characteristics of AMOs in the emergency department, who may perceive workload as part of their professional role and, in some cases, derive satisfaction from managing demanding tasks. However, the lack of statistical significance highlights that workload alone may not be a reliable predictor of satisfaction in this context.

The second hypothesis (H2) examined the relationship between job stress and job satisfaction, revealing a positive but non-significant association ( $\beta = 0.119$ ,  $p = 0.443$ ). Conventionally, work stress is expected to reduce satisfaction, as numerous studies have established stress as a major contributor to dissatisfaction, burnout, and turnover. The positive direction observed in this study, albeit weak, may indicate that moderate levels of stress could act as a motivator, pushing employees to perform effectively under pressure. This aligns with the idea that certain stress levels, when managed well, can contribute to a sense of accomplishment. However, since the

relationship was not significant, it cannot be concluded that job stress consistently enhances or diminishes satisfaction for AMOs in this setting.

The third hypothesis (H3) focused on the relationship between working environment and job satisfaction, which also showed a positive but non-significant effect ( $\beta = 0.183$ ,  $p = 0.126$ ). Among the three predictors, the working environment displayed the strongest positive relationship, suggesting that improvements in factors such as teamwork, supervisory support, and resource availability are more likely to contribute to job satisfaction than workload or stress. Although the relationship did not achieve statistical significance, its relatively stronger coefficient indicates that the working environment may still play an important role in shaping satisfaction, and with a larger sample size or in different contexts, this effect might become significant.

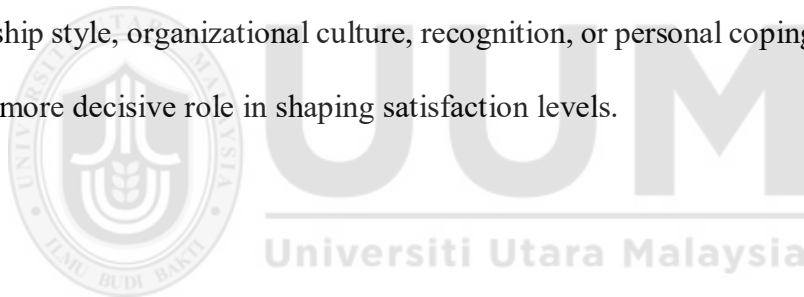
#### **4.8 Conclusion**

This chapter presented the analysis of data collected from 82 Assistant Medical Officers (AMOs) at Hospital H. The findings began with a demographic analysis, which revealed that the workforce is predominantly young, male, and Malay, with most respondents holding diploma qualifications, occupying entry-level positions, and having less than ten years of service. These characteristics provide an important backdrop for understanding the dynamics of job satisfaction among AMOs in the emergency department.

Subsequent analyses examined the relationships between workload, job stress, working environment, and job satisfaction. The Pearson correlation results indicated that job stress and working environment were positively correlated with job satisfaction at a modest level, while workload showed a weaker positive correlation.

Regression analysis further demonstrated that although all three predictors displayed positive directions, none achieved statistical significance at the 0.05 level. Among them, the working environment emerged as the strongest predictor, albeit still non-significant. These results suggest that while AMOs may perceive improvements in their environment, workload, and stress management as beneficial to satisfaction, these factors alone do not provide a conclusive explanation of satisfaction within this sample.

The hypothesis testing outcomes reflected these patterns, with all three hypotheses H1, H2, and H3 showing positive but statistically unsupported relationships. This highlights the complexity of job satisfaction, suggesting that other factors, such as leadership style, organizational culture, recognition, or personal coping strategies, may play a more decisive role in shaping satisfaction levels.



## **CHAPTER FIVE**

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

#### **5.1 Chapter Overview**

The final chapter provides a comprehensive conclusion on the study examining the relationships among workload, job stress, work environment, and job satisfaction. It begins by summarizing the key findings derived from the data analysis presented in Chapter 4. The chapter then discusses the implications of these results and situates them within the context of existing literature and the research framework. The study's limitations are addressed, highlighting their impact on interpreting the findings. Finally, the chapter offers recommendations for both future research and practical applications in the workplace. Overall, this chapter ties together all the variables and presents final insights and reflections on the factors influencing job satisfaction in today's work environment.

#### **5.2 Discussion of Findings**

This section aims to interpret the study's findings in relation to the proposed hypotheses, prior research, and relevant theoretical frameworks. The research explored how three independent variables workload, job stress, and working environment relate to job satisfaction among Assistant Medical Officers (AMOs) at Hospital H. Although all three factors were positively associated with job satisfaction, none of these relationships were statistically significant. This indicates that, while these variables

may influence AMOs' perceptions of their work, they do not individually account for a substantial portion of the variance in overall job satisfaction in this sample.

### **5.2.1 H1: Workload and Job Satisfaction**

The first hypothesis proposed that workload would have a significant relationship with job satisfaction. The regression results indicated a positive but non-significant relationship ( $\beta = 0.110$ ,  $p = 0.454$ ). This finding does not support the hypothesis and contrasts with much of the existing literature, which often highlights workload as a primary determinant of dissatisfaction. For instance, Guarnaccia et al. (2018) found that increasing workloads generally reduced job satisfaction, suggesting a negative correlation between the two variables. However, in this study, the positive but weak relationship suggests that AMOs may not necessarily perceive higher workloads as inherently detrimental to satisfaction.

Several explanations may account for this outcome. Individual perceptions of workload may act as a buffer; employees who feel that their workload is manageable, even if heavy, may not experience declines in satisfaction (Osifila & Titilayo Abimbola, 2020). This aligns with the Job Demands-Resources (JD-R) model, which posits that job demands do not always lead to negative outcomes when employees possess sufficient resources. Moreover, supportive work environments and adequate coping mechanisms may mitigate the potential negative effects of workload. As Nuzul Akhtar Baharudin et al. (2024) suggest, workload alone may not predict dissatisfaction unless it triggers elevated stress levels.

Another possibility is that manageable workloads may even contribute positively to satisfaction when paired with recognition and support. Inegbedion et al. (2020)

emphasized that employees sometimes view challenging workloads as motivating, particularly when they perceive opportunities for growth. Therefore, while the results did not support the initial hypothesis, they underscore the complexity of workload as a predictor of satisfaction, highlighting the importance of considering mediating factors such as stress, support, and coping strategies.

### **5.2.2 H2: Work Stress and Job Satisfaction**

The second hypothesis anticipated a negative relationship between work stress and job satisfaction. The results instead revealed a positive but non-significant association ( $\beta = 0.119, p = 0.443$ ). This contradicts most existing studies, which consistently report that work stress reduces satisfaction. For example, Xie et al. (2021) and Chuang (2024) found significant negative correlations between stress and satisfaction, indicating that rising stress levels typically undermine morale and increase turnover intentions.

The unexpected positive direction in this study may suggest that moderate stress levels are not always harmful and may even act as motivators. According to the challenge-hindrance stress framework, certain stressors (e.g., time-sensitive tasks, urgent responsibilities) can be perceived as challenges that enhance motivation rather than hindrances that erode satisfaction. Moreover, individual differences in coping ability and psychological resources may influence how stress impacts satisfaction. Murat (2024) highlighted that factors such as meaning in life and psychological flexibility can buffer stress, preventing it from diminishing satisfaction. Similarly, personality traits such as conscientiousness and agreeableness have been shown to moderate the stress-satisfaction link, with resilient individuals more capable of handling pressure (Lenson, 2019).

From an organizational perspective, this finding suggests that stress management initiatives should not focus solely on reducing workload pressures but also on providing supportive environments, promoting work–life balance, and equipping employees with coping strategies. As Supartha (2019) argued, reducing role conflict and improving physical work environments are critical in mitigating the harmful effects of stress. While this study did not find a significant relationship, the literature overwhelmingly supports the view that unmanaged stress reduces satisfaction, reinforcing the importance of proactive management strategies.

### **5.2.3 H3: Working Environment and Job Satisfaction**

The third hypothesis proposed a positive relationship between the working environment and job satisfaction. The findings indicated a positive but non-significant effect ( $\beta = 0.183$ ,  $p = 0.126$ ). Among the three predictors, the working environment displayed the strongest relationship with job satisfaction, suggesting that although not statistically supported in this study, it remains an important area of focus.

This result aligns with existing literature emphasizing the role of supportive environments in enhancing employee morale. Rafia Hasan Taheri et al. (2020) found that favourable work environments consistently correlated with higher satisfaction levels. Similarly, Aggarwal (2023) highlighted that supportive environments reduce stress and indirectly improve satisfaction. In this study, respondents who perceived better relationships with colleagues, safer conditions, and adequate supervisory support tended to report higher satisfaction, even though the results did not reach significance.

The lack of statistical significance may be attributed to contextual factors within the hospital setting, such as limited resources or structural constraints. Nevertheless, the literature strongly supports the working environment as a determinant of satisfaction. Zhenjing (2022) reported that work environment significantly influenced satisfaction and performance, while Michele Wargo-Sugleris et al. (2017) found that environmental factors could explain a substantial proportion of variance in satisfaction across healthcare professionals. Therefore, the present findings suggest that while the relationship was weaker in this sample, working environment remains a vital factor in shaping job attitudes and deserves further investigation with larger samples.

### **5.3 Implications of Study**

The findings of this study carry several important implications for healthcare management and organisational practice, particularly within public hospital settings. Although the regression results indicate that workload, job stress, and working environment do not significantly predict job satisfaction when examined collectively, the correlation analysis reveals that job stress is strongly associated with workload and significantly related to both the working environment and job satisfaction. This suggests that job stress functions as a central linking factor within the work system of Assistant Medical Officers, highlighting the need for hospital management to view job satisfaction as a multifaceted outcome rather than the result of a single work-related factor.

From a managerial perspective, the results imply that efforts to improve job satisfaction among Assistant Medical Officers may not be effective if they focus solely on reducing workload or improving the physical working environment in isolation. Instead, the findings indicate that stress-related experiences arising from

job demands, emotional pressure, and operational intensity may play a more critical role in shaping employees' overall work perceptions. As such, hospital administrators should recognise that job satisfaction is influenced by a broader combination of psychological and organisational factors, many of which may not be directly observable through workload measures alone.

The non-significant regression model further implies that there are additional variables beyond workload, job stress, and working environment that contribute to job satisfaction among Assistant Medical Officers. Factors such as leadership style, career development opportunities, recognition, work–life balance, and organisational support may play a substantial role but were not captured within the scope of this study. This highlights the complexity of job satisfaction in healthcare settings and suggests that managerial interventions should be comprehensive rather than narrowly targeted.

At a policy level, the findings imply that improving healthcare workforce outcomes requires more than structural or operational adjustments. While public hospitals often focus on staffing numbers and physical resources, the results of this study indicate that psychological and emotional dimensions of work should also be prioritised. Addressing job stress through supportive supervision, clear communication, and organisational empathy may indirectly contribute to improved job satisfaction and workforce stability, even when workload levels cannot be substantially reduced due to service demands.

#### **5.4 Recommendation**

Based on the findings of this study, several recommendations can be proposed to

enhance job satisfaction among Assistant Medical Officers and to guide future research. From a practical standpoint, hospital management is encouraged to place greater emphasis on stress management initiatives within the workplace. Although workload may be unavoidable in public hospital settings, particularly in high-demand departments, interventions such as peer support systems, stress awareness programmes, and access to counselling services may help mitigate the negative effects of job stress on employees' well-being and satisfaction.

In addition, hospital administrators should consider strengthening supervisory support and communication practices. Clear role expectations, constructive feedback, and empathetic leadership may help reduce perceived stress and improve employees' experiences of the working environment. Creating a culture where Assistant Medical Officers feel supported and valued may contribute positively to job satisfaction, even in demanding work conditions.

For future research, it is recommended that studies incorporate additional variables that may better explain job satisfaction among healthcare professionals. Factors such as leadership behaviour, organisational justice, career progression, and work–life balance may provide deeper insight into the determinants of job satisfaction. Expanding the research model to include mediating or moderating variables, such as job stress as a mediator, may also help explain why certain relationships appear significant at the correlation level but not in regression analysis.

Furthermore, future studies could adopt qualitative or mixed-method approaches to capture the lived experiences of Assistant Medical Officers more comprehensively.

In-depth interviews or focus group discussions may reveal contextual and emotional

factors that are not easily measured through structured questionnaires. Expanding the study to multiple hospitals or healthcare institutions may also improve the generalisability of findings and provide comparative insights into job satisfaction across different organisational contexts.

## **5.5 Limitations and Future Research**

### **5.5.1 Limitations**

While this study offers important insights, the study is limited in that the results should be interpreted with consideration of several limitations. Secondly, though with an adequate sample size of 82 participants, this may not generalize to larger populations or different organizational contexts. In addition, the data on which the study also relied were self-reported – an aspect that can be prone to social desirability bias and that does not always reflect actual workload, stress or job satisfaction. The study design lack of a longitudinal nature, in other words being cross sectional does not allow for a causal relationship to be established for the relationship between the variables.

However, given that the study was conducted in a particular organizational context, it may not be applicable to other industries or work scopes. Results may also be influenced by cultural factors pertaining to the Malaysian context that could detract from generalizing the results beyond it to another cultural setting. In addition, the study did not take into consideration confounding factors, such as personality traits, organizational culture and external factors that may affect the job satisfaction. While

this approach used a quantitative approach, it may have lost some of the nuance of employee experience that could have given a richer appreciation of what drives relationship of variables.

Finally, while some scales like the job satisfaction scale (Alpha of 0.774) are acceptable, indicating the need for better measurement precision. All in all, future research monitoring factors contributing to these job satisfaction limitations must broaden the sample size and/or diversity, employ longitudinal designs and more diverse methods to advance our understanding of factors that facilitate or impede job satisfaction while people work in different contexts.

### **5.5.2 Future Research**

Several promising avenues of future research for job satisfaction exist. Longitudinal studies would help explain in depth how some factors such as workload, stress and working environment effect job satisfaction overtime, which would help to understand causality. The emerging workplace trend of remote work or flexible schedules would also be investigated by researchers of job satisfaction. Furthermore, examining moderators such as organizational culture, leadership style and employee personality traits could help to complement the understanding of dynamics on the job satisfaction.

Future research may also consider the use of mixed methods in order to combine the quantitative data with the qualitative experiences of employees in order to capture the complexity of employees' experiences. Such comparative insights existing into various industries, cultures, and generations cohorts can be investigated the job satisfaction. Moreover, by looking at the link between job satisfaction and newer concepts such as employee engagement, well-being and work life integration would

provide a more detailed picture of workplaces. Future research may address the development of and testing of interventions to enhance job satisfaction for practitioners who strive to increase employee well-being and productivity in organizations.

## **5.6 Conclusion**

This study examined the relationships between workload, work stress, working environment, and job satisfaction among Assistant Medical Officers at Hospital H. The findings provide valuable insights into the complexity of job satisfaction within a public healthcare setting, particularly among frontline healthcare personnel. Overall, the results indicate that job satisfaction among Assistant Medical Officers is influenced by multiple interconnected factors, rather than being directly determined by workload or environmental conditions alone.

The correlation analysis revealed that workload is strongly and positively associated with job stress, indicating that higher workload levels are linked to increased stress among Assistant Medical Officers. In addition, job stress demonstrated significant relationships with both the working environment and job satisfaction, suggesting that stress plays a central role in shaping employees' work experiences and perceptions. A weak but significant relationship was also observed between the working environment and job satisfaction, indicating that favourable workplace conditions are associated with slightly higher satisfaction levels.

However, the multiple regression analysis showed that workload, job stress, and working environment did not significantly predict job satisfaction when examined collectively. The regression model explained only a small proportion of variance in job satisfaction, and none of the independent variables emerged as significant

individual predictors. These findings suggest that while certain variables are related at the correlational level, their combined predictive influence on job satisfaction is limited. This highlights the possibility that job satisfaction among Assistant Medical Officers is shaped by additional factors beyond those included in the study.

Taken together, the results underscore the multifaceted nature of job satisfaction in healthcare settings. Job stress appears to function as an important linking factor between workload and other work-related experiences, even though it does not independently predict job satisfaction when other variables are controlled. This indicates that addressing job satisfaction requires a broader and more integrated approach that considers psychological, organisational, and interpersonal dimensions of work.



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## APPENDICES

### APPENDIX A: SURVEY

#### SECTION A

##### Item of Job Satisfaction survey (JSS Survey)

This is a question of job satisfaction. Please read each question carefully and indicate (/) the extent to which you agree or disagree with each statement.

(1) Strongly Disagree      (2) Disagree      (3) Agree      (4) Strongly Agree

NO	QUESTIONS	Score			
		1	2	3	4
<b>A. WORKLOAD</b>					
1.	I have the opportunity to work on a lot of documentation.	1	2	3	4
2.	I have a productive and fulfilling workload at work	1	2	3	4
3.	The ratio of patient to staff is reasonable.	1	2	3	4
4.	The amount of work that my supervisor expects from me is reasonable.	1	2	3	4
5.	Patients and families have high expectations of the treatment provided.	1	2	3	4

NO	QUESTIONS	Score			
		1	2	3	4
<b>B. WORK STRESS</b>					
1.	I follow structured rules and procedures that help ensure quality and efficiency in my work	1	2	3	4
2.	Work assignments provide me with opportunities to take initiative and enhance my problem-solving skills	1	2	3	4
3.	I embrace challenges at work as opportunities to grow and contribute more effectively	1	2	3	4
4.	Growth and advancement opportunities unfold at their own pace, allowing for steady career development	1	2	3	4
5.	I see my job as a challenge that helps me grow and improve every day	1	2	3	4
<b>C. WORKING ENVIRONMENT</b>					
1.	I enjoy with my co-worker.	1	2	3	4
2.	I face occasional challenges from my officemates, which motivates me to keep improving and delivering my best work	1	2	3	4
3.	I see it as an opportunity to stay proactive and seek clarity, ensuring I stay aligned with the organization's goals	1	2	3	4
4.	I like my supervisor.	1	2	3	4
5.	When I do a good job, I received the recognition for it that I should receive.	1	2	3	4
6.	When I do a good job, I received the recognition for it that I should receive.	1	2	3	4

NO	QUESTIONS	Score			
		1	2	3	4
7.	My supervisor is fair to me.	1	2	3	4
8.	I see conflicts at work as opportunities to improve communication and find solutions that benefit everyone	1	2	3	4
9.	I like the people who I work with.	1	2	3	4
10.	Communication seem good within this department/organization.	1	2	3	4
11.	I focus on creating a positive work environment by being mindful of my own interactions and supporting my colleagues	1	2	3	4
12.	Those who do well on the job stand will chance of being promoted.	1	2	3	4
13.	There are a few rewards for those who work here.	1	2	3	4
<b>D. JOB SATISFACTION</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1.	I feel of sense of pride in doing my job.	1	2	3	4
2.	My job is enjoyable.	1	2	3	4
3.	I like doing the things I do at work.	1	2	3	4
4.	I feel appreciated at work.	1	2	3	4
5.	I feel my job is meaningful.	1	2	3	4

## SECTION B

### Demographic

Please tick ( / ) in the appropriate box.

1. Age

<input type="checkbox"/>	22 <sup>nd</sup> – 30 <sup>th</sup> years old
<input type="checkbox"/>	31 <sup>st</sup> – 40 <sup>th</sup> years old
<input type="checkbox"/>	41 <sup>st</sup> – 50 <sup>th</sup> years old
<input type="checkbox"/>	50 <sup>th</sup> – 60 <sup>th</sup> years old

2. Gender

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

3. Race

<input type="checkbox"/>	Malay
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Indian
<input type="checkbox"/>	Others

4. Marital Status

<input type="checkbox"/>	Single
<input type="checkbox"/>	Married
<input type="checkbox"/>	Divorce

5. Education Level

<input type="checkbox"/>	Diploma
<input type="checkbox"/>	Degree
<input type="checkbox"/>	Master

6. Position

<input type="checkbox"/>	U29
<input type="checkbox"/>	U32
<input type="checkbox"/>	U36
<input type="checkbox"/>	U41/42/44

7. Service period

<input type="checkbox"/>	< Than 5 Years
<input type="checkbox"/>	6 – 10 Years
<input type="checkbox"/>	11 – 15 Years
<input type="checkbox"/>	>Than 16 Years

