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**WORKLOAD, PERCEIVED ORGANIZATIONAL SUPPORT
AND PERFORMANCE AMONG PRIVATE HOSPITAL NURSES
IN JOHOR**



UUM

BY

NUR HANUN TAUFIQAH BINTI MOHD TAUFIK

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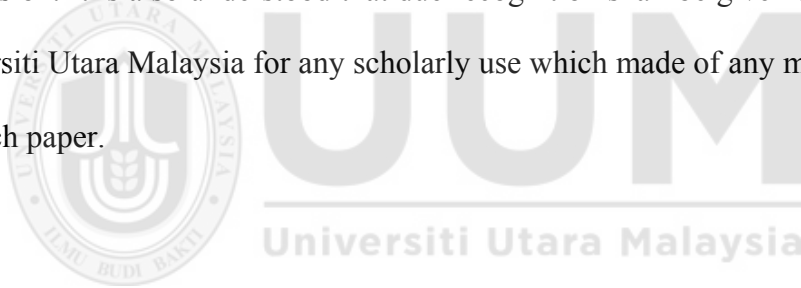
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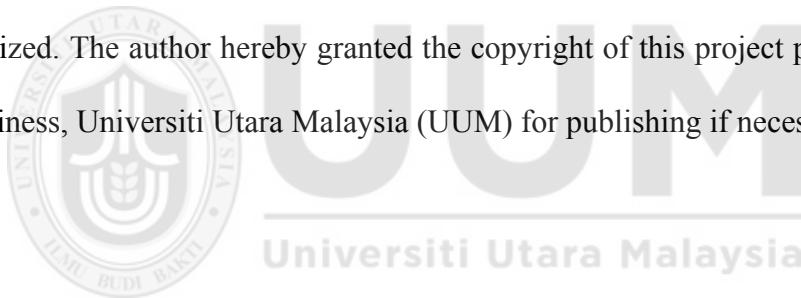
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ABSTRACT

This study is carried out to examine factors influencing employee performance among nurses at private hospitals in Johor. Two individual-related factors of workload and perceived organizational support were tested against nurses' performance, this study examine the relationship among workload, perceived organizational support with nurses' performance. A total of 291 questionnaires were distributed for further analysis. Quantitative research method was used and primary data was collected from staff registered nurses in various departments from private hospital in Johor. The data was analysed using Statistical Package for Social Science (SPSS) software version 22.0. The findings indicated that workload and perceived organizational support had significant influence on the nurses' performance but there is no significant difference in nurses' performance according to various departments. These findings will help the hospital management take necessary measures to enhance nurses' performance Malaysia in Malaysian private hospitals.

Keywords: nurses' performance, workload, perceived organizational support.



ABSTRAK

Kajian ini dijalankan untuk melihat faktor yang mempengaruhi prestasi pekerja dalam kalangan jururawat di hospital swasta di Johor. Dua faktor berkaitan dalam kajian ini terdiri daripada bebanan kerja dan persepsi sokongan organisasi digunakan untuk menguji prestasi jururawat. Terdapat faktor-faktor yang mempunyai kesan signifikan dalam prestasi kerja dan di dalam kajian ini mengkaji antara bebanan kerja, persepsi sokongan organisasi dengan prestasi jururawat. Sebanyak 291 soal selidik diedarkan untuk analisis selanjutnya. Kaedah penyelidikan kuantitatif digunakan dan data primer dikumpulkan dari jururawat di pelbagai jabatan dari beberapa hospital swasta. Data dianalisis menggunakan *Statistical Package for Social Science* (SPSS) versi 22.0. Hasil kajian menunjukkan bebanan kerja dan menerima sokongan dari organisasi mempunyai hubungan signifikan, tetapi perbezaan prestasi kerja jururawat dalam pelbagai jabatan tidak mempengaruhi. Hasil kajian ini akan membantu pihak pengurusan hospital mengambil langkah-langkah yang diperlukan untuk meningkatkan prestasi jururawat dalam kalangan hospital swasta di Malaysia.

Kata kunci: prestasi jururawat, bebanan kerja, persepsi sokongan organisasi.



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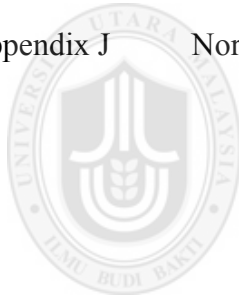
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LIST OF ABBREVIATIONS

WHO	World Health Organization
SRN	Staff Registered Nurse
AIS	American Institute of Stress
KPI	Key Performance Indicator
HR	Human Resource
ICU	Intensive Care Unit
NICU	Nursery Intensive Care Unit
POS	Perceived Organizational Support
IV	Independent Variable
DV	Dependent Variable
SPSS	Statistical Package of Social Sciences
OCB	Organizational Citizenship Behaviour
N	Population Size
n	Sample Size
R	Reverse Coding
COVID-19	Coronavirus Disease
S.D	Standard Deviation
P	Significant Value
R	Correlation Coefficients
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CHAPTER 1

INTRODUCTION

1.0 Introduction

Employee performance is crucial in all business organizations as employees are the assets in all organizations. Employee performance is firm or individual level that sees the human resource becoming the most determining aspects to achieve the organizational goals (Muda, Rafiki & Harahap, 2014). Al-Ahmadi (2009) stated, in the context of the healthcare industry, nurses form the largest group of healthcare professionals in hospitals. According to Al-Ahmadi (2009), nurses form the most significant human resource element, as they have a huge impact on the quality of care and patient satisfaction. Fritzen (2007) proposed that, nursing is one of the most vital occupations and has a strong effect on any healthcare industry's performance.

Nurses' performance is an essential element in the healthcare sector since nurses in private or public hospitals have the highest level of direct patient care. In order to serve the best services to patients, the human resource department should emphasize on nurses' performances in private hospitals. Most private hospitals use performance evaluation as an indicator to achieve the company's goals and objectives (Ong & Kamaludin, 2016). Today, private healthcare's major challenge is to find ways to improve their nurses' performance and increased efficiency in their healthcare interventions (Ong & Kamaludin, 2016).

Nurses' performance plays an essential responsibility in guaranteeing the high quality to achieve patient outcomes (Kahya & Oral, 2018). To be competitive, productive, and profitable, all private hospitals are trying to get the best out of their employees (Fournier, Montreuil, Brun, Wilodeau & Villa, 2011). Excellent and good performance from the employees will decrease personnel costs and increase the profitability of organizational and patient loyalty to the organization (Earls, 2004). Generally, nurses play various responsibilities in response to a range stakeholder' expectations, such as patients, health professionals, and society (Brookes, Davidson, Daly & Halcomb, 2007). The healthcare industry is known as a service-based organization; hence, nurses' performance might affect the quality of service delivered to their customers (e.g. patients and patient's families) (Mat & Ma'arof, 2019). In short, the service provider's success depends on the quality of services that their patients received. Customer's loyalty and trust could enhance through employee performance. Rabbanee, Burford, and Ramaseshan (2015) past research indicated that the nurses' performances are shown to positively affect a patient's expected value, trust, and loyalty. The excellent performance of employees also indicates the employee's capability to contribute through their works, which will leads to individual achievement that aligned with the organization's goals and objectives (Muda, Rafiki & Harahap, 2014). Therefore, nurses' performance would have many effects on their stakeholders.

The nurse-patient interface consists of elements of the nurse-patient interaction in co-producing a service (Johari & Ong, 2013). All aspects of interaction factor have become an important factor for nurses to meet patient's expectations. Usually, patients cannot adequately rate the value of all the technology and medical equipment used in the hospital; however they still keep an eye on social interactions as a measure of evaluation (Yoon, Choi & Park, 2007). Thus, patients mostly evaluated nurses' performance because they were more sensitive towards what they received, for example, the quality of care they received from the nurses.

Challenging working environment in the hospital puts a lot of pressure on nurses. Today, nurses' occupations face various highly stressful work environments while meeting the physical and needs of patients (Ahmed, Sleem, & Kassem, 2015). Tan (2016) proposed that, in the past, the nurse's job was only to care and comfort their patients, but today it is including promoting health and preventing illness. However, maintaining the nurses' performance is difficult due to various factors such as workload, and perceived organizational support (Ballet & Kelchtermans, 2009; Hall, 2007). Therefore, this study aims to examine the issues and the various factors that might have affect nurses' performance.

1.1 Problem Statement

The World Health Organization's (WHO) objectives on the nurses' population ratio must be observed to ensure excellent nurses' performance (Ling, 2015). In Malaysia, the current ratio for nurse-to-patient is 1:302, which exceeds the limit suggested by the World Health Organization (WHO). The ideal ratio for nurses to serve their patients is 1:200. The data of nurse-to-patient indicates that Malaysia needs more nurses. In such a situation, the existing nurses have excessive workload and greater responsibilities and this will compromise their ability to deliver excellent service quality to their patients and this could terribly affect the nurses' performance. This is supported by Vijayan (2017), who claims that excessive workload would impact lower performance, which contributes to a high turnover rate and performance of employees in organizations. It may affect their performance and attitudes, which correlates with the employees' performance.

An informal interview with Ms. Masliha Tiwol, a staff registered nurse (SRN), currently working at Columbia Asia Hospital Iskandar Puteri, a private hospital in Johor indicate that the main factor of work stress is lack of support from top management. She added that the lack of support from senior management leads to low motivation among nurses, hence decreasing workplace performance. Moreover, she stated that top management support, such as the chief nursing manager (Head Nurse), and sisters (Charge Nurse), is essential for them to conduct their work effectively and efficiently. Furthermore, she added that some of her colleagues are not satisfied with the lack of emotional support given by their charge nurse. For example, she witnessed a situation when the ward was packed with patients, the responsible authorities like the sisters did not provide any motivational support like

work appreciation for the nurses to handle the patients but only direct them to perform their tasks of hand. Fulei, Long, and Ming (2014) also support this statement by agreeing that employees who had received organization's support and guidance will show better performance compared to those who do not receive support from top management.

Work stress was found to be the most problematic situation faced by workers in any organization (Darus, Ahmad, Roslan & Jali, 2013). Choi, Tan, Teoh, and Muthuveloo (2014) argue that, stress also affects employees' performance, which in turn will impact organizational performances. Working at hospitals is stressful because they have to respond quickly to the patient's needs (Chou, Li & Hu, 2014). A survey done in Gaza-Palestine shows that the common reason for work-related stress among nurses in the hospital is due to the shortage of staff to cover the unit and random staffing and scheduling (Dagget, Molla, & Belachew, 2016). According to The American Institute of Stress (AIS) (2006), the leading cause of stress is the high workload, and the figure shows that the highest percentage of workers suffering from stress are nurses which indicate 46% of the total percentage. This figure shows that nurses are among workers who suffered greatly from stress because of their work and it will be surprise if this would impede their work performance.

Today, there are very limited empirical studies on healthcare sectors, especially on nurses in Malaysia. According to Cohen and Golan (2007), the nursing occupation is an important career to study because of the valuable roles they play in the healthcare sector. However, most of the studies conducted regarding the healthcare sector focused on the public hospitals and rarely focused on the private ones. Only studies

by Loo and Loo (2012); Mat and Maarof (2019); Othman and Nasurdin (2012) was done on nurses' performance in Malaysia and their studies were carried out in public hospitals. However, there has a little study been done on nurses' performance in private hospitals yet. Hence, justifying the need for a study to be carried out on this matter in the private hospitals. With the limitations and gaps from the past studies stated above, this leads to the opportunity for the present study to be conducted within a new setting. Thus, this study aims is to measure the level of nurses' performance among nurses in private hospitals.

1.2 Research Question

The aim of this study is to answer the following questions:

- i. To what extent do workload and perceived organizational support have an impact on nurses' performance?
- ii. Do a nurses' performance differ according to the various departments?

1.3 Research Objective

The objective of this study is to identify the factors of work stress that affect nurses' performance. The objectives of this study are as follows:

- i. To examine the relationship between workload and nurses' performance.
- ii. To examine the relationship between perceived organizational support and nurses' performance.
- iii. To examine the differences in nurses' performance between different departments.

1.4 Significance of Research

This research is conducted to examine the significant relationship that might exist between workload and perceived organizational support with nurses' performance. This present study will be valuable for both, theoretical and practical aspects. After completing this research, it is expected that all the findings and results obtained from this research will provide the theoretical and practical implications that will benefit to the individual nurses, hospital management, government and society.

From a theoretical perspective, this research will increase some knowledge about the current issues faced by nurses in private hospitals nowadays. Simultaneously, this research also helped the researcher learn and get a more in-depth understanding of the elements that will affect the nurses' performance. Besides that, this research also helped the researcher to understand the influences of work stress, such as workload, and perceived organizational support on nurses' performance. It also hoped that the result of this research will benefit and can be used as a reference to other researchers about employee performance based on the stated factors, especially among nurses in the private sector.

From the practical perspective, this research's finding is hoped to assist the hospital management or human resource (HR) department in identifying the main factors that significantly impact work stress among their employees that can in turn affect their performance. The hospital top management need to recognize and countermeasure the causes that lead nurses to the decrease in their performance level when performing their work. Thus, this study will help the HR department to plan well to increase the nurses' performance.

By completing this research, it is hoped that the result of this study will help the top management to understand the importance of their role in influencing nurses' performance. The findings would assist the Human Resource (HR) department in the healthcare sector in identifying and updating the new key performance indicator (KPI) or policies of the company that fit the needs of the current situation. Additionally, the employer and employee will gain advantages from this study to get a healthy workforce in the organizations. The organizations will also benefit from the enhanced nurses' performance to accomplish the organizational goals and objectives. The public and society will experience the benefits from the quality of the services provided to them. Thus, from the excellent service quality offered, it indirectly attracts patients to the hospital and leads to a higher profit for the organizations.

1.5 Scope of Research

This research was conducted in all private hospitals in Johor. All staff registered nurses (SRN) from different departments such as emergency, multidisciplinary ward, operation theatre, intensive care unit (ICU), labour room, outpatient clinic, and nursery intensive care unit (NICU) are chosen as respondents in this research. This group of people is selected due to the nature of their work that requires good performance to serve good quality towards their patients. This study's independent variables are workload and perceived organizational support, while the dependent variable is nurses' performance. Therefore, the study will only focus on the variables that chosen because there are the crucial factors to be examined.

1.6 Definition of Key Terms

The following definition of key terms will be used for the purpose of this study:

1.6.1 Employee Performance

Employee performance refers to the work performance of an employee after performing the required efforts on the job associated through a meaningful tasks and a dedicated profile (Karakas, 2010).

1.6.2 Perceived Organizational Support (POS)

The term of perceived organizational support refers to which an organization values their employees' contribution and cares about their well-being based on their perceptions of how readily the organization will reward their job performance and meet their needs (Rhoades & Eisenberger, 2002).

1.6.3 Workload

Workload is defined as the work that is assigned to the workers that needs to be completed in a limited time by using the skills and abilities of the employees (Munandar, 2011).

1.7 Organization of the Thesis

Chapter one is the beginning part of this thesis, which consists of the introduction to this study. It describes this study's direction by presenting the background of the study, problem statement, research questions, research objectives, significance, and scope of the research, and the key definitions of the terms. This chapter provides all readers to understand in-depth about the direction of this study.

Chapter two will discuss the literature review that discloses the definitions of the independent variables (IV) and the dependent variable (DV) and the related concepts of the variables. This chapter will also explain the relationship between IV and DV based on the previous study.

Chapter three, on the other hand, will explain the methodology of the study. In this study, the researcher will explain the research design, followed by population, sample size and sampling techniques, data collection procedure, questionnaire design, pilot test, and technique of data analysis.

In chapter four, the researcher will explain the findings of the study and analyse the data analysis by using the Statistical Package for the Social Sciences (SPSS). This chapter also will show the overall results of the analysis. The researcher will explain and discuss the result from the questionnaire distributed.

Finally, chapter five will be focusing on the discussions and conclusions. It explains the summary of the findings compared to the past studies, the limitations of the current research, and gives recommendations and suggestions for the future research.

The conclusions can be concluded based on the result of the analysis discussed in the previous chapter.



CHAPTER 2

LITERATURE REVIEW

2.0 Introduction

The first part of this chapter will be discuss the definitions and concepts on employee performance, workload, and perceived organizational support, while the second part will be focusing on the relationship between workload and employee performance and the relationship between perceived organizational support and employee performance. All the variables will be discussed in detail to observe the relationship between the variables in this research. This chapter also will include the theoretical framework of the study.

2.1 Definitions and Concepts of Variables

2.1.1 Employee Performance

Over the past 15-20 years, the concepts and definitions of employee performance have received tremendous attention by scholars. Sonnentag, Volmer and Spychala (2010) agreed that performance is a multi-dimensional concept. Performance is the output and accomplishments of employees, which are acknowledged by the company (Robbins, 1996). According to Thulth and Sayej (2015), performance can be explained as the actual conducting the activities in order to meet the obligation based on the criterion given. In other words, it is a sign of what and how well the work is done (Awases, 2006). Dahkoul (2018) defined performance as a result of the workers' actions based on their expertise and skills. The performance objectives must

be aligned with organizational policies so that the entire process will be more strategic and a people-centric perception (Jena & Pradhan, 2014).

Employee performance can be defined as a result of the work achieved by the individuals while conducting his duties using his skills, efforts, and opportunities (Hasibuan, 2010). It can be described as the real behaviour and attitudes shown by the workers as one of the achievements of the work performed by them to fulfilled their roles in their organizations (Irawanto, Ramsey & Ryan, 2011; Rivai, 2004). Harini, Sudarijati, and Kartiwi (2018) have suggested that employee performance is the work shown by the workers. It is used as a reference for the company to evaluate the employees. Employee performance is the accumulated result of all workers' skills, efforts, and abilities that contributed to improved productivity towards the goal achievement of organizations. Finally, the term employee performance indicates that employees' work performance that include their effort, which is associated with getting meaningful work and engaged profiles (Karakas, 2010).

Borman and Motowidlo (1993) proposed two aspects of performance, the basic level that can differentiate between a process aspect (e.g., behavioural) and an outcome aspect of performance. Firstly, behavioural aspects can be referred to as what employees do and the action itself, whereas at the workplace, it is called as performance enclose with the specific behaviour such as sales conversations with customers (Campbell, 1990). Henceforth, this concept implies that the specific actions act as performance indicators to evaluated employee performance (Campbell, McCloy, Oppler & Sager, 1993). On the other hand, the outcome aspect refers to the

employee's behaviour, such as the selling number of products sold by the employees. However, the behavioural and outcome aspects are related to each other.

Green and Heywood (2008) proposed that, there are two main elements of employee performance; the individual's personal quality and the company's working environment. Firstly, the individual's personal quality comprises of knowledge and skills, while the working environment includes job expectations and performance feedback (Green & Heywood, 2008). Hence, from the discussion above, employee performance is essential to study because it is important for organizational goals and mission.

There are three dimensions of employee performance, namely task, contextual, and adaptive performance. This study, however, will mainly focus on only two dimensions (task and contextual performance). According to Borman & Motowidlo (1997), there are several differences between task and contextual performance. Firstly, almost all of the contextual performance jobs are comparable, and in task performance, it is more jobs specific. The other dissimilarity in both of the dimensions is task performance is figured out mainly by ability, whereas contextual is mainly determined by motivation and personality. The last difference is task performance is an in-role attitude, and it is part of the job descriptions where as contextual performance is extra-role behaviour. Furthermore, contextual performance performed by the employee is not rewarded by the formal reward system of the company.

Pradhan and Jena (2017) however defined task performance as explicit job behaviours, which include job responsibilities assigned as a part of job descriptions. According to Williams and Karau (1991), task performance is an individual's contribution to the company performance that refers to actions that are part of the formal reward system (e.g., technical core) and addresses the requirements as stated in the job descriptions. It is views of job performance as something that can be explained as a result of the work that has been done. It can be seen from the quality and quantity of the work achieved by the employees during their duties and responsibilities that are given to the employees (Mangkunegara & Prabu, 2009). Task performance consists of work quantity and quality, job skills, and knowledge-based on employee behavior (Campbell, 1990). For this reason, task performance covers the fulfilment of the contract's needs between employer and employee.

Task performance can be illustrated as a multi-dimensional construct. Campbell (1990) proposed a hierarchical model of eight performance factors. Among these eight factors, five factors refer to task performance, job and non-job specific task proficiency, written and oral communication proficiency, supervision, and administration. Each of the factors is formed by subfactors, which are differently essential for various jobs. Borman and Brush (1993) argues that the supervision factor includes retaining the good working relationship between employee and employer, giving feedback and guiding the workers, and coordinating all the employees and other resources to get the work done. Task performance also requires cognitive ability and is primarily facilitated through task knowledge, task skills, and task habits (Conway, 1999). Thus, task performance's primary factors are the capability to do the job and previous experiences (Pradhan & Jena, 2017).

Entrusted task performance can be divided into two further categories, namely technical-administrative task performance and leadership task performance. The technical-administrative task performance consists of planning, organizing, and administering the daily work through an employee's technical ability and business judgement. Whereas leadership task performance is labelled through setting strategic goals, sustaining the performance standards, motivating and directing all the subordinates to complete all the tasks and jobs through recognitions or encouragement (Tripathy, 2014).

Contextual performance, on the other hand, is another element of employee performance. According to Farlianto and Indartono (2016), contextual performance is related to the individual's readiness to behave naturally. In other words, contextual performance can be explained as the subordinates' behavior that does not directly contribute to company performance. It still supports the organizational, social, and psychological environment (Sonnentag, Volmer & Spsychala, 2010). It includes activities that are not formally part of the job description. The contextual performance, also known as specific behavior, is not related to the job, for instance, employees' willingness to take an additional task and adjust to the rules and regulations (Motowidlo & Schmit, 1999).

Borman and Motowidlo (1993) have also set out five categories of contextual performance, namely volunteering activities on the other side of individual's formal job requirements, the persistence of passion and application when needed to settle down the important job requirements, help and support to others, following rules and prescribed procedures when it is inappropriate and lastly openly defending company

objectives. Contextual performance indicates extra effort from the individual, complying with the company rules and regulations or policies, and helping or alerting workmates about work-related problems that occur in the workplace.

There are some characteristics in the contextual performance that differ from other behaviours. Borman and Motowidlo (1997) suggested that, contextual performance consists of organizational citizenship behaviours (OCB) and pro-social work behaviours. The contextual performance was conceptualized and measured in various ways. Sonnentag, Volmer, and Spychala (2010) defined OCB as a discretionary behaviour not necessarily acknowledged and rewarded by the organizations. While, proactive behaviours are meant to carry out new and innovative processes in the organization, therefore changing the organization (Sonnentag & Frese, 2002).

On a different of contextual performance, the proactive view includes concepts such as personal initiative, taking charge, and proactive behaviours (Frese, Kring, Soose & Zempel, 1996; Morrison & Phelps, 1999; Crant, 1995). Personal initiative is a self-starting and active technique to work and consists of activities beyond what is formally requisite. In other words, workers who fit with the company's mission, when they have their long term goals and they can find solutions for challenging tasks. In the same way, taking charge implies that employees accomplish voluntary and constructive efforts, which impact organizationally functional. Proactive behaviour defined the self-initiated and future-oriented action taken by a person to improve the current situation (Crant, 1995; Parker, Williams & Turners, 2006). In conclusion, contextual performance is not a single set, but is a multidimensional concept (Van Dyne & LePine, 1998).

This study will focus on nurses' performance because it is one of the essential variables. Nurses are the backbones of healthcare organizations as they provide care and give the right medication as prescribed by doctors to their patients. They are also responsible for doing administrative tasks such as documentation and audit purposes. Hence, nurses' performance is critical for this study to save people's lives.

2.1.2 Workload

The first independent variable in this study is workload. According to Harini, Sudarijati, and Kartiwi (2018), workload is defined as the assessment of an individual with several task demands that require mental activities. Workload also means several tasks that are assigned to the employees, the tasks that given need to be completed based on the time given. (Dasgupta, 2013; Putra, 2012; Munandar, 2011). Excessive workloads can become too much when there is a lack of time and resources given to the employee to accomplish their work (Leung & Chang, 2002).

There are external and internal factors that affect workload. According to Arika (2011), an external factor can be described as a burden to the outside of the worker's body, such as physical tasks (e.g., job responsibilities). An internal factor, on the other hand, originates from the body itself due to the reaction to the excessive workload. Nowadays, in any industry, employees are exposed to workload problem and are under a range of stress at work and this might affect their health and performance.

Dagdeviren, Eraslan, and Kurt (2005) posted that, there are several factors of workload, which are, attention reduction, expansion of the response time, failed to completing the tasks given, stress, fatigue, and a decrease in performance. Too much of a workload will increase the pressure at the workplace (Vanishree, 2014). When there is too much workload, it will increase the stress level of workers in an organization, lead to undermines the physical and mental systems of the employees, high rate of accidents in the workplace, and decreases job satisfaction of the employees (Mersin, Ipcioglu & Koca, 2018). Additionally, the excessive workload will lead to unintended outcomes such as employee and employer conflict, especially in small companies (Chipunza & Samuel, 2012). It will also cause the employee to become mentally distant from work, fatigue, and burnout of workers, higher turnover rate, and low performance (Inandi & Buyukozkan, 2013; Razak, Yunus & Nasurdin, 2011; Celik & Cira, 2013). Similarly to Vijayan (2017), the excessive workload will, in turn, experiencing lead to lower performance levels and low morale and high turnover in the organizations.

There are positive and negative perceptions of employees towards workload. Employees will have a positive impression when the employee considers all the workload given by the employer is a challenge for them. Hence, this will motivate them, and they will be more serious in their work and provide something beneficial to the organizations (Harini, Sudarijati & Kartiwi, 2018). The negative perception arises when the employee view as the workload as a working pressure that might be affecting employee performance and there will have a negative impact on the organization (Robbins, 2010).

There are three levels of nurses' workload, namely the unit-level, job-level, and task-level (Holden, Scanlon, Patel, Kaushal, Escoto, Brown, Alper, Arnold, Shalaby & Murkowski, 2011). Unit-level workload includes the staffing level and skill mix considerations. The job-level depends on the nurses' understanding of how much of the task that needs to be completed in a day; and the task-level considered when the nurses have to do a job. All of the levels of the workload are associated with different demands and nurse and patient outcomes.

Nowadays, the excessive workload in hospitals gives pressure and makes working conditions more difficult for nurses. The study done by Demir (2010) states that nurses who are working in challenging situations may increase the ratio mistakes done. Carayon and Gurses (2008) suggested the main reasons for nurses are burdened with heavy workload is because there is an increase in demand for them, a limited number of nurses available, a decrease in the hospitalization days of the patients, and the decreasing number of workers. In the healthcare industry, nurse's workload refers to the amount of work assigned to or expected from a nurse in a certain of a period, a standard measure of workload in the healthcare sector is the number of patients that a nurse oversees, as the ratio of nurse to patients (Page, 2004). A research conducted by Bhaga (2010) found that insufficient staff would make it difficult to provide a high standard of work in the workplace. The employees who have the capabilities to perform work are enjoying the workload; however, when the pressure has become too excessive, it can harm the employees (Shah, Jaffari, Aziz, Ejaz, Ul-Haq & Raza, 2011). All the workload faced by the nurses can affect the quality of work and level of performance among the nurses. Thus,

workload is an essential variable to be studied because it might influence employee performance in organizations.

2.1.3 Perceived Organizational Support (POS)

Perceived organizational support (POS) is the second independent variable in this study. POS can be defined as the employee's beliefs concerning the extent to which of the organization's values their contributions and cares about their well-being (Eisenberger, Huntington, Hutchison & Sowa, 1986). Similarly, it is defined as the extent to which of the organization's values, cares and respects for the entire workers well-being of their contributions and services towards the organizations (Bitmis, 2015; Leodoro, Michael, Konstantinos, Denise & Peter, 2018). POS can be explained, all the employees in the organization believe that their companies appraise all their contributions and care about their welfare in the workplace.

Since the introduction of perceived organizational support by Eisenberger, et al., (1986), several studies have been empirically tested on factors and consequences that are related to perceived organizational support. Some of the elements are organizational justice, politics, participation in decision-making, and supervisor support (Ambrose & Schminke, 2003; Andrews & Kacmar, 2001; Allen, Shore & Griffeth, 2003; Settoon, Bennett & Liden; 1996). There also have an outcome on POS; it includes increased job satisfaction, performance, commitment, and reduced turnover (Eisenberger, Cummings, Armeli & Lynch, 1997; Shanock & Eisenberger, 2006; Hochwarter, Kacmar, Perrewe & Johnson; 2003; Rhoades & Eisenberger, 2002).

Wayne, Shore, and Liden (1997) argue that positive POS will lead all the workers to be concerned about the organization's well-being, give their full commitment to the company, and help the company to achieve its goals and mission and reduce the turnover rate in the company. According to Fulei, Long and Ming (2014), when employees perceive the encouragement and concern, they will give more effort and excellent performance compared to employees who do not received support from top management. Monnastes (2010) past study also showed that if the workers feel supported by their organizations or top management, they will feel obligated to care about their company's being and put more effort into helping the organization to succeed and achieve the organizational goals and objective. Besides that, POS increases if the company is seen as willing to implement rewards, enhance job enrichment opportunities, and have a good workplace policy (Laschinger, Purdy, Cho & Almost, 2006). All the caring, attention, and respect linked with POS will fulfil employees' social and emotional needs, and their character and social identity become integrated with the company (Al-Homayan, Shamsudin, Subramaniam & Islam, 2013).

According to Nielsen (2007), employees who received organizational support indicate increased or heightened in-role performance behaviours among them. Furthermore, POS also manifests itself in many ways, such as fair treatment, sufficient supervisor support, and opportunities for company rewards and supportive work conditions (Allen, Shore & Griffeth, 2003; Ahmed & Nawaz, 2015). POS can affect how the company treats the worker, and consecutively it might affect the worker's impression how the company supports and values them (Eisenberger et al., 1986). In harmony with the norm of mutuality, supported workers tend to value and

hold in high regards for their company and are willing to play a part in achieving the organization's goals (Dawley, Houghton & Bucklew, 2010).

Perceived organizational support can also reduce the problems faced by employees, such as excessive workload and depression (Liu, Hu, Wang, Sui & Ma, 2013). An environment with good support can decrease the work stress and maintain all the employees in the organization (AbuAlRub, 2004). Similarly, supportive work environment is essential in creating job satisfaction and enhanced performance of the employees in the workplace (Robaee, Atashzadeh-Shoorideh, Ashktorab, Baghestani & Barkhordari-Sharifabad, 2018). It also supported by Wayne, Shore & Liden (1997), POS also can reinforce workers' beliefs that the company recognizes and rewards increased performance or any expected attitude.

In this context of the study, nurses need support from organizations to keep them more motivated in the workplace since taking care of patients is complex and demanding (Fairchild, 2010). When the nurses received organizational support, they will be able to continue their professional development successfully (Bradley, Campbell & Nolan, 2005). Supportive management practice is also essential for achieving high nursing performance among the nurses (Drach-Zahavy, 2004). It is a well-known fact that nursing profession is a stressful profession in the healthcare industry (Cheng-min & Borwen, 2009), hence, with organizational support, it may protect nurses from the bad or harmful effects of stress by increasing their self-esteem and communicating that the company cares for their welfare (George, Reed, Ballard, Colin & Fielding, 1993).

Furthermore, the hospitals also have to give good support to the nurses to get better performance. According to Ritter (2010), good support from organizations is a crucial factor in employee performance so as to ensure that they have a positive and healthy practice environment in the workplace. It also might help the nurses to show a positive attitude, make an ethical decision, and decrease the work stress in the workplace. Today, a nurse's occupation is more likely to face more work stress if they received less concern and support from the organizations or the top management. They will feel uncomfortable doing their work. Hence, POS is an important variable to be studied because it might influence employee performance in organizations.

2.2 Hypotheses Development

This section discusses hypotheses development based on past studies. The hypotheses to be developed are on the direct relationship between workload and perceived organizational support on nurses' performance. The hypotheses will also be developed on employee performance in various departments.

2.2.1 How Workload Influence Employee Performance

Multiple researchers' findings have shown the relationship between workload levels and employee performance (Ballet & Kelchtermans, 2009; Shah, Jaffari, Aziz, Ejaz, Ul-Haq & Raza, 2011). They found that there are positive implications between workload variables and employee performance, showing that when a workload increases, the workers' performance will also increase (Astianto, 2014). In short, it showed that there is a positive relationship between workload and employee performance. Also, the result of a study on the hotel industry conducted by Lee and

Way (2010), showed that there is a significant relationship between workload and employee performance.

A study conducted by Choi, Tan, Teoh, and Muthuveloo (2014) found that those who are dealing with excessive workloads, such as lack of time to complete their work or insufficient staff, were found to have low performances. Thus, it can affect the quality of work and performance among the nurses. Most of the respondents who are contribute that they mostly faced little of time to perform the tasks and unsustainable workloads. Similarly Dar, Akmal, Naseem, and Din Khan (2011) whose study has selected 143 employees from different multinational companies, universities, and banks, who have worked in the company for at least five years as respondents. The findings of the study have shown there is a negative relationship between workload and employee performance. Another study by Warraich, Ahmed, Nawaz, and Khoso (2014) indicated that workloads have a significant relationship with job performance leading to decreased individual efficiency.

A previous research has indicated that the performance from employees occurs when the workload is moderate (Siswanto, Supriyanto, Ni'mah, Asnawi & Wekke, 2019). However, there were also studies that show that workload did not affect the performance of teachers (Johari, Tan & Tjik Zulkarnain, 2018). The study tested on 302 teachers in public schools in the Northern Region of Peninsular Malaysia. A study conducted by Munawaroh, Riantoputra, and Marpaung (2013), also indicated that workload had no effect on employee performance among an Indonesian government office.

Past study by Cox, Cheryl and Sohl (2006), attempted to examine a direct comparison between sudden increase and decrease of workload situation and performance was significantly impaired in both conditions. Other study by Cox, Swickert and Hittner (2004), suggested that a sudden decrease or increase in workload could result in impaired performance. Nonetheless, a sudden decrease in workload will have a more significant effect employee performance. Still, an unexpected decrease in workload will also affect employees' performance. Based on the above discussions, it can be concluded that it is a significant relationship. Therefore, in this study, the researcher wants to test and postulate the relationship between workload and employee performance.

H1: Workload has a significant relationship with the nurses' performance.

2.2.2 How Perceived Organizational Support Influence Employee Performance

Previous research indicated the positive impact of organizational support on nurses' job outcomes (Ahmed & Nawaz, 2015). According to Afzali, Motahari, and Hatami-Shirkouhi (2014), perceived organizational support (POS) is positively influencing job performance. The study is conducted in the banking industry and its respondents are the Iranian bank employees. Also, a study conducted by Rhoades and Eisenberger (2002), have found a positive relationship between POS and performance. The authors have found a positive correlation between perceived organizational support and nurse's occupation-related outcomes (Hall, 2007).

Mohamed and Ali' study (2015), yielded that perceived organizational support has a positive relationship with employee job performance. Hence, POS and job performance have a strong relationship between them. The supervisors' perceptions that the company cared about their employee well-being, they were indicated positively related to all employees' perceptions of support by their supervisor (Shanock & Eisenberger, 2006). Also, previous research by Lee (2010) showed that perceived organizational support could lead to higher expatriate adjustment and performance levels. Na-Nan, Joungrakul and Dhienhirun (2018) study, has tested the influence of perceived organizational support (POS) on the employee performance of expatriate teachers in Thailand. The result of the study has revealed that perceived organizational support positively correlates with employee performance. Thus, based on the above discussions, it is postulated that there is a relationship between perceived organizational support and employee performance.

H2: Perceived organizational support has a significant relationship with the nurses' performance.

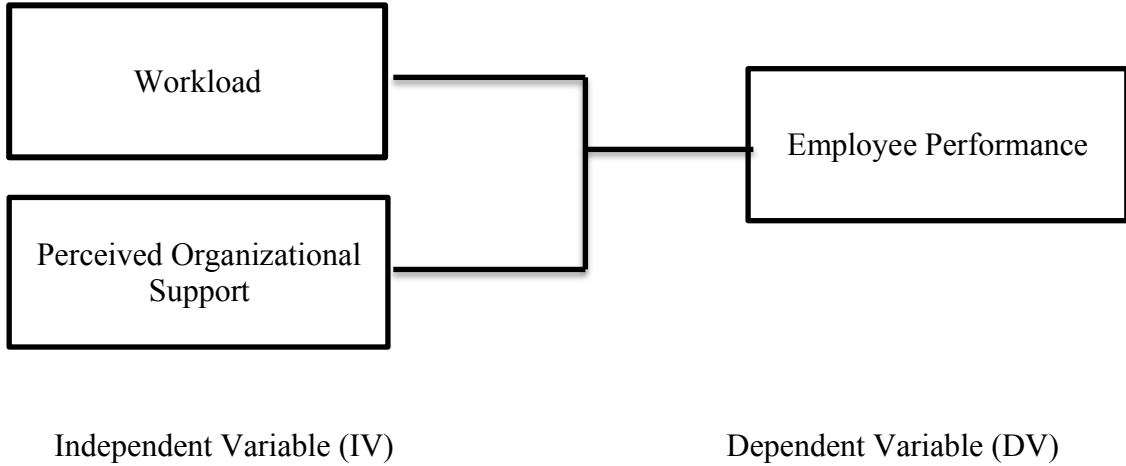
2.2.3 Differences in Employee Performance according to Various Department

A past research by Jamal and Baba (1992) focused on nurse's field and various departments, such as the intensive care unit (ICU) and non-intensive care unit nursing. They found that there are significant differences in terms of performance among nurses who are working in the various of departments. The result showed that nurses who were working in non-intensive care departments performed better than the nurses in the intensive care departments. This is because the nurses in intensive care departments have received mixed support from top-level management, while nurses in non-intensive care departments did not received any support from their top-level management. Other than that, Al-Makhaita, Sabra, and Hafez (2014) study were also done on the level of job performance among nurses working in various levels of care. The findings showed that, there are significant differences between the levels of care. Therefore, based on the above discussions, the researcher wants to test employee performance according to various departments.

H3: There is a significant difference in nurses' performance according to various departments.

2.3 Research Frameworks

Figure 2.1
Research Framework of the Study



2.4 Chapter Summary

This chapter discussed the literature reviews on the previous studies that indicated the dependent and independent variables of this study. The dependent variable is the nurses' performance, and the independent variables are workload and perceived organizational support. This study also explained the relationship and the findings of related studies between workload and perceived organizational support with nurses' performance. This chapter also shows a theoretical framework used for this research. Finally, the hypotheses also have been developed in this chapter. The following sections describe the procedures and methods used in this study for data collection and analysis.

CHAPTER 3

METHODOLOGY

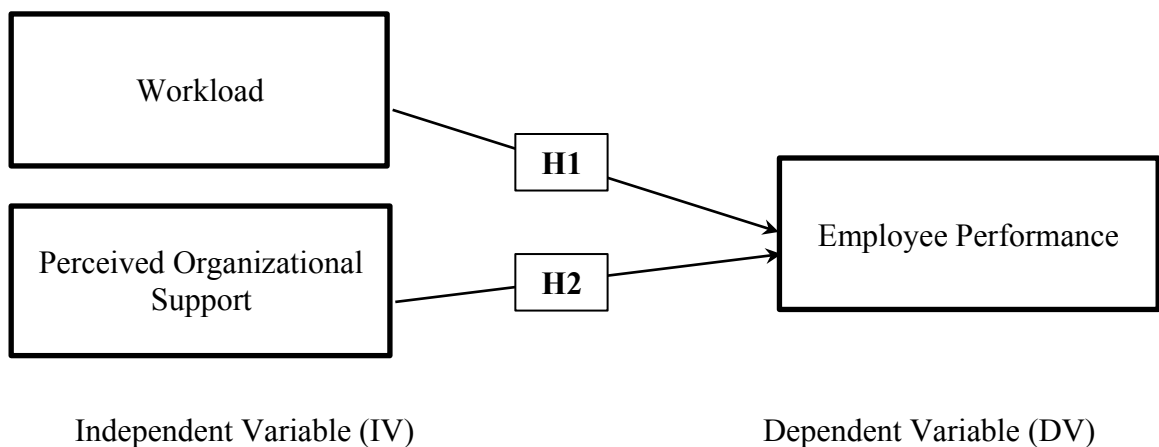
3.0 Introduction

This chapter will discuss further methods and procedures used in this study to answer all the questions brought up in the research questions. This chapter will discuss aspects related to the study's design, instruments used to obtain the validity and reliability of items, population and sample selection research, data collection procedures, and the data analysis technique in this study. Further, this chapter will briefly explain about the details of measurement on the dependent and independent variables.

3.1 Research Frameworks and Hypothesis of Study

3.1.1 Research Frameworks

Figure 3.1
Research Framework



3.1.2 Hypothesis of Study

H1: Workload has a significant relationship with the nurses' performance.

H2: Perceived organizational support has a significant relationship with the nurses' performance.

H3: There is a significant difference in nurses' performance according to various departments.

3.2 Research Design

Research design is a framework that is required before conducting a research. It is the first step that requires getting information to solve the research questions (Broadhurst, Holt, & Doherty, 2012). There are three types of research designs for the research, mainly quantitative, qualitative, or mixed methods (Creswell, 2009). The quantitative research method was used in this study. As Kaya (2013) stated, quantitative research is applied to examine the relationships and hypothesis to validate the interaction of the variables.

This study, utilizes self-administered questionnaire to collect the data. A self-administered questionnaire is a questionnaire refers to a questionnaire that has designed to be answered by the respondent without any involvement of the data-gathering researchers; for example, an interviewer (Lavrakas, 2008). This method is popular and is mostly being used by researcher to collect descriptive data in quantitative research. Quantitative research involves the statistical, mathematical, or numerical analysis of data collected. This type of research focuses on gathering numerical data and generalizing it across different groups of people to explain certain phenomena or situations. Quantitative research also used to evaluate the research

hypothesis and test the relationship between all variables in the study (William, 2007).

This research is quantitative in nature employing a cross-sectional survey to collect data. The reason for implementing a cross-sectional study is to gain current data from the sample in private hospitals in Johor and provide information about what is happening in the current population. The cross-sectional study is to make some inferences about the populations at one point in time (Lavrakas, 2008). According to Sekaran and Bougie (2013), the data would be collected only once, and data that failed to be collected previously will not be retrieved for analysis in the study. Besides that, the cross-sectional survey is particularly suitable for estimating the prevalence of the behaviour in a population, and this survey is generally quick and easy to perform, utilizing questionnaires (Philip, 2014). The unit of analysis selected for this study is at the individual level that is the staff registered nurses in various departments in private hospitals in Johor. The data collected will be analysed using Statistical Packages of Social Sciences (SPSS).

3.3 Populations and Sample Size

3.3.1 Population

The population is the overall number of individuals' collection; things events of concern whereby the investigator intends to make an investigation of (Sekaran & Bougie, 2013). This study only focuses on private hospitals that are operating in Johor because many past studies on nurses' performance were done on public hospitals. In line with that, the population for this study consists of 1115 staff registered nurses from private hospitals in Johor. Table 3.1 shows the total number of staff registered nurses in private hospitals, Johor.

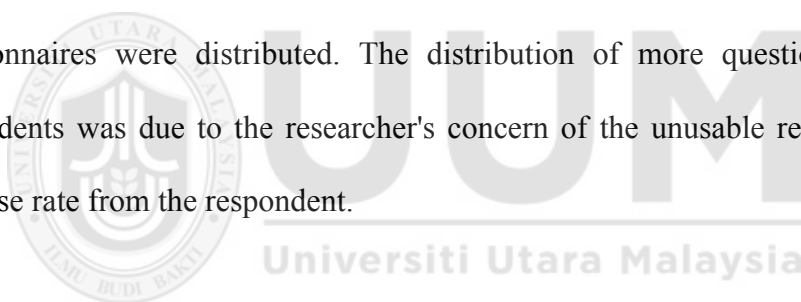
Table 3.1

The total populations of staff registered nurses in private hospitals, Johor.

No	Name of Hospital	No of Staff Registered Nurse
1.	KPJ Johor Specialist Hospital	431
2.	KPJ Bandar Maharani Specialist Hospital	113
3.	KPJ Pasir Gudang Specialist Hospital	169
4.	KPJ Kluang Utama Specialist Hospital	77
5.	KPJ Bandar Dato Onn Specialist Hospital	62
6.	KPJ Puteri Specialist Hospital	263
Total		1115

3.3.2 Sample Size

A sample is a subset of a population, and it is the number of units of the population that the researcher intends to collect information from (Saunders, Lewis & Thornill, 2014). The researcher needed to decide the correct sample size to ensure the sample population's results can be generalized (Krejcie & Morgan, 1970). In this study, the population of this study is 1115 staff registered nurses. According to Krejcie and Morgan's (1970) sampling table in determining the sample size of this study, when population size, $N=1115$, the sample size (n) should be between 285-291 respondents. This figure should be adequate to derive accurate responses in generalizing the overall population. The researcher has added 10% of the total of the sample size when distributing the questionnaires. Therefore, a total of 320 questionnaires were distributed. The distribution of more questionnaires to the respondents was due to the researcher's concern of the unusable response and low response rate from the respondent.



3.3.3 Unit of Analysis

Unit of analysis selected for this study is at the individual levels, which are registered staff nurse in various departments in private hospitals, Johor.

3.4 Sampling Technique

There are two types of sampling techniques, which are probability sampling and non-probability sampling (Chua, 2013). This study used probability-sampling techniques, particularly stratified random sampling. Stratified random sampling is the process of selecting a sample that allows identified subgroups in the defined population to be represented in the same proportion that they exist in the population. Since there are

only six private hospitals in Johor that responded and agreed to participate in this research, so stratified random sampling technique was used to calculate the sample subjects.

There are two types in stratified random sampling, which is a proportionate and disproportionate stratified sampling. In this study, proportionate sampling was used where the sample size of 291 was used to identify the sample size of each stratum. Table 3.2 below shows the population size of each hospital and the sample size identified for each stratum.

Table 3.2
Proportionate stratified sampling

Name of Hospitals	Population	Percentage (%)	Sample for each stratum
KPJ Johor Specialist Hospital	431	39%	113
KPJ Bandar Maharani Specialist Hospital	113	10%	29
KPJ Pasir Gudang Specialist Hospital	169	15%	44
KPJ Kluang Utama Specialist Hospital	77	7%	20
KPJ Bandar Dato Onn Specialist Hospital	62	5%	15
KPJ Puteri Specialist Hospital	263	24%	70
Total	1115	100	291

3.5 Questionnaire Design

Questionnaire is one of the instruments frequently used by researchers to collect data from respondents (Zohrabi, 2013). The items in the questionnaire are created as closed-ended questions. The questionnaire in this study comprised of 39 questions and it was divided into five sections, which were section A, B, C, and D. Section A consist of the demographic background of respondents, such as gender, status, age, length of service and department. Section B consists of items that measure the dependent variable, employee performance, which is further divided into two categories, which are task, and contextual performance. While section C and D contains, the factors affecting the nurses' performance are focus as the independent variable (workload and perceived organizational support).

Table 3.3
Measurement of Study

Variables	No of Items	Source and Year
Section A: Demographic Background	5	
Section B: Employee Performance	15	Pradhan and Jena (2017)
Section C: Workload	11	Caplan, Cobb, French, Van Harrison and Pinneau (1980)
Section D: Perceived Organizational Support	8	Dawley, Houghton & Bucklew (2010)

3.5.1 Employee Performance

Employee performance is the dependent variable in this study. The variable is divided into two parts, namely task, and contextual performance. Employee performance is measured using a 5-point Likert-like scales ranging from “1” (Strongly Disagree) to “5” (Strongly Agree). In this section, there are 15 items adapted from Pradhan and Jena (2017). The table below shows the items in the employee performance variable.

Table 3.4
Employee Performance Measurements

Variable	Operational Definition	Items
Task Performance	Comprises of job explicit behaviours that include job responsibilities that are assigned as a part of job description.	<ol style="list-style-type: none"> 1. I always maintain a high standard of work. 2. I am capable of handling my work without much supervision. 3. I am very passionate about my work. 4. I know I can handle multiple work for achieving organizational goals. 5. I always complete my work on time. 6. My colleagues believe I am a high performer in my organization.
Contextual Performance	A kind of prosocial behaviour demonstrated by individuals in a work set up.	<ol style="list-style-type: none"> 1. I always extend help to my co-workers when asked or needed. 2. I love to handle extra responsibilities. 3. I extend my sympathy and empathy to my co-workers when they are in trouble. 4. I actively participate in-group discussion and work meetings.

Table 3.4 (Continued)

Variable	Operational Definition	Items
		5. I use to praise my co-workers for their excellent work. 6. I derive lot of satisfaction nurturing others in organizations. 7. I always share knowledge and ideas among fellow workers. 8. I always guide new colleagues beyond my job purview. 9. I communicate effectively with colleagues for problem solving and decision-making.

Sources: Pradhan & Jena (2017)

3.5.2 Workload

Workload is one of the independent variables in this study, and it is the total amount of work and time that a worker devoted to activities like human services, administrations and other related tasks. Responses for items 1 to 4 are measured using a 5-point Likert-like scales ranging from “1” (Rarely) to “5” (Very Often) and responses for items 5 to 11 are measured using a 5-point Likert-like scales ranging from “1” (Hardly any) to “5” (A great deal). In this section, there are 11 items adapted from Caplan, Cobb, French, Van Harrison and Pinneau (1980). The table below shows the items in the workload variable.

Table 3.5
Workload Measurements

Variable	Operational Definition	Items
Workload	The work that is assigned to the workers that needs to be completed in a limited time by using the skills and abilities of the employees	<ol style="list-style-type: none"> 1. How often does your job require you to work very fast? 2. How often does your job require you to work very hard? 3. How often does your job leave you with little time to get things done? 4. How often is there a great deal to be done? 5. How much slowdown in the workload do you experience? 6. How much time do you have to think and contemplate? 7. How much workload do you have? 8. What quantity of work do others expect you to do? 9. How much time do you have to do all your work? 10. How many project or tasks do you have? 11. How many lulls (temporary intervals) between heavy workload periods do you have?

Sources: Caplan, Cobb, French, Van Harrison and Pinneau (1980)

3.5.3 Perceived Organizational Support (POS)

Perceived organizational support is one of the independent variables in this study. Perceived organizational support is operationalized as the employee's belief that their organization values the entire employee's contributions and being caring about the employees' well-being. Perceived organizational support variable is measured using a 5-point Likert-like scales ranging from "1" (Strongly Disagree) to "5" (Strongly Agree). In this section, there are eight items adapted from Dawley, Houghton and Bucklew (2010). The table below shows the items in the perceived organizational support variable.

Table 3.6
Perceived organizational support measurements

Variable	Operational Definition	Items
Perceived Organizational Support (POS)	Employees' beliefs that his/her organization values his/her continued employment, is committed to them and is concerned about their well-being.	<ol style="list-style-type: none"> 1. The organization values my contribution to its well-being. 2. The organizations fail to appreciate any extra effort from me. (R) 3. The organization would ignore any complaint from me. (R) 4. The organization really cares about my well-being. 5. Even if I did the best job possible, the organization would fail to notice. (R) 6. The organization cares about my general satisfaction at work. 7. The organization shows very little concern for me. (R) 8. The organization takes pride in my accomplishment at work.

Sources: Dawley, Houghton and Bucklew (2010)
R= Reverse Coding

3.6 Data Collection Procedure

In order to accomplish this study, a total of 320 questionnaires were distributed to all the staff registered nurses in private hospitals located in Johor. The questionnaire was distributed randomly through the researcher personally going to each private hospital in Johor.

3.7 Pilot Test

A pilot test was conducted before the actual distributions of the questionnaire to the respondents as a small initial survey. Pilot test is considered the most important method for testing the level of validity and reliability of all the measurements and items used for this study. It is also to ensure they are easy to understand, practical and meets the needs of the study and ensure that if there were any errors in the questionnaire structure, the researcher would be able to do some correction before performing a large-scale distribution of the questionnaires (Sekaran, 2003). Cronbach's Alpha is used in reliability tests since this is widely accepted in a reliability test tool (Hinton, Brownlow, McMurray & Cozens, 2004).

In this context of the study, the pilot test was conducted at the beginning of February 2020 among 30 staff registered nurses from private hospitals, Johor who agreed to become the respondents for this pilot test. The time given for this pilot test was about one week to let the respondent answer the questionnaires. The pilot study indicated a Cronbach's alpha (α) of 0.946 for employee performance, 0.899 for workload and 0.735 for perceived organizational support. Thus, all instruments were accepted to use in this study. Table 3.7 below shows Cronbach's alpha result for each variable.

Table 3.7
Output of Pilot Test

Variables	No. of Items	Cronbach's Alpha	Level of Reliability
Employee Performance	15	0.946	Excellent reliability
Workload	11	0.899	High reliability
Perceived Organizational Support	8	0.735	High reliability

3.8 Techniques of Data Analysis

The data analysis has been carried out to obtain the result from the data collected by using the Statistical Packages of Social Sciences (SPSS). Completed and accepted questionnaires were reviewed to ensure all items are completed before being recorded and analysed to obtain the reliability and validity of the items being constructed. Each item recorded in the SPSS programme uses a specific code to represent the item to facilitate the process of data entry. Descriptive, correlation, multiple regression analysis and One-way ANOVA methods are used in this study.

3.8.1 Descriptive Analysis

Descriptive analysis was used to define and recap the key features of the data that had been collected from the selected respondents. This analysis provides a simple overview of the samples and the measures taken. This analysis is conducted to determine the basic characteristics of respondents. In this study, the respondent's demographic characteristics such as gender, age, marital status, length of service, and departments will be explained using frequency and percentage.

3.8.2 Pearson Correlation Analysis

Correlation analysis is conducted to test the relationship between predetermined independent variables (workload and perceived organizational support) with the dependent variable (employee performance). This analysis is used to describe the strength of the relationship and also the direction of the linear relationships between variables (Sekaran, 2010). To test the strength of the relationship, the researcher refers to Cohen (1988) on the interpretation of the R-value, the strength of correlation coefficient. Strong positive correlation will produce an R-value close to +1, and strong negative correlation will be close to -1 (Simon & Goes, 2011). Moreover, the acceptable significant value (p) will be either 0.01 or 0.05 (Coakes & Steed, 2007).

3.8.3 Multiple Regression Analysis

Multiple regression analysis is used to test the hypotheses, whether there is a significant relationship between independent and dependent variables. Multiple regression analysis methods is used by calculating beta values to check which the independent variables in this study have greater influence in influencing dependent variable. The R^2 value is the sum of the variables that describe the variable depending on the predictor. Decisions can be interpreted from the value R^2 , F value and significance level.

3.8.4 One-way ANOVA

In this study, one-way ANOVA is to test the differences in the level of nurses' performance between different departments. One-way ANOVA is an appropriate test for hypothesis testing when there are more than two groups to be measured. One-way ANOVA is a single-factor, fixed-effects model to compare the effects of one factor and the same with t-test and will show the same p-value (Freeman, 2015). This means that it is used to determine the variability of the sample values by looking at how much the observation within each group varies as well as how much the group means varies.

3.9 Chapter Summary

In this chapter, the researcher has pointed out all the procedures and systematic analysis that applies to this study. The explanations start from planning for research design, populations, sample size, sampling techniques, develop instrument, collecting data, and pilot test and data analysis. The next chapter will briefly discuss further the interpretation findings of the data analysis.

CHAPTER 4

DATA ANALYSIS AND RESULTS

4.0 Introduction

This chapter will discuss the completed results and analysis of data gathered through the study conducted. This chapter comprises of several sections. The first section of the chapter will present the descriptive statistic of respondents' demographic details such as gender, age, status, length of service, and departments. The next section will describe the findings for the current study. This chapter will iterate to answer the research questions, research objectives, and hypotheses formulated at the beginning of this study.

4.1 Descriptive Statistics

Descriptive statistics describe the basic features of the data in every research, which then provide simple summaries about the measures and samples (Trochim, 2006). According to Tiemann (2010), frequency analysis is a significant area of statistics that engages with the number of occurrences of responses by each respondent. Frequency analysis comprises of three types of measures. They are measures of central tendency, measures of dispersion, and measures of percentiles values. Therefore, this study analyzed respondents' demographic information, central tendency measures, and measures of dispersion of each variable using SPSS.

4.1.1 Demographic Statistics

This study involved 291 respondents, and these respondents were all staff registered nurses from some of private hospitals in Johor. Hence, demographic statistics display the respondents' details, such as gender, age, marital status, length of service, and departments. The summary of the demographic profile for each respondent is shown in the table 4.1 below.

Table 4.1
Demographic Statistics of the Respondent

Characteristics of Respondents	Frequency (n)	Percentage (%)
Gender		
Male	35	12.0
Female	256	88
Status		
Single	131	45
Married	154	52.9
Divorce	6	2.1
Age		
21-30 years old	211	72.5
31-40 years old	68	23.4
41-50 years old	9	3.1
Above 50 years old	3	1.0
Length of Service		
Less than 1 year	56	19.2
1-5 years	130	44.7
5-10 years	64	22.0
More than 10 years	41	14.1
Department		
Emergency	13	4.5
Multidisciplinary	86	29.6
Ward		

Table 4.1 (Continued)

Characteristics of Respondents	Frequency (n)	Percentage (%)
Operation Theatre	54	18.6
Intensive Care Unit (ICU)	49	16.8
Outpatient Clinic	24	8.2
Others	65	22.3

n=291

Table 4.1 above presents respondents' demographical data such as gender, age, status, departments, and length of service. Out of the 291 respondents, the majority of them are female, 256 (88%), and 35 (12%) are male. A total of 131 (45%) respondents are single, 154 (52.9%) are married, and 6 (2.1%) are divorced. The respondents' ages in the current study ranges from 21 to 59 years old. There are only three respondents reported to be above 50 years old, which contributed only 1% of the total of respondents. Only 3.1% reported between 41-50 years old age, indicating nine respondents. Respondents between the ages of 31- 40 years old are 23.4%, indicating 68 respondents. Respondents from the age 21-30 years of age contributed most to this study, with the percentage of 72.5%. In terms of the respondents' length of service, 19.2% respondents have less than one year of experience, while 44.7% respondents have 1-5 years of service, another 22% shows the respondents with 5-10 years of service, and the remaining of about 14.1% have more than ten years of service. Lastly, in terms of departments, of the time the study was conducted, the majority of respondents are working at multidiscipline wards; with the total percentage is 29.6%. The lower numbers of respondents are working in the emergency department, with only 4.5%.

4.1.2 Mean and Standard Deviation for Variables

The motive of measuring mean and standard deviation in descriptive statistics is to identify the central scores of variables and spread the values approximately central tendency. The standard popular measure of dispersion used by all researchers and the standard deviation, variance, and range. In this study, the measures employed are mean and standard deviation. The mean is an average value of the data set, and the standard deviation will be able to express how much the members of a group differ from the mean value. The mean and standard deviation scores for each variable were presented in table 4.2 below.

Table 4.2
Output of Mean and Standard Deviation for Variables

	Mean	SD
1. Employee Performance	3.83	0.732
2. Workload	3.53	0.652
3. Perceived Organizational Support	2.84	0.403

n=291

Table 4.2 above shows the value of mean and standard deviation scores for all variables. Firstly, employee performance reported a mean score of 3.83 (S.D = 0.732), and the workload recorded a mean of 3.53 (S.D=0.652). Last but not least, the mean for perceived organizational support recorded 2.84 (S.D = 0.403).

4.1.3 Reliability Analysis

Reliability is a measure of consistency or stability of the data score (Stephanie, 2016). An instrument used in any study should be test and identifying the reliability of the data score. Thus, to measure the reliability of the instruments, it could be done through the understanding of internal consistency. It refers to the extent results are consistent over time. Internal reliability describes how well the instrument measures what it is supposed to measure (Stephanie, 2016). The value of reliability can be obtained by conducting a reliability test by looking at the Cronbach alpha values.

A reliability test was conducted to identify the internal consistency of the instrument used. Both workload and employee performance variables were reported to be above 0.80, which is 0.968 for employee performance and 0.905 for workload. Meanwhile, perceived organizational support showed the Cronbach's Alpha value of 0.644. Therefore, all the variables of this study show adequate reliability, and it is important to note that no items have removed from the measurement scale.

Table 4.3
Summary of Reliability Analysis

Variables	No of Items	Items Deleted	Cronbach's Alpha
Employee Performance	15	None	.968
Workload	11	None	.905
Perceived Organizational Support (POS)	8	None	.644

n=291

4.2 Inferential Statistics

4.2.1 Pearson Correlation Analysis

Correlation analysis is done to investigate the potential relationship between the continuous variables. According to Coakes and Steed (2007), the importance of interpreting the correlation coefficient is because of the necessity to identify the coefficient and associated significance value (p). The authors define the acceptable significance value (p) will be either 0.01 or 0.05. Pearson correlation is a number between -1 and +1 that indicates the extent to which two variables are significant. As stated by Cohen (1988) on the interpretation of r-value. The r-value of 0.10 to 0.29 (weak), 0.30 to 0.49 (moderate) and 0.50 to 1.00 (strong). Meanwhile, Pallant (2007) stated that if the value scored zero (0), then there is no correlation that existed.

Table 4.4
Correlation between workload, perceived organizational support with nurses' performance

Workload	Pearson Correlation	.393
	Sig. (2-tailed)	.000
	N	291
Perceived organizational support	Pearson Correlation	.330
	Sig. (2-tailed)	.000
	N	291

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

Based on summaries of Pearson correlation analysis table 4.4 above, 291 samples were tested on all variables related to the dependent variable (employee performance). All the independent variables are positively related to nurses' performance. The relationship between workload and nurses' performance is significant with p-value is less than 0.01. The result of workload indicates moderate correlation with nurses' performance with r-value 0.393. Next, findings of Pearson correlation between perceived organizational support with nurses' performance also showed significant with p-value is less than 0.01. The result of POS also showed moderate correlation with nurses' performance with r-value of 0.330.

4.2.2 Multiple Regression Analysis

There are two types, which of regression analysis which are single linear regression and multiple regressions. Linear regression is used to establish the relationship that exists between two variables. Multiple regressions used when the dependent variable are defined by more than one variable. The results of multiple regression analysis for the dependent and independent variables was conducted using an enter method in table 4.5 below.

Table 4.5

Multiple regressions output between workload and perceived organizational support with employee performance

Dependent Variable (Nurses' Performance)			
Independent Variable	Beta Coefficient	R²	Sig of Beta
Workload	.384	.222	.000
Perceived Organizational Support	.481	.222	.000

The overall result in table 4.5 above showed, that there exist significant relationships between workload, perceived organizational support with nurses' performance. It was found that the beta coefficient of workload is 0.384, while the result for perceived organizational support is 0.481. From the result presented in table 4.5, it can be explained that $R^2 = .222$, which revealed that 22.2% of the nurses' performance is explained by workload and perceived organizational support. In contrast, other variables explain the remaining 77.8%. The significant value is shown through the significance of beta value 0.000 which means that the p-value of both variables are less than 0.01 which indicate significant relationships. Based on the result, H1 and H2 are accepted.

4.2.3 One-way ANOVA

A one-way between-groups analysis of variance was conducted in this study to explore the impact of several departments on nurses' performance. The overall result shown in table 4.6 below, it is shows that the result it is not significant with ($p > 0.05$). This result complies with the assumption of homogeneity of variance between nurses' performance and various departments. One-way ANOVA test is not significant [$F(5, 285) = 0.229, p < 0.05$] between nurses' performance and various departments. Overall, according to various departments, there is no difference among the nurses' performance in the result presented in the appendix.

Table 4.6
Output of One-way ANOVA

	Nurses' Performance	
	F	Sig
Between Groups	.229	.950

4.3 Hypotheses Testing

The three hypotheses proposed in the previous chapter were verified by performing multiple regression analysis and one-way ANOVA. The results of the hypotheses obtained in the study were summarized in Table 4.7 below.

Table 4.7

Summary of the hypotheses testing

Hypothesis	Statement	Findings
H1	Workload has a significant relationship with the nurses' performance	Supported
H2	Perceived organizational support has a significant relationship with the nurses' performance.	Supported
H3	There is a significant difference in nurses' performance according to various departments.	Not supported



CHAPTER FIVE

DISCUSSION AND CONCLUSION

5.0 Introduction

This last chapter will explain and discuss the findings thoroughly for the current study to understand the research objective and answer the research questions constructed at the beginning of this study. This chapter also provides recommendations for future research, implications of the current research, and a brief conclusion to sum up the central part of the study.

5.1 Discussions

This study aims to examine the factors of work stress that affect a nurse's performance in private hospitals in Johor. Overall, the findings of this present study had provided relevant and meaningful results and had answered all the research questions formulated at the beginning of this study. Hence, the comprehensive finding is discussed thoroughly based on research objectives.

5.1.1 Research Objective 1: To examine the relationship between workload and nurses' performance

Workload was the first independent variable tested in this study. The findings of this study reported that workload have a positive significant relationship with nurses' performance. The findings of the consistent with a study done by Astianto (2014), it found that there are positive relationships between workload and employee performance, showing that when a workload increases, the workers performance will also increase. Also, the study done by Lee and Way (2010) has shown there is a significant relationship between workload and employee performance in the context of hotel industry. The findings of the study done by Asamani, Amertil and Chebere (2015), which showed that workload level among health employees such as doctors and paramedics' staff, were moderate, where as nurses was shown to have the highest workload. This shows that there are significant relationships between workload and nurses' performance.

The nursing career is a very challenging and emotionally demanding profession and as they are representing the frontline employees and play the role of boundary spanners, their actions and behaviours will give a huge impact towards the quality of healthcare services provided to the patients (Othman, Ghazali & Ahmad, 2017). Nursing profession who have to deal with increased calls for improved patient care and efficiency gains, while at the same time have to deal with excessive of workload.

Nurses across the world struggled with the viruses that called coronaviruses. In Italy, many frontlines collapsed due to lack of sleeping and excessive of workload that demands for long hours work (Buheji & Buhaid, 2020). Sabah (2020) reported

Italian nurse who was working on the frontline looks stress and committed suicide after stress during pandemics. The consistent news coverage about COVID-19 about different countries in the world starting from China, Italy, Spain, UK and the USA, for weeks, created a sense of anxiety amongst nurses because they have seen that regardless what are hospitals preparedness, many have experienced the worst situations (Baumgaertner & Karlamangla, 2020). In contrast with nurses in Malaysia have shown a dedicated and patience towards their works to serve a good and best quality to their patients. For example, during this COVID-19, nurses as front liners to serve a good quality to the patients and secure the country from this disease.

5.1.2 Research Objective 2: To examine the relationship between perceived organizational support and nurses' performance

Perceived organizational support is the second independent variable that tests in this study. POS refers to employees' perception of the organization's emphasis on their contributions. Statistical results from this study found that perceived organizational support is positively correlated with nurses' performance. According to Afzali et. al (2014), it indicated a positive relationship between organizational support and nurses' performance. There are many consequences regarding employee performance that lead to employees' POS. Employees who had received the highest or moral support from their top management may increase and show excellent performance. A study was done by Hall (2007) also found that there is a positive correlation between perceived organizational supports with nurses' occupation-related outcomes. Employees who have received less support from the organization will decrease their performance and will not achieve the organizational objectives.

As in the study by Rhoades and Eisenberger (2002), the findings of the study found that have a positive relationship between POS and performance. Mohamed and Ali (2015) reported that perceived organizational support has a positive relationship with employee job performance among academicians and staff in University Tun Hussein Onn Malaysia (UTHM). Thus, POS and job performance have a good and strong relationship with each other. Perceived organizational support could lead to adaptation of expatriate and performance levels (Lee, 2010). The study also has revealed that perceived organizational support has positively correlated with employee performance.

From the positive outcomes between perceived organizational support and nurses' performance, it can conclude that the employees who are getting more support from organizational tend to give a good commitment and trust to their organization that give better performance from employees. Employees who perceive less support from the organization will encounter problems in achieving employee performance. In summary, nurses who perceived organizational support from the top management will be more motivated and dedicated in their daily works. With less support from their top management make nurses will more feel stress because they do not receive any support or encouragement and will decrease in their performance, as well will not achieve the organizational objectives.

5.2 Implications of the Study

As discussed above, it is remarkable that the two significant findings can be very beneficial for all staff registered nurses and human resource (HR) departments in all private hospitals. This study will help the HR department or hospital management to recognize the main factors of work stress that affect employee performance, and plan well to give training or counselling towards nurses who have low performance in the workplace. It is also to improve their strategies to get a better performance from their nurses. The hospital management also has to ensure that their healthcare employees especially nurses are always in good performance that can give contributions at the individual level and organizational success as well. Besides, it will also help the HR department or top management in updating or changing the new key performance indicator (KPI) of the company. This study's outcome is essential to all human resource departments in private hospitals because they can utilize it as a way to make an effort to improve their employee performance to increase the organization's profitability. If their employee performance is low, they can take appropriate action to enhance the employees' performance. Hospital management also can provide training programs to ensure that their nurses will perform better with their works. Training programs help to improve the nurse's efficiency towards performing their work.

5.3 Limitations of the Study

There are several limitations to this study. The instruments used in this study may not be sufficient to determine the respondents' specific diagnosis and experience. Close-ended questionnaire forms are minimal because the respondents were forced to read the fixed choice questions provided and give feedback. It may not be the exact answer and ideas from the respondents.

Time constraint is a limiting factor. Due to this reason, only workload and perceived organizational support were focused in this study. The result shows that workload and perceived organizational support have a significant relationship with employee performance. Both variables show moderate correlations towards the dependent variable. Hence, it means that other variables have more impact and influence on employee performance instead of workload and perceived organizational support.

Another factor is the COVID-19. It is hard for the researcher to conduct surveys at all hospitals. All hospitals in Johor are very concerned about this issue. The researcher was required to undergo a screening test before entering the hospital to distribute all the questionnaires, she was unable to get data the hospitals.

5.4 Suggestions for Future Research

Even though the findings of the current study are able to answer all research questions, it might have a few limitations. First, the sample size of the present study was too small, which only involved staff registered nurses in private hospitals from KPJ healthcare. Thus, the findings are not generalizable to a whole population of staff registered nurses in Johor. Therefore, future research suggested acquiring a bigger sample size covering the whole population of staff registered nurses from all private hospitals in Johor.

Next, in terms of methodology, this study employed a merely quantitative approach to obtain results by which the only procedure used in collecting data is a self-report questionnaire. Hence, future research recommended replicating the current study with a different approach, such as a qualitative approach, a mixed-method approach, or comparative study between public hospitals and private hospitals. The qualitative approach includes data collection methods using interviews of the respondents, and this would help the researcher for a better understanding of employee performance.

Additionally, this study only tested the relationship between two variables, future research can also include other moderating or mediating variables. The moderator variable would affect the strength of the relationship between two other variables, while the mediator variable interprets the relationship between two different variables. Last but not least, the future researcher may also expand the research model by considering other factors and variables that will affect employee performance.

5.5 Conclusion

Overall, this study has achieved its objectives, and all research questions brought up in the beginning of the study, have been answered thoroughly. There are three primary aims, first, to examine the relationship between workload, perceived organizational support, and nurses' performance. Second, to examine the differences in nurses' performance between different departments. A group of 291 staff registered nurses in private hospitals in Johor, was involved as respondents. A measure of statistical analyse was conducted using SPSS version 23 to analyse it.

The findings postulate that workload and perceived organizational support have a significant positive relationship with nurses' performance. The results further segregated the relationship's significance and the impact of all the independent variables on employee performance. For HR managers especially, these findings imply that it is wise for them to take these factors into serious considerations in their organisations' daily practices. Finally, the study has developed recommendations and suggestions for future research. It is hoped that the findings of this study would help the relevant authorities to take measures to improve and increase employee performance in the private sector to achieve organizational goals.

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APPENDIX A –QUESTIONNAIRE



Dear Sir/ Madam,

It is with great pleasure to inform you that I am currently conducting a study on "**The elements of work stress that affect nurses performance at private hospitals.**"

This research is in fulfilment of the requirement for a Master's Degree in Human Resource Management from Universiti Utara Malaysia. Therefore, I am seeking your cooperation in completing a questionnaire that will take about 10 minutes of your time to complete it.

I would appreciate if you could spend some time to complete this survey. All information will be kept strictly confidential and will be used for academic purposes only. Please answer all questions as best as you can. There is no right or wrong answer, just answer as accurately as possible. The items in the survey require you to circle (O) the appropriate answers.

Please do not hesitate to contact me if you have any enquiries about this research. Your cooperation and support in completing this survey are highly appreciated. Thank you.

Nur Hanun Taufiqah Binti Mohd Taufik (825079)

Master of Human Resource Management

Universiti Utara Malaysia

+6019-7929496

hanuntaufiqah.taufik@gmail.com

Section A: Demographic Profile

Please answer all the questions by making tick (/) the appropriate answer.

1. Gender

Male	
Female	

2. Status

Single	
Married	
Divorce	

3. Age

21-30 years old	
31-40 years old	
41-50 years old	
Above 50 years old	

4. Length of Service

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

5. Department

Emergency	
Multidiscipline Ward	
Operation Theatre	
Intensive Care Unit (ICU)	
Outpatient Clinic	
Others	

Section B: Employee Performance

Please answer all the questions by circling the appropriate answer based on the following scale:

Strongly Disagree	Disagree	Partially Agree	Agree	Strongly Agree
1	2	3	4	5

Please indicate the extent to which you agree or disagree with each of the following statements by circling the most appropriate response based on the following scale:

No.	Questions	Strongly Disagree	Disagree	Partially Agree	Agree	Strongly Agree
1.	I always maintain a high standard of work.	1	2	3	4	5
2.	I am capable of handling my work without much supervision.	1	2	3	4	5
3.	I am very passionate about my work.	1	2	3	4	5
4.	I know I can handle multiple work for achieving organizational goals.	1	2	3	4	5
5.	I always complete my work on time.	1	2	3	4	5
6.	My colleagues believe I am a high performer in my organization.	1	2	3	4	5
7.	I always extend help to my co-workers when asked or needed.	1	2	3	4	5
8.	I love to handle extra responsibilities.	1	2	3	4	5
9.	I extend my sympathy and empathy to my co-workers when they are in trouble.	1	2	3	4	5
10.	I actively participate in in-group discussions and work meetings.	1	2	3	4	5
11.	I use to praise my co-workers for their	1	2	3	4	5

	excellent work.					
12.	I derive a lot of satisfaction from nurturing others in organizations.	1	2	3	4	5
13.	I always share knowledge and ideas among fellow workers.	1	2	3	4	5
14.	I always guide new colleagues beyond my job purview.	1	2	3	4	5
15.	I communicate effectively with colleagues for problem solving and decision-making.	1	2	3	4	5

Section C: Workload

Please answer all the questions by circling the appropriate answer based on the following scale:

Rarely	Occasionally	Sometimes	Fairly Often	Very Often
1	2	3	4	5

Please indicate the extent to which you rarely or very often with each of the following statements by circling the most appropriate response based on the following scale:

No.	Questions	Rarely	Occasionally	Sometimes	Fairly Often	Very Often
1.	How often does your job require you to work very fast?	1	2	3	4	5
2.	How often does your job require you to work very hard?	1	2	3	4	5
3.	How often does your job leave you with little time to get things done?	1	2	3	4	5
4.	How often is there	1	2	3	4	5

	a great deal to be done?					
--	--------------------------	--	--	--	--	--

Please answer all the questions by circling the appropriate answer based on the following scale:

Hardly Any	A little	Some	A lot	A great deal
1	2	3	4	5

Please indicate the extent to which you hardly any or a great deal with each of the following statements by circling the most appropriate response based on the following scale:

No.	Questions	Hardly Any	A little	Some	A lot	A great deal
1.	How much slowdown in the workload do you experience?	1	2	3	4	5
2.	How much time do you have to think and contemplate?	1	2	3	4	5
3.	How much workload do you have?	1	2	3	4	5
4.	What quantity of work do others expect you to do?	1	2	3	4	5
5.	How much time do you have to do all your work?	1	2	3	4	5
6.	How many project or tasks do you have?	1	2	3	4	5
7.	How many lulls (temporary intervals) between heavy workload periods do you have?	1	2	3	4	5

Section D: Perceived Organizational Support (POS)

Please answer all the questions by circling the appropriate answer based on the following scale:

Strongly Disagree	Disagree	Partially Agree	Agree	Strongly Agree
1	2	3	4	5

Please indicate the extent to which you agree or disagree with each of the following statements by circling the most appropriate response based on the following scale:

No.	Questions	Strongly Disagree	Disagree	Partially Agree	Agree	Strongly Agree
1.	The organization values my contribution to its well-being.	1	2	3	4	5
2.	The organization fails to appreciate any extra effort from me.	1	2	3	4	5
3.	The organization would ignore any complaint from me.	1	2	3	4	5
4.	The organization really cares about my well-being.	1	2	3	4	5
5.	Even if I did the best job possible, the organization would fail to notice.	1	2	3	4	5
6.	The organization cares about my general satisfaction at work.	1	2	3	4	5
7.	The organization shows very little concern for me.	1	2	3	4	5
8.	The organization takes pride in my accomplishment at work.	1	2	3	4	5

APPENDIX B- LETTER OF DATA COLLECTION



OTHMAN YEOP ABDULLAH GRADUATE SCHOOL OF BUSINESS
Universiti Utara Malaysia
06010 UUM SINTOK
KEDAH DARUL AMAN
MALAYSIA



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Laman Web (Web): www.oagbsb.uum.edu.my

UUM/OYAGSB/R-4/4/1
16 January 2020

TO WHOM IT MAY CONCERN

Dear Sir/Madam

DATA COLLECTION

COURSE: Research Paper
COURSE CODE: BPMZ69912
LECTURER: Dr. Wan Shakizah Binti Wan Mohd Noor

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

NO.	NAME	MATRIC NO.
1.	Nur Hanun Taufiqah Binti Mohd Taufik	825079

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

Your cooperation and assistance is very much appreciated.

Thank you.

"SERVING THE NATION"
"KEDAH AMAN MAKMUR – HARAPAN BERSAMA MAKMURKAN KEDAH"
"KNOWLEDGE VIRTUE SERVICE"

Yours faithfully

ROZITA BINTI RAMLI
Assistant Registrar
for Dean
Othman Yeop Abdullah Graduate School of Business

c.c - Student's File (825079)

Universiti Pengurusan Terkemuka
The Eminent Management University



APPENDIX C – RELIABILITY ANALYSIS (PILOT TEST)

i) DV- Employee Performance

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded ^a	0	.0
	Total	30	100.0

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

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.940	.946	15

ii) IV 1- Workload

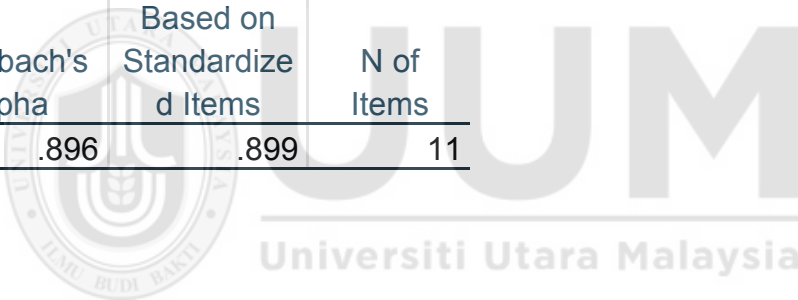
Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded a	0	.0
	Total	30	100.0

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

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.896	.899	11



iii) IV 2- POS

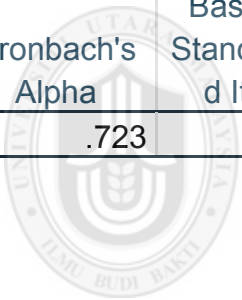
Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded a	0	.0
	Total	30	100.0

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

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.723	.735	8



UUM
Universiti Utara Malaysia

APPENDIX D- RESPONDENT RATE

i) Gender

Statistics

Gender

N	Valid	291
	Missing	0

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	35	12.0	12.0	12.0
	Female	256	88.0	88.0	100.0
	Total	291	100.0	100.0	

ii) Status

Statistics

Status

N	Valid	291
	Missing	0

Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	131	45.0	45.0	45.0
	Married	154	52.9	52.9	97.9
	Divorce	6	2.1	2.1	100.0
	Total	291	100.0	100.0	

iii) Age

Statistics

Age

N	Valid	291
	Missing	0

		Age			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	21-30 years old	211	72.5	72.5	72.5
	31-40 years old	68	23.4	23.4	95.9
	41-50 years old	9	3.1	3.1	99.0
	Above 50 years old	3	1.0	1.0	100.0
	Total	291	100.0	100.0	

iv) Length of Service

Statistics

Service

N	Valid	291
	Missing	0

		Service			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 year	56	19.2	19.2	19.2
	1-5 years	130	44.7	44.7	63.9
	5-10 years	64	22.0	22.0	85.9
	More than 10 years	41	14.1	14.1	100.0
	Total	291	100.0	100.0	

v) Departments

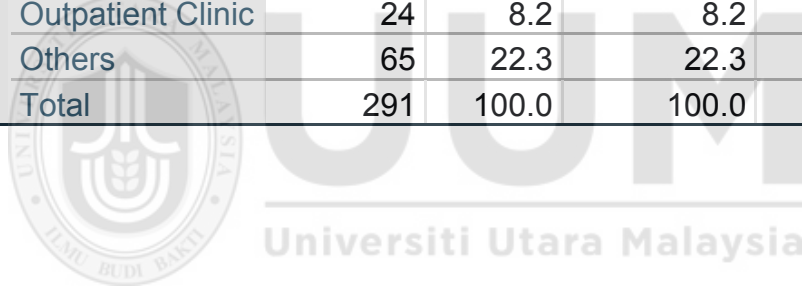
Statistics

Departments

N	Valid	291
	Missing	0

Departments

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Emergency	13	4.5	4.5	4.5
	Ward	86	29.6	29.6	34.0
	Operation Theatre	54	18.6	18.6	52.6
	ICU	49	16.8	16.8	69.4
	Outpatient Clinic	24	8.2	8.2	77.7
	Others	65	22.3	22.3	100.0
	Total	291	100.0	100.0	



APPENDIX E – DESCRIPTIVE ANALYSIS

i) DV- Employee Performance

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Employee Performance	291	1	5	3.83	.732
Valid N (listwise)	291				

ii) IV 1- Workload

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Workload	291	1	5	3.53	.652
Valid N (listwise)	291				

iii) IV 2- POS

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
POS	291	1	4	2.84	.403
Valid N (listwise)	291				

APPENDIX F – REALIBILITY ANALYSIS

i) DV- Employee Performance

Case Processing Summary

		N	%
Cases	Valid	291	100.0
	Excluded a	0	.0
	Total	291	100.0

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

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.968	.968	15

ii) IV 1- Workload

Case Processing Summary

		N	%
Cases	Valid	291	100.0
	Excluded a	0	.0
	Total	291	100.0

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

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.905	.905	11

iii) IV 2- POS

Case Processing Summary

		N	%
Cases	Valid	291	100.0
	Excluded a	0	.0
	Total	291	100.0

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

Reliability Statistics

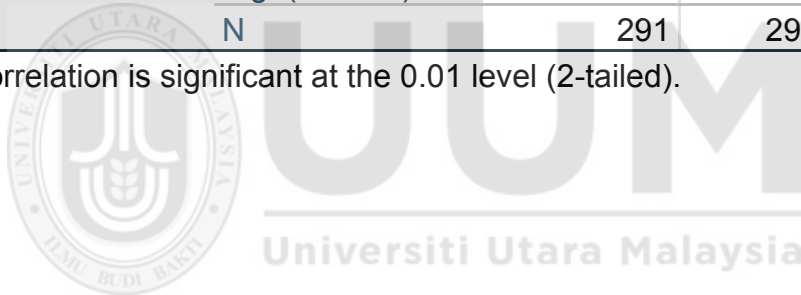
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.644	.633	8

APPENDIX G – PEARSON CORRELATION ANALYSIS

Correlations

		EmployeeP erformance	Workloa d	POS
EmployeePerforma nce	Pearson Correlation	1	.393**	.330**
	Sig. (2-tailed)		.000	.000
	N	291	291	291
Workload	Pearson Correlation	.393**	1	.190**
	Sig. (2-tailed)	.000		.001
	N	291	291	291
POS	Pearson Correlation	.330**	.190**	1
	Sig. (2-tailed)	.000	.001	
	N	291	291	291

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



APPENDIX H- MULTIPLE REGRESSION ANALYSIS

Variables Entered/Removed^a

Model	Variables Entered	Variables Removed	Method
1	POS, Workload ^b	.	Enter

a. Dependent Variable:

EmployeePerformance

b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	Change Statistics			Sig. F Change
						F Change	df1	df2	
1	.471 ^a	.222	.216	.648	.222	41.039	2	288	.000

a. Predictors: (Constant), POS, Workload

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	34.454	2	17.227	41.039	.000 ^b
	Residual	120.893	288	.420		
	Total	155.347	290			

a. Dependent Variable: EmployeePerformance

b. Predictors: (Constant), POS, Workload

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.
		B	Std. Error			
1	(Constant)	1.109	.313		3.544	.000
	Workload	.384	.059	.342	6.465	.000
	POS	.481	.096	.265	5.005	.000

a. Dependent Variable: EmployeePerformance



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APPENDIX I – ONE WAY ANOVA

Descriptives

EmployeePerformance

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum	Between-Component Variance
					Lower Bound	Upper Bound			
Emergency	13	3.79	.653	.181	3.40	4.18	3	5	
Ward	86	3.81	.693	.075	3.66	3.96	1	5	
Operation Theatre	54	3.88	.646	.088	3.71	4.06	1	5	
ICU	49	3.90	.800	.114	3.67	4.12	2	5	
Outpatient Clinic	24	3.78	.704	.144	3.48	4.07	1	5	
Others	65	3.78	.835	.104	3.58	3.99	1	5	
Total	291	3.83	.732	.043	3.74	3.91	1	5	
Model									
Fixed Effects			.737	.043	3.74	3.91			
Random Effects				.043 ^a	3.72 ^a	3.94 ^a			-.009

a. Warning: Between-component variance is negative. It was replaced by 0.0 in computing this random effects measure.

Test of Homogeneity of Variances

		Levene Statistic	df1	df2	Sig.
EmployeePerformance	Based on Mean	1.240	5	285	.290
	Based on Median	1.008	5	285	.413
	Based on Median and with adjusted df	1.008	5	270.396	.414
	Based on trimmed mean	1.143	5	285	.338

ANOVA

EmployeePerformance

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.621	5	.124	.229	.950
Within Groups	154.726	285	.543		
Total	155.347	290			

Multiple Comparisons

Dependent Variable: EmployeePerformance

Tukey HSD

(I) Departments	(J) Departments	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Emergency	Ward	-.020	.219	1.000	-.65	.61
	Operation Theatre	-.093	.228	.999	-.75	.56
	ICU	-.105	.230	.997	-.77	.55
	Outpatient Clinic	.012	.254	1.000	-.72	.74
	Others	.006	.224	1.000	-.64	.65
Ward	Emergency	.020	.219	1.000	-.61	.65
	Operation Theatre	-.073	.128	.993	-.44	.29
	ICU	-.086	.132	.987	-.46	.29
	Outpatient Clinic	.032	.170	1.000	-.46	.52
	Others	.026	.121	1.000	-.32	.37
Operation Theatre	Emergency	.093	.228	.999	-.56	.75
	Ward	.073	.128	.993	-.29	.44
	ICU	-.013	.145	1.000	-.43	.40
	Outpatient Clinic	.105	.181	.992	-.41	.62
	Others	.099	.136	.978	-.29	.49
ICU	Emergency	.105	.230	.997	-.55	.77
	Ward	.086	.132	.987	-.29	.46

	Operation Theatre	.013	.145	1.000	-.40	.43
	Outpatient Clinic	.117	.184	.988	-.41	.64
	Others	.112	.139	.967	-.29	.51
Outpatient Clinic	Emergency	-.012	.254	1.000	-.74	.72
	Ward	-.032	.170	1.000	-.52	.46
	Operation Theatre	-.105	.181	.992	-.62	.41
	ICU	-.117	.184	.988	-.64	.41
	Others	-.006	.176	1.000	-.51	.50
Others	Emergency	-.006	.224	1.000	-.65	.64
	Ward	-.026	.121	1.000	-.37	.32
	Operation Theatre	-.099	.136	.978	-.49	.29
	ICU	-.112	.139	.967	-.51	.29
	Outpatient Clinic	.006	.176	1.000	-.50	.51

Employee Performance

Tukey HSD^{a,b}

Departments	N	Subset for alpha = 0.05 1
Outpatient Clinic	24	3.78
Others	65	3.78
Emergency	13	3.79
Ward	86	3.81
Operation Theatre	54	3.88
ICU	49	3.90
Sig.		.988

Means for groups in homogeneous subsets are displayed.

a. Uses Harmonic Mean Sample Size = 32.515.

b. The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.

