ASSOCIATED FACTORS AND EFFECTIVENESS OF

INTERVENTION PROGRAM FOR JOB DISSATISFACTION

AMONG TEACHERS OF THE DISABLED AT COMMUNITY-BASED

REHABILITATION CENTERS IN KELANTAN

By

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LIST OF ABBREVIATIONS

CBRs   Community-based Rehabilitation Centers

CI   Confidence Interval

EBD   Emotional and Behaviour Disorders

EMM   Estimated Marginal Means

EPJS   Emergency Physician Job Satisfaction Instrument

GBD   General Burnout Question

ILO   International Labour Organization

JCQ   Job Content Questionnaire

JIG   Job in General Scale

JSS   Job Satisfaction Survey

MMSS   McCloskey/Mueller Satisfaction Scale

MJS   Measure of Job Satisfaction

NIOSH   National Institute of Occupational Safety and Health

NSS   Nurse Satisfaction Scale

WHO   World Health Organization

ABSTRACT

Introduction: Job satisfaction is associated with much important conducts that have implications for individual and organizational. Many researches believed that psychological characteristics are of the most pervasive and influential health hazard and among all, job stress and dissatisfaction are the two factors most frequently found to be associated with various adverse health outcomes. Occupations related to human services tend to be affected in the same way as other occupations. The aims of this study were to determine the prevalence of job dissatisfaction and associated factors of teachers at community-based rehabilitation centers (CBRs) and to evaluate the effectiveness of intervention program on job dissatisfaction.

Methods: This study was involving cross-sectional and pre and post-intervention study designs of 32 teachers of 28 CBRs in Kelantan. Pre-intervention stage requiring participants to complete Job Content Questionnaires (JCQ) for preliminary assessment. Subsequent intervention consisted of aerobic exercise, talks on stress and its management and stress management in religion and spiritual perspectives, video show session, group discussion and question and answer sessions and pamphlets distribution was carried-out. Job dissatisfaction level was reassessed at immediate-post and 6-weeks-post intervention using the same instrument. Multiple linear regression (MLR) analysis was done to determine associated factors related to job dissatisfaction while repeated measure ANOVA analysis-- time effect was done to determine the effectiveness of intervention.

Results: The mean (SD) age of respondents was 34.87(8.18) years and the median (IQR) working duration of current job position was 24 (12) months.

The prevalence of job dissatisfaction was 31.3% (95% CI 0.17, 0.47) with mean (SD) score of job dissatisfaction 0.263 (0.13). Age and skill discretion were found to have linear relationship with job dissatisfaction. In assessment of effectiveness of intervention program, it was found that the job dissatisfaction score was significantly reduced at the immediate post-intervention (p < 0.016) but not at 6 weeks post-intervention although it was lower than pre-intervention.

Conclusion: Age and skill discretion are associated with job dissatisfaction. A short-course intervention program had been found to be able to reduce job dissatisfaction among these teachers of which the change was significantly seen at the immediate post-intervention.

Keywords: Community-based rehabilitation (CBR), job dissatisfaction, intervention program

ABSTRAK

Pengenalan: Kepuasan dalam pekerjaan berkait rapat dengan respon susulan yang kebiasaanya akan memberi implikasi kepada orang perseorangan ataupun organisasi. Ramai di kalangan penyelidik berpendapat bahawa stres and ketidakpuasan pekerjaan adalah dua faktor psikologikal utama yang menyebabkan permasalahan kesihatan. Sama seperti lain-lain pekerjaan, pekerjaan yang menyediakan perkhidmatan sokongan dan bantuan kemanusiaan seperti guru, guru pendidikan khas dan pekerja yang terlibat dalam penjagaan orang kelainan upaya tidak terkecuali dari permasalahan ini. Kajian ini bertujuan untuk menentukan faktor yang menyebabkan ketidakpuasan kerja dan menilai keberkesanan program intervensi dalam menangani stres dan ketidakpuasan kerja di kalangan guru-guru di Pusat Pemulihan Dalam Komuniti (PDK), Kelantan.

Metodologi: Kajian berbentuk keratan rentas ('cross-sectional') dan 'pre-post intervention' ini melibatkan 32 orang guru dari 28 buah PDK, negeri Kelantan. Pada peringkat 'pre-intervention' semua peserta dikehendaki mengisi borang kajiselidik 'Job Content Quetionnaire' (JCQ) bagi menilai tahap ketidakpuasan kerja awal/preliminari. Intervensi pengurusan stres melibatkan aktiviti-aktiviti seperti senaman, ceramah tentang menangani stres, tayangan video mengenai stres di tempat kerja, perbincangan kumpulan dan sesi soal jawab keberkesanan dan mengedarkan bahan bacaan mudah bagi memahami stres pekerjaan. Skor tahap ketidakpuasan kerja kemudiannya dinilai semula sejurus selepas intervensi dan 6 minggu selepas itu. Analisis statistik 'multiple linear regression'

digunakan bagi menentukan faktor menyebabkan ketidakpuasan kerja dan 'repeated measure ANOVA' digunakan untuk menentukan keberkesanan program intervensi.

Keputusan: Purata umur peserta adalah 34.87 dengan penyesaran piawai (SD) adalah 8.18 tahun, manakala median (IQR) jumlah tempoh bekerja dalam jawatan sekarang adalah 24 (12) bulan.

Prevalen ketidakpuasan kerja adalah 31.3% (95% CI 0.17, 0.47), di mana purata dan penyesaran piawai (SD) adalah 0.263 (0.13). Faktor umur dan 'skill discretion' didapati menyumbang kepada ketidakpuasan kerja. Dalam penilaian keberkesanan program intervensi, penurunan skor ketidakpuasan kerja didapati signifikan sejurus selepas intervensi ($p < 0.016$) walaupun penurunan tidak signifikan pada 6 minggu selepas intervensi.

Kesimpulan: Kajian ini menunjukkan bahawa umur dan 'skill discretion' merupakan dua faktor menyebabkan ketidakpuasan kerja. Program intervensi menunjukkan perubahan yang positive ketidakpuasan kerja dalam kalangan guru-guru PDK terutamanya sejurus selepas intervensi.

Kata Kunci: Pemulihan Dalam Komuniti (PDK), ketidakpuasan kerja, program intervensi

APPENDIX A

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KAJIAN KEPUASAN KERJA DI KALANGAN GURU-GURU PDK DI KELANTAN

<u>ARAHAN :</u> Sila jawab semua soalan dengan menandakan pilihan jawapan yang paling sesuai dengan pekerjaan anda. Jika anda merasakan tiada jawapan yang paling tepat, sila tandakan jawapan yang paling hampir sekali

Bahagian I : SOSIODEMIOGRAFIK

Kod	Soalan
B1	Umur: _____ tahun
B2	Jantina: 1. Lelaki 2. Perempuan
B3	Bangsa: 1. Melayu 2. Cina 3. India 4. Lain-lain (Nyatakan): _____
B4	Status Perkahwinan: 1. Bujang 2. Berkahwin 3. Bercerai/Berpisah 4. Duda/Janda/Pasangan Meninggal Dunia

B5	Tahap Pendidikan Tertinggi:
	
	    1. Sekolah Rendah
	    2. Sekolah Menengah Rendah (PMR)
	    3. SPM/STPM
	    4. Diploma
	    5. Ijazah
	    6. ijazah Lanjutan

B6	Bilangan anak: _____ orang
B7	Bilangan ahli keluarga yang tinggal serumah dengan anda: _____ orang

Bahagian 2 : PERIHAL PEKERJAAN

Kod	Soalan
B8	Apakah gelaran jawatan anda? (berikan dengan tepat) _____
B9	Berapa lamakah anda memegang jawatan ini? _____ tahun
B10	Nyatakan bilangan murid untuk setiap kelas: _____ orang
B11	Pendapatan Bulanan (Gaji Hakiki): RM _____
B12	Nyatakan tempoh keseluruhan anda telah bekerja: _____ tahun

Bahagian 3 : KEPUASAN KERJA

BAGI SOALAN DI BAWAH, SILA TANDAKAN JAWAPAN YANG PALING HAMPIR

Kod	Soalan
Q3	Pekerjaan saya memerlukan saya mempelajari perkara baru ☐ Sangat Tidak Setuju (1)　　☐ Tidak Setuju (2)　　☐ Setuju(3)　　☐ Sangat Setuju(4)
Q4	Pekerjaan saya melibatkan kerja yang berulang-ulang ☐ Sangat Tidak Setuju (1)　　☐ Tidak Setuju (2)　　☐ Setuju(3)　　☐ Sangat Setuju(4)
Q5	Pekerjaan saya memerlukan kreativiti ☐ Sangat Tidak Setuju (1)　　☐ Tidak Setuju (2)　　☐ Setuju(3)　　☐ Sangat Setuju(4)
Q6	Pekerjaan saya membenarkan saya membuat keputusan sendiri ☐ Sangat Tidak Setuju (1)　　☐ Tidak Setuju (2)　　☐ Setuju(3)　　☐ Sangat Setuju(4)
Q7	Pekerjaan saya memerlukan kemahiran yang tinggi ☐ Sangat Tidak Setuju (1)　　☐ Tidak Setuju (2)　　☐ Setuju(3)　　☐ Sangat Setuju(4)
Q8	Dalam pekerjaan, saya bebas menentukan bagaimana hendak melaksanakan tugas saya ☐ Sangat Tidak Setuju (1)　　☐ Tidak Setuju (2)　　☐ Setuju(3)　　☐ Sangat Setuju(4)
Q9	Semasa berkerja, saya berupaya melakukan berbagai perkara yang berbeza-beza ☐ Sangat Tidak Setuju (1)　　☐ Tidak Setuju (2)　　☐ Setuju(3)　　☐ Sangat Setuju(4)
Q10	Saya mempunyai banyak hak untuk menentukan pekerjaan saya ☐ Sangat Tidak Setuju (1)　　☐ Tidak Setuju (2)　　☐ Setuju(3)　　☐ Sangat Setuju(4)

Q11	Saya berpeluang untuk mengembangkan kebolehan saya
	☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q12	Berapa ramai orang bertugas dalam kumpulan atau unit anda
	☐ Saya kerja berseorangan (1) ☐ 2-5 orang (3) ☐ 6-10 orang (8) ☐ 10-20 orang (15) ☐ lebih 20 orang (30)
Q13a	Saya cukup berpengaruh ke atas keputusan dalam kumpulan kerja saya
	☐ Saya kerja berseorangan (8)
	☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q13b	Kumpulan kerja saya membuat keputusan secara demokrasi
	☐ Saya kerja berseorangan (8)
	☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q14	Saya mempunyai sedikit peluang bagi cadangan saya dipertimbangkan dalam dasar syarikat (seperti urusan berkaitan gaji, pemecatan pekerja, pembelian alatan baru dsb)
	☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q15	Sebahagian daripada kerja saya ialah menyelia orang lain
	☐ Tidak (1) ☐ Ya 1-4 orang (2) ☐ Ya 5-10 (3) ☐ Ya 11-20 (4) ☐ Ya, lebih 20 orang (5)
Q16	Saya adalah ahli persatuan atau kesatuan pekerja
	☐ Ya (2) ☐ Tidak (1)
	Jika 'Ya' untuk soalan 16, sila jawab soalan 17 dan 18. Jika 'Tidak', terus ke soalan 19

Q17	Kesatuan kerja saya mempunyai pengaruh besar terhadap polisi jabatan ❑ Bukan Ahli Kesatuan (8) ❑ Sangat Tidak Setuju (1) ❑ Tidak Setuju (2) ❑ Setuju (3) ❑ Sangat Setuju (4)
Q18	Saya mempunyai pengaruh terhadap polisi kesatuan atau persatuan sekerja ❑ Bukan Ahli Kesatuan (8) ❑ Sangat Tidak Setuju (1) ❑ Tidak Setuju (2) ❑ Setuju (3) ❑ Sangat Setuju (4)
Q19	Pekerjaan saya memerlukan saya bekerja dengan sangat pantas ☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q20	Pekerjaan saya memerlukan saya berkerja bersungguh-sungguh ☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q21	Pekerjaan saya memerlukan kekuatan fizikal yang tinggi ☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q22	Saya tidak diminta/disuruh untuk melakukan kerja-kerja secara berlebihan ☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q23	Saya mempunyai masa yang cukup untuk menyudahkan kerja saya ☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q24	Pekerjaan saya sering memerlukan saya mengalih atau mengangkat benda-benda yang berat ☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)

Q25	Pekerjaan saya memerlukan akitiviti fizikal yang cepat dan berterusan
	☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q26	Saya bebas daripada tekanan-tekanan yang berbeza (conflicting demands) yang dibuat oleh orang lain
	☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q27	Pekerjaan saya memerlukan penumpuan yang sepenuhnya terhadap sesuatu tugas dalam jangkamasa yang lama
	☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q28	Tugas saya sering terganggu sebelum ianya dapat disiapkan dan memerlukan perhatian semula pada waktu yang lain
	☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q29	Pekerjaan saya sangat sibuk
	☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q30	Saya sering berkerja dengan kedudukan tubuh yang tidak selesa dalam jangkamasa yang lama
	☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q31	Saya terpaksa bekerja dengan kedudukan kepala atau lengan yang tidak selesa dalam jangkamasa yang lama
	☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q32	Menunggu kerja-kerja daripada orang atau jabatan lain kerap melambatkan kerja –kerja saya
	☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q33	Berapa stabilkah kerja anda? (Sila pilih satu jawapan sahaja)
	❑ Tetap dan Stabil (1) ❑ Bermusim (4) ❑ Kerap Tergendala (4) ❑ Bermusim dan Kerap Tergendala (4) ❑ Lain-lain_____(9)

Q34	Pekerjaan saya dijamin baik
	☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q35	Dalam tempoh setahun lepas, berapa kerap anda berdepan dengan masalah kehilangan pekerjaan atau kerja-kerja yang sering tergendala? ☐ Tidak Pernah (1) ☐ Sekali (2) ☐ Lebih Dari Sekali (3) ☐ Sentiasa (4) ☐ Sememangnya diberhentikan (5)
Q36	Kadangkala seseorang itu hilang pekerjaan tetap mereka. Adakah kemungkinan anda akan kehilangan pekerjaan anda sekarang dalam beberapa tahun lagi ☐ Tidak Mungkin Sama Sekali (1) ☐ Ada Sedikit Kemungkinan (2) ☐ Ada Kemungkinan (3) ☐ Kemungkinan Besar (4)
Q37	Harapan saya untuk dinaikkan pangkat dan mempertingkatkan kerjaya saya adalah cerah ☐ Sangat tidak setuju (1) ☐ Tidak setuju (2) ☐ Setuju(3) ☐ Sangat setuju(4)
Q38	Kemahiran saya masih lagi berguna dalam tempoh lima tahun ☐ Sangat tidak setuju (1) ☐ Tidak setuju (2) ☐ Setuju(3) ☐ Sangat setuju(4)
Q39	Adakah anda mempunyai masalah pendedahan kepada bahan kimia yang berbahaya semasa bekerja? ☐ Tidak Terdedah (0) ☐ Saya Terdedah Tetapi Ia Merupakan Masalah Kecil (1) ☐ Saya Terdedah Dan Ia Merupakan Masalah Besar (2)
Q40	Adakah anda mempunyai masalah pendedahan kepada pencemaran udara akibat habuk, asap, bahan semburan, fiber atau sebagainya semasa bekerja? ☐ Tidak Terdedah (0) ☐ Saya Terdedah Tetapi Ia Merupakan Masalah Kecil (1) ☐ Saya Terdedah Dan Ia Merupakan Masalah Besar (2)

Q41	Adakah anda menghadapi masalah terdedah kepada bahan yang diletak atau disimpan secara berbahaya semasa bekerja? ❑ Tidak Terdedah (0) ❑ Saya Terdedah Tetapi Ia Merupakan Masalah Kecil (1) ❑ Saya Terdedah Dan Ia Merupakan Masalah Besar (2)
Q42	Adakah anda menghadapi masalah terdedah kepada kawasan yang kotor atau tidak terjaga di tempat kerja anda? ❑ Tidak Terdedah (0) ❑ Saya Terdedah Tetapi Ia Merupakan Masalah Kecil (1) ❑ Saya Terdedah Dan Ia Merupakan Masalah Besar (2)
Q43	Adakah anda menghadapi risiko untuk mendapat penyakit semasa berkerja? ❑ Tidak Terdedah (0) ❑ Saya Terdedah Tetapi Ia Merupakan Masalah Kecil (1) ❑ Saya Terdedah Dan Ia Merupakan Masalah Besar (2)
Q44	Adakah anda mempunyai masalah berdepan dengan peralatan, kelengkapan atau mesin yang berbahaya? ❑ Tidak Terdedah (0) ❑ Saya Terdedah Tetapi Ia Merupakan Masalah Kecil (1) ❑ Saya Terdedah Dan Ia Merupakan Masalah Besar (2)
Q45	Adakah anda menghadapi masalah terdedah kepada kebakaran, melecur atau renjatan (shock)? ❑ Tidak Terdedah (0) ❑ Saya Terdedah Tetapi Ia Merupakan Masalah Kecil (1) ❑ Saya Terdedah Dan Ia Merupakan Masalah Besar (2)
Q46	Semasa bekerja, berapa kuatkah anda perlu bercakap supaya suara anda didengari oleh seseorang yang berada bersebelahan dengan anda? ❑ Berbisik (1) ❑ Suara Yang Biasa (2) ❑ Suara Yang Kuat (3) ❑ Menjerit (4)
Q47	Adakah anda terdedah kepada carakerja yang berbahaya semasa bekerja? ❑ Tidak Terdedah (0) ❑ Saya Terdedah Tetapi Ia Merupakan Masalah Kecil (1) ❑ Saya Terdedah Dan Ia Merupakan Masalah Besar (2)

Q48	Penyelia saya mengambil berat mengenai kebajikan orang bawahannya ☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4) ☐ Saya Tidak Ada Penyelia (8)
Q49	Penyelia saya memberikan perhatian terhadap apa yang saya katakan ☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4) ☐ Saya Tidak Ada Penyelia (8)
Q50	Saya terdedah kepada kemarahan atau percanggahan pendapat dengan penyelia saya ☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4) ☐ Saya Tidak Ada Penyelia (8)
Q51	Penyelia saya memberi bantuan dalam memastikan kerja-kerja dapat disiapkan ☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4) ☐ Saya Tidak Ada Penyelia (8)
Q52	Penyelia saya berjaya mengajak orang lain berkerja bersama-sama ☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4) ☐ Saya Tidak Ada Penyelia (8)
Q53	Rakan-rakan sekerja saya berkemampuan dalam melakukan kerja mereka ☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q54	Rakan-rakan sekerja mengambil berat tentang saya ☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q55	Saya terdedah kepada kemarahan dan percanggahan pendapat dengan mereka yang berkerja dengan saya ☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)

Q56	Rakan-rakan sekerja saya adalah peramah
	☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q57	Rakan-rakan sekerja saya sering memberi galakan antara satu sama lain untuk berkerjasama
	☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q58	Rakan-rakan sekerja saya membantu bagi memastikan kerja-kerja disiapkan
	☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)
Q59	Saya sering mendapat maklumbalas langsung atau sebaliknya mengenai perasaan pelanggan atau pengguna terhadap perkhidmatan ataupun barangan yang saya hasilkan
	☐ Sangat Tidak Setuju (1) ☐ Tidak Setuju (2) ☐ Setuju(3) ☐ Sangat Setuju(4)

BAGI SOALAN DI BAWAH, SILA TANDAKAN JAWAPAN YANG PALING TEPAT

Kod	Soalan
V1	Adakah anda berpuashati dengan pekerjaan anda? ❑ Tidak Sama Sekali (1) ❑ Tidak Begitu Berpuashati (2) ❑ Agak Berpuashati (3) ❑ Sangat Berpuashati (4)
V2	Adakah anda menasihati rakan anda untuk berkerja seperti ini? ❑ Menasihati 'Jangan' (1) ❑ Agak Ragu-ragu (3) ❑ Mencadangkan Dengan Bersungguh-sungguh (5)
V3	Adakah anda mahu melakukan kerja ini lagi? ❑ Dengan Penuh Kerelaan (1) ❑ Memikirkannya Semula (3) ❑ Tidak Sama Sekali (5)
V4	Apakah kemungkinan anda akan mendapat kerja baru di tahun hadapan? ❑ Sangat Berkemungkinan (1) ❑ Agak Mungkin (3) ❑ Tidak Mungkin Sama Sekali (5)
V5	Adakah pekerjaan anda sekarang ini sama dengan apa yang anda pohon dahulu? ❑ Sangat Serupa (1) ❑ Agak Serupa (3) ❑ Tidak Serupa Sama Sekali (5)

DALAM TEMPOH 12 BULAN LEPAS, ADAKAH ANDA MENGALAMI PERKARA SEPERTI BERIKUT

Kod	Soalan
V6	Adakah anda kerap merasa cepat penat? ☐ Kerap (1)　　☐ Sekali -Sekala(2)　　☐ Jarang-Jarang(3)　　☐ Tidak Pernah (4)
V7	Adakah anda mengalami sakit di bahagian bawah belakang? ☐ Kerap (1)　　☐ Sekali -Sekala(2)　　☐ Jarang-Jarang(3)　　☐ Tidak Pernah (4)
V8	Adakah anda mengalami sakit di bahagian leher atau sebelah atas belakang? ☐ Kerap (1)　　☐ Sekali -Sekala(2)　　☐ Jarang-Jarang(3)　　☐ Tidak Pernah (4)
V9	Adakah anda mempunyai masalah bernafas? ☐ Kerap (1)　　☐ Sekali -Sekala(2)　　☐ Jarang-Jarang(3)　　☐ Tidak Pernah (4)
V10	Adakah anda mengalami masalah sakit, sakit mencucuk-cucuk atau berasa ketat dada? ☐ Kerap (1)　　☐ Sekali -Sekala(2)　　☐ Jarang-Jarang(3)　　☐ Tidak Pernah (4)
V11	Adakah anda mengalami masalah tangan menjadi kebas, sejuk dan berpeluh-peluh? ☐ Kerap (1)　　☐ Sekali -Sekala(2)　　☐ Jarang-Jarang(3)　　☐ Tidak Pernah (4)
V12	Adakah anda mengalami masalah merasa tegang, gementar atau kaku? ☐ Kerap (1)　　☐ Sekali -Sekala(2)　　☐ Jarang-Jarang(3)　　☐ Tidak Pernah (4)
V13	Adakah anda mengalami masalah kurang selera makan? ☐ Kerap (1)　　☐ Sekali -Sekala(2)　　☐ Jarang-Jarang(3)　　☐ Tidak Pernah (4)

SILA SENARAIKAN KEPERLUAN-KEPERLUAN YANG ANDA PERLUKAN SEMASA BERTUGAS DISINI (cth. latihan, kemudahan komputer, lebih ramai bilangan guru dsb)

1.

2.

3.

4.

5.

APPENDIX B

MENANGANI STRES CARA ISLAM

Dunia pekerjaan memang memberikan pengaruh yang cukup terkesan dalam kehidupan. Apa tidaknya, satu pertiga daripada kehidupan seharian diluangkan di tempat kerja.

Tekanan disebabkan pekerjaan merupakan interaksi kompleks di antara persekitaran di tempat kerja, personaliti dan reaksi tubuh badan dan mental seseorang. Persekitaran pekerjaan memberikan desakan dan tekanan tertentu yang merangsang tindak balas individu secara mental dan fizikal.

Tugas yang terlalu banyak, hubungan dengan rakan sekerja yang tidak baik, ketua yang suka marah-marah dan suasana kerja yang tidak selesa adalah contoh persekitaran kerja yang memberi tekanan negatif. Tekanan ini seterusnya memberi impak terhadap kesihatan psikologi dan fisiologi seseorang individu sekiranya ia tidak ditadbir dan tidak dikawal dengan metodologi yang tepat.

Banyak implikasi negatif berlaku apabila seseorang tidak dapat mengawal tekanan kerjanya. Panas baran, murung, gelisah, kelesuan, sentiasa rasa bersalah, ketakutan, dan hilang tumpuan adalah antara kesannya.

Kadang kala, ada dalam kalangan kita yang mencari jalan singkat dan salah dalam mengatasi tekanan seperti ponteng kerja, melakukan masalah disiplin di tempat kerja, merokok, meminum arak dan sebagainya.

Berlaku juga kes-kes di mana individu yang tertekan di tempat kerja melepaskan tekanan di rumah yang mewujudkan pula masalah rumahtangga seperti pertengkaran dengan pasangan hidup, mendera anak, dan sebagainya.

Sebagai seorang Muslim, kita perlu sedar bahawa kaedah terbaik menangani tekanan kerja sebegini adalah dengan berpegang erat kepada ajaran dan syariat Islam.

Islam telah menetapkan bahawa seseorang yang menghadapi tekanan dan kesusahan perlulah bersabar, tenang, sentiasa rasional dan yakin dengan ketentuan Allah SWT.

Allah SWT telah memberikan panduan terbaik dalam menangani tekanan sebegini melalui firman-Nya dalam surah al-Baqarah ayat 155-156, maksudnya: *"Demi sesungguhnya! Kami akan menguji kamu dengan sedikit perasaan takut (kepada musuh) dan (dengan merasai) kelaparan, dan (dengan berlakunya) kekurangan dari harta benda dan jiwa serta hasil tanaman. Dan berilah khabar gembira kepada orang-orang yang sabar (iaitu) orang-orang yang apabila mereka ditimpa oleh sesuatu kesusahan, mereka berkata: Sesungguhnya kami adalah kepunyaan Allah dan kepada Allah jualah kami kembali."*

Sebagaimana ketentuan Allah SWT bahawa setiap apa yang ada di dunia ini berpasangan, seperti mana siang dan malam atau lelaki dan perempuan, begitu jugalah kesenangan dan

kesukaran atau rahmat dan dugaan. Kita harus menerima hakikat bahawa kehidupan manusia akan selalu diuji oleh Allah SWT.

Kita perlu meletakkan keyakinan bahawa ujian seperti tekanan kerja sebegini adalah bertujuan untuk memantapkan nilai-nilai keimanan, ketaqwaan, kesyukuran dan rasa cinta kita kepada-Nya.

Apabila kita yakin, dengan izin Allah SWT, segala permasalahan yang membelenggu diri akan dirungkaikan dan akhirnya kita berjaya menghadapi tekanan dengan tenang dan berjaya.

Ini selaras dengan firman Allah SWT dalam surah al-Fath ayat 4 maksudnya: *"(Tuhan yang membuka jalan kemenangan itu) Dialah yang menurunkan semangat tenang tenteram ke dalam hati orang-orang yang beriman supaya mereka bertambah iman dan yakin beserta dengan iman dan keyakinan mereka yang sedia ada; pada hal Allah menguasai tentera langit dan bumi (untuk menolong mereka); dan Allah adalah Maha Mengetahui, lagi Maha Bijaksana.'*

KAEDAH

1.   Banyak kaedah menghadapi tekanan kerja berlandaskan ajaran Islam yang cukup berkesan untuk diamalkan. Pertamanya, menjaga solat fardu lima waktu dan memperbanyakkan solat sunat. Banyak kajian pakar psikologi barat sendiri yang telah memperakukan fadilat solat dalam memberi ketenangan jiwa dan pemikiran seseorang. Menurut kesimpulan beberapa kajian sarjana barat, secara saintifiknya solat merupakan suatu tempoh masa 'aman dan damai' di mana seluruh tubuh dan minda seseorang terfokus kepada sesuatu (kepada Allah SWT).

Gerakan-gerakan dan keadaan minda dalam solat berupaya menghalang pengaliran keluar hormon-hormon seperti Cortisol, Epinephrine dan Norepinephrine daripada kelenjar adrenalin yang bertindak balas terhadap sebarang tekanan.

Solat turut membantu memberi intervensi positif terhadap sistem pernafasan, aliran oksigen dalam badan, degupan jantung, dan gelombang otak.

Daripada konteks Islam, dengan mendirikan solat fardu lima waktu dan dilengkapkan dengan amalan solat-solat sunat yang pelbagai, seseorang itu akan diberikan pertolongan oleh Allah SWT dalam sebarang kesukaran seperti mana firman Allah SWT dalam surah al-Baqarah ayat 153 maksudnya: *"Wahai sekalian orang-orang yang beriman! Mintalah pertolongan dengan bersabar dan dengan (mengerjakan) sembahyang; kerana sesungguhnya Allah menyertai (menolong) orang-orang yang sabar.'*

2.   Amalan berzikir seperti bertakbir, bertahmid, bertasbih dan sebagainya merupakan amalan yang mampu menenangkan jiwa sebagaimana jaminan Allah SWT

dalam surah ar-Ra'd ayat 28 maksudnya: *"(Iaitu) orang-orang yang beriman dan tenang tenteram hati mereka dengan zikrullah". Ketahuilah dengan "zikrullah" itu, tenang tenteramlah hati manusia.'*

3.   Mengamalkan mendengar, membaca dan menghayati akan tafsir al-Quran. Diriwayatkan bahawa Rasulullah SAW pernah bersabda bahawa, 'al-Quran adalah penawar kepada kesakitan minda' (riwayat Bukhari).

Membaca al-Quran sendiri memberikan ketenangan kepada pembaca malah kepada sesiapa yang mendengar bacaannya apatah lagi jika ayat-ayat Allah itu difahami, dihayati dan dijadikan panduan dalam kehidupan. Ini adalah kerana al-Quran (dan al-hadith) merupakan sumber teragung dalam merungkaikan segala permasalahan manusia.

4.   Meletakkan keyakinan bahawa kehidupan dunia ini adalah sementara dan akhirat jua tempat yang kekal selama-lamanya.

Dengan cara ini, jiwa akan terasuh untuk menyedari bahawa apa sahaja yang berlaku di dunia ini baik ia bersifat positif ataupun negatif adalah sekadar 'warna kehidupan dunia yang tidak kekal lama' dan akan mendapat balasan yang setimpalnya di akhirat kelak.

Tekanan yang dihadapi di tempat kerja akan menjadi sesuatu yang terlalu kerdil jika dibandingkan dengan apa yang akan dihadapi di Padang Mahsyar kelak. Diri kita akan sentiasa takutkan azab api neraka dan berusaha mencari keredhaan-Nya dan dimasukkan ke dalam syurga.

5.   Dengan amalan berdoa, memohon keampunan dan menyerahkan segala apa yang telah diusahakan bagi mengatasi tekanan diri untuk ketentuan-Nya. Allah SWT berfirman dalam surah al-Ghaafir ayat 60 bermaksud: *Dan Tuhan kamu berfirman: "Berdoalah*

kamu kepadaKu nescaya Aku perkenankan doa permohonan kamu. Sesungguhnya orang-orang yang sombong takbur daripada beribadat dan berdoa kepadaKu, akan masuk neraka Jahanam dalam keadaan hina."

Jika diri kita telah bersungguh-sungguh cuba mengatasi tekanan, mengikut saluran dan kaedah yang tepat, maka kita juga perlu bersifat tawakkal dan ikhlas menerima segala ketentuan-Nya.

Kesimpulannya, walau sebesar manapun masalah atau kesukaran yang menyumbang kepada tekanan di tempat kerja, kita perlu sedar bahawa ianya boleh dihadapi dengan jayanya jika tindak-tanduk kita menepati syariat Islam.

Firman Allah SWT dalam surah al-Fajr, ayat 27-30 yang bermaksud: *"Wahai orang yang mempunyai jiwa yang sentiasa tenang tetap dengan kepercayaan dan bawaan baiknya. Kembalilah kepada Tuhanmu dengan keadaan engkau berpuas hati (dengan segala nikmat yang diberikan) lagi diredai (di sisi Tuhanmu). Serta masuklah engkau dalam kumpulan hamba-hambaku yang berbahagia. Dan masuklah ke dalam Syurgaku."* Jika hati dan pemikiran kita sentiasa bersandarkan kepada sifat tawaduk, yakin dan syukur kepada Allah SWT, maka diri kita akan diberikan petunjuk dan hidayah-Nya dalam menangani segala tekanan tersebut.

APPENDIX C

Aerobic exercise conducted by instructor

Psychiatrist of HUSM giving talk on stress and its management

Freelance motivator giving talk on managing stress in Islamic perspective

Group discussion & problem solving session

Group presentation after discussion

APPENDIX E

MAKLUMAT KAJIAN

BORANG MAKLUMAT PESERTA

Tajuk Kajian: INTERVENSI TERHADAP TAHAP KEPUASAN KERJA DI KALANGAN GURU PUSAT PEMULIHAN DALAM KOMUNITI (PDK), JABATAN KEBAJIKAN MASYARAKAT (JKM) NEGERI KELANTAN

Pengenalan

Adalah dengan ini dimaklumkan bahawa Tuan/Puan adalah dipelawa untuk menyertai satu kajian penyelidikan secara sukarela yang melibatkan satu borang soalselidik untuk mengetahui tentang tahap kepuasan guru-guru dan pengajar-pengajar di Pusat Latihan Dalam Komuniti. Sebelum Tuan/Puan bersetuju untuk menyertai kajian penyelidikan ini, adalah penting untuk Tuan/Puan membaca dan memahami maklumat yang diberi dalam borang ini. Ia menghuraikan tujuan, kelayakan penyertaan, prosedur, risiko dan manfaat dari kajian ini. Ia juga ada menerangkan hak Tuan/Puan untuk menarik diri dari kajian ini pada bila-bila masa. Sekiranya Tuan/Puan menyertai kajian ini, Tuan/Puan akan menerima satu salinan borang ini untuk disimpan sebagai rekod Tuan/Puan.

Penyertaan Tuan/Puan di dalam kajian ini melibatkan Program Intervensi - Pengurusan Stress selama sehari (8 jam), di mana Tuan/Puan dikehendaki mengikuti program tersebut dan mengisi borang soalselidik sebelum, sejurus selepas dan enam minggu selepas program tersebut. Identiti Tuan/Puan tidak akan didedahkan.

Tujuan Kajian

Kajian ini merupakan rentetan kepada kajian terdahulu di mana penyelidik terdahulu mendapati tahap kepuasan kerja di kalangan guru-guru dan pengajar-pengajar di PDK bagi orang-orang kurang upaya adalah rendah. Sehubungan dengan itu, kajian kali ini melibatkan program intervensi yang bertujuan untuk mengatasi permasaalahan ini.

Kelayakan Penyertaan

Doktor yang bertanggungjawab dalam kajian ini atau salah seorang kakitangan kajian akan membincangkan kelayakan untuk menyertai kajian ini dengan Tuan/Puan. Adalah penting Tuan/Puan berterus terang dengan doktor atau kakitangan tersebut tentang sejarah kesihatan Tuan/Puan. Tuan/Puan tidak seharusnya menyertai kajian ini sekiranya tidak memenuhi semua syarat kelayakan.

Syarat Kelayakan Penyertaan

Tuan/Puan **layak** menyertai kajian ini sekiranya Tuan/Puan telah bekerja sekurang-kurangnya 6 bulan dengan Pusat Pemulian Dalam Komuniti, Jabatan Kebajikan Masyarakat, Kelantan semasa kajian dijalankan.

Prosedur-prosedur Kajian

Sekiranya Tuan/Puan bersetuju untuk menyertai kajian ini, Tuan/Puan dikehendaki menyertai program intervensi yang dijadualkan dan menjawab soalan-soalan yang dikemukakan dalam satu borang soalselidik yang akan diedarkan sebelum, sejurus selepas dan enam minggu selepas program intervensi. Soalan-soalan tersebut merangkumi maklumat tentang latar belakang peribadi Tuan/Puan dan keluarga, struktur keluarga, latar belakang pendidikan dan isu-isu yang berkaitan dengan pekerjaan Tuan/Puan sebagai tenaga pengajar di PDK, Kelantan.

Risiko

Sekiranya Tuan/Puan menyertai kajian ini, Tuan/Puan tidak akan terdedah kepada apa-apa risiko perubatan. Jika terdapat apa-apa maklumat penting yang baharu dijumpai semasa kajian ini dijalankan yang mungkin mengubah persetujuan Tuan/Puan untuk terus menyertai kajian ini, Tuan/Puan akan dimaklumkan secepat mungkin.

Penyertaan Dalam Kajian

Penyertaan Tuan/Puan dalam kajian ini adalah secara sukarela. Tuan/Puan boleh menolak pelawaan menyertai kajian ini atau Tuan/Puanboleh menamatkan penyertaan dalam kajian ini pada bila-bila masa, tanpa sebarang hukuman atau kehilangan sebarang manfaat yang sepatutnya diperolehi oleh Tuan/Puan. Penyertaan Tuan/Puan mungkin juga diberhentikan oleh doktor yang menjalankan kajian tanpa persetujuan Tuan/Puan. Jika ini terjadi, ia mungkin disebabkan oleh Tuan/Puan telah didapati tidak memenuhi syarat penyertaan.

Manfaat Kajian

Maklumat yang didapati dari kajian ini akan memanfaatkan diri Tuan/Puan dan guru-guru orang kurang uapaya yang lain.

Pertanyaan

Sekiranya Tuan/Puan mempunyai sebarang persoalan mengenai kajian ini atau hak-hak Tuan/Puan, sila hubungi:-

Dr. Aziah Daud,
Pensyarah
Jabatan Perubatan Masyarakat, USM
Tel: 09-7676630

atau

Dr. Noraziah Bakri,
Pelajar Sarjana Kesihatan Awam
Tel: 019-3411476

BORANG KEIZINAN PESERTA

Tajuk Kajian: **INTERVENSI TERHADAP TAHAP KEPUASAN KERJA DI KALANGAN GURU PUSAT PEMULIHAN DALAM KOMUNITI (PDK), JABATAN KENAJIKAN MASYARAKAT (JKM), NEGERI KELANTAN**

Nama Penyelidik: Dr. Aziah Daud

Dr. Noraziah Bakri

Dengan menandatangani muka surat ini, saya mengesahkan yang berikut:-

1. Saya telah membaca semua maklumat dalam borang maklumat kajian ini termasuk apa-apa maklumat berkaitan risiko yang ada dalam kajian dan saya telahpun diberi masa yang mencukupi untuk membaca dan memahami semua maklumat tersebut.

2. Saya telah diberi peluang untuk bertanya soalan dan semua soalan saya (jika ada) telah dijawabkan dengan memuaskan.

3. Saya, secara sukarela, bersetuju menyertai kajian ini, mematuhi segala prosedur kajian dan memberi maklumat yang diperlukan apabila diminta.

4. Saya telah pun menerima satu salinan Borang Maklumat Peserta untuk simpan peribadi saya.

Nama: ....

No. K. P.: ....

Alamat: ....

....

No. Tel.: ....

Tarikh: ....

Tandatangan: ....

Untuk diisi oleh penyelidik

No. Rujukan: ....

CHAPTER 1

INTRODUCTION

Job satisfaction is the degree to which people like and how people feel towards their jobs. Job satisfaction is associated with much important conducts that have implications for individual and organizational. The most famous definition of job satisfaction by Locke (1976) is ". . . a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences".

More than three decades ago, National Institute of Occupational Safety and Health (NIOSH) through their researches had identified job stress as one of causal factors leading to 10 leading work-related diseases and injuries – Psychological Disorders Category. During 1986 symposium, NIOSH investigators presented a draft national strategy for the prevention of psychological disorders (NIOSH, 1988). They identified the following clinical disorders as attributable to job stress:

- Affective disturbances such as anxiety, depression, and **job dissatisfaction**
- Maladaptive behavioral or lifestyle patterns
- Chemical dependencies and alcohol abuse

Claims for the development of "work-related neuroses" more than doubled during 1980-1982, despite decreased by about one-tenth for all other disabling work-related injuries. The claims for "mental stress" accounted for about 11% of all occupational disease claims (NIOSH, 1988).

Job satisfaction has been tackled by several authors in a variety of fields including marketing, industrial, educational and medical. Quite a number of researchers believed that psychological characteristics are of the most pervasive and influential health hazard in the work environment and among all, job stress and dissatisfaction are the two factors most frequently found to be associated with various adverse health outcomes (CY *et al.*, 2001). Both job stress and dissatisfaction are capable of resulting physiological and psychological alterations that may increase the possibility of developing physical and mental problems (Peterson & Wilson, 1996).

LaRocco *et al.* (1980) stated job dissatisfaction be a form of job-specific strain (job stress→ job-specific strain→ strain) which can, in turn lead to general psychological and physical strain such as anxiety or high blood pressure. Occupational stress and its relationship to the attrition of human service and helping professions also affect general educators, special educators, and those who provide related services for students with special needs (Wisniewski & Gaurgiulo, 1997). Literatures points up high level of stress, burnout, and attrition among special educators that lead to subsequent premature job giving up. Thus contributes to chronic shortage of well-trained special education teachers (Westling *et al.*, 2006)

The need for qualified special educators continues to be a persistent problem in the delivery of special education services. The difficulties in recruiting special educators is more prominent specifically teachers of students with emotional/behavioural disorders and followed by those serving students with severe/profound disabilities, and learning

disabilities (Stephen & Fish, 2010). Despite these needs, shortages of qualified special educators have been projected to continue.

Over the recent years, heaps of research articles concerning problems of special educators and the profession of special education were published. However, there are very limited studies on intervention program in overcoming the issue of job dissatisfaction. Based on the previous study which was done locally found out that job dissatisfaction is high (40.3%) among teachers of disabled in community-based rehabilitation centers (CBRs) in Kelantan (Siti Sara *et al.,* 2010). Recognizing this shortcoming, this current study is designed to implement sequential interventions with the purpose to overcome this matter and subsequently hoping to empower those teachers to cope to situations that contributing to job dissatisfaction. However, further research is necessary as there are very limited studies available locally on this current topic.

1.1 Background of the Study

1.1.1 Job dissatisfaction among teachers of disabled – The contributing factors

Job satisfaction has been thought to be impinged on both intrinsic and extrinsic factors. Herzberg et al. through his book described intrinsic factors or 'motivator' as the work itself, recognition, and achievement while extrinsic factors or 'dissatisfiers' are working conditions, co-workers, and compensation. It is explained that one should have positive intrinsic factors and extrinsic factors to elude job dissatisfaction (Andrew *et al.*, 2002).

Katz and Kahn (1978) through Sutton *et al.* (1984) defined *Role Demands* as the expected behaviours of a person by virtue of his or her position in the organization. The existence of role ambiguity, overload or conflict may occur and become stressful. Student competence, interpersonal conflict and lack of social support from co-workers and supervisor has been identified as a source of stress among teachers and linked to ill-being in variety of occupational groups respectively

There were no reported studies focusing specifically on variables contributing to job satisfaction among special education until in 1986 when (Abelson, 1986) did a factor-analytic study of job satisfaction among special educators. He compared job satisfaction between teachers of the mentally retarded, learning disabled, emotionally disturbed, and severely handicapped. He found out that working condition, leadership opportunities and self-perceived behaviour management skills are the factors that these teachers least satisfied with. This study reflects definite areas impacting on job satisfaction among special educators.

1.1.2 Development of Community-based Rehabilitation (CBR) Program for the disabled

Intending to highlight the development of services provided for the disabled, it is better to give an overview on the articulation of disability policy, especially in developing countries. Disability policy consists of laws, programs, and judicial decisions in at least the four areas -- education, rehabilitation, economics, and civil rights (Barnartt, 1992). Along

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the course of disability policy implementation, argument regarding centralization and decentralization rose.

The conception on community-based rehabilitation (CBR) came into view in 1970s and early 1980s when it was found out that rehabilitation of soldiers injured in World War II based on charity and providing relief was insufficient. They decided that aiming at restoring the individual's functioning is far more valuable in expansion and development of services for the disabled (Thomas & Thomas, 1999). In the past, there were limited numbers of rehabilitation-trained physician and fewer still have disability-related, non-medical professionals such as special education teachers, audiologists, or physical therapists.

The WHO articulated the concept of community-based rehabilitation (CBR) during Alma Ata Declaration 'Health for All' in 1978 with the goal of provision of rehabilitation services to all people with disabilities in both urban and rural setting (Khasnabis & Motsch, 2008).

The most possible reason for lacking of attention given to people with disabilities in health promotion beforehand may due to the conception of 'health' which implied state of complete physical, mental and social wellbeing, despite in the absence of disease. These individuals were once perceived as not good candidates for health promotion program (Rimmer, 1999) generally because the aim of health promotion was rather to prevent disease and disability in the 'healthy'. However, due to mounting numbers of people with

disabilities globally, approaches taken to protect and promote the rights of people with disabilities through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational and social services (Nilsson & Nilsson, 2002).

People with disabilities are highly susceptible to secondary health conditions where in patient with cerebral palsy for example, the list of possible secondary conditions include decreased balance, strength, endurance, fitness, and flexibility, increased spasticity, weight problems, depression and other conditions. In consideration of this matter, transformations in heath care promotion from disease and disability prevention to prevention of secondary conditions in people with disabilities occurred (Rimmer, 1999).

CBR started as a strategy for delivery of primary rehabilitation services to persons with disabilities in their communities In the 1990s, the definition of community based rehabilitation, changed, as reflected in the 1994 Joint Position Paper of International Labor Organization (ILO), and World Health Organization (WHO), where it defined as 'strategy within community development for the rehabilitation, equalization of opportunities and social integration of all people with disabilities" (Thomas & Thomas, 1999).

1.1.3 Community-based Rehabilitation (CBR) strategy in Malaysia

Community-based rehabilitation (CBR) was first introduced in 1983 in Kuala Terengganu by Department of Social Welfare under the consultancy of World Health

Organization (WHO). Preliminarily total of 275 disabled people were identified and 55 people benefited from this program. Since then the Department of Social Welfare had put their tremendous effort in expanding community-based rehabilitation (CBR). By year 1997, expansion of CBR program achieved 122 (Kuno, 1998). They provide resources for rehabilitation and education for mainly disabled children and adolescents. In Kelantan there are 33 centres, with each community-based rehabilitation (CBRs) has one supervisor and 3-4 teachers. Their aim is to provide rehabilitation facilities and education for the disabled children and adolescents.

In an ideal condition, a community-based rehabilitation centers (CBRs) should be managed by multidisciplinary team expert in physio- and occupational therapy, counseling, psychology and other related fields. Limited resources however, preventing us from achieving this ideal situation, thus leaving us with not much choice but to train our community-based rehabilitation teachers/workers. We are hoping that by providing such support, they will be able to perform their task effectively and could subsequently have positive effect on job satisfaction.

1.2 Rationale of the study

As far as we are concerned, there are quite a good number of researches done pertaining job dissatisfaction. Nonetheless, they are restricted to certain job description such as medical-related areas. An earlier study by Siti Sara *et al.* (2010) among teachers at community-based rehabilitation centers Kelantan showed evidence of job dissatisfaction of

40.3%. Thus current study was designed not only to evaluate factors associated with job dissatisfaction among teachers at community-based rehabilitation centers (CBRs) in Kelantan but also to carry-out constructed module in managing job dissatisfaction and stress.

The findings of this study are hopefully useful in enabling these teachers to have control over work-related stress that subsequently lead to job dissatisfaction and finally job giving up. Overcoming their job dissatisfaction encourage retention of these teachers thus hoping to serve the disabled full-heartedly and efficient.

1.3   The benefit of intervention program

The findings of this study can be used as guideline for Social Welfare Department in implementing related programs meant for teacher's benefit and be part of continuous skills development to be an efficient educator and care-giving role of community-based rehabilitation teachers.

CHAPTER 2

LITERATURE REVIEW

2.1   Association of burnout, job stress and job dissatisfaction

Job satisfaction among special education teachers was found to be low due to increased frustration and high level of stress (Stempien & Loeb, 2002). It influences employees' job satisfaction and their overall performance in their work. Numerous studies have emphasized that stressors are predictive of job dissatisfaction (Ahsan *et al.*, 2009). Borritz *et al.* (2006) in their study proposed psychosocial work environment, social relations outside work, lifestyle factors, and personality aspects as potential determinants of burnout and poor health, ***low job satisfaction***, turnover, and absenteeism are the consequences.

Occupations related to providing service for clients whom need assistants (Friedman, 2000), as in teachers at CBRs acquire burnout much often. The burnout syndrome encompasses emotional exhaustion, depersonalization, and reduced personal accomplishment, (Wheeler *et al.*, 2011) arises in teachers as a result of their profound interactions with students, especially with involvement of emotional and behavioural disorders and/or poor motivation or if they belong to multiple categories of special needs (Platsidou, 2010)

The association between job dissatisfaction and the predisposition to leave is quite well-established. Several studies have focused on stress and job dissatisfaction as

explanatory factors in motivating people to abandon their career (Sutton and Huberty, 1984).

Commitment and job satisfaction are important in retaining teachers in the workplace (Bonnie Billingsley & Cross, 1992) occupied with children with special needs. Job satisfaction is closely associated with teachers' work attitude and performance that ultimately affect student learning (Ostroff, 1992). Job giving up cause disruption of working climate and subsequent costly recruitment efforts occurs. Highly satisfied teachers tend to do their best in work and are less likely to switch school or quit when compare to those who are dissatisfied with poor salary and working condition and lack of professional development support (Baker & Smith, 1997).

2.2   Factors associated with job dissatisfaction among teachers of disabled

Nelson *et al*. (2001) found out that teacher demographic characteristic such as gender, years of professional experience and marital status are predictors of job stress and job dissatisfaction. Bonnie Billingsley & Cross (1992) stated that among both general and special education teachers, females are more likely to give up the job than males. Dissimilarly, a study done in Spain suggested no association between sex/gender on job satisfaction but suggested that there are direct relationship between level of education and age (Rafael & Enrique, 2005). Bogler (2002) also found that teachers with higher level of education were generally more contented with their work than those with lower level of

education. One of the literatures in Namibia found out that high teacher-student ratio tends to affect job satisfaction among teachers of the disabled (George *et al.,* 2008).

Skalli (2008) has reported in his study that job factors such as work characteristics, working environment and influenced job satisfaction level. There are also various studies that examined variables for their influence on job satisfaction that may associate to job retention. A study among specially educated public child welfare workers in California was done to determine factors that affect the retention of these workers. Variables such as salaries and the level of social support from co-workers and supervisors were found to significantly influence the potential of staying in the job position (Dickinson & Perry, 2002).

Job satisfaction was found to have direct association with lower job demands and higher decision latitude but not with social support (Evans *et al.*, 2006). However, contrarily Nelson *et al.* (2001) equated working relationship with co-workers (social support) and high level of job satisfaction as well as working condition such as capacity to have a say on decision making.

There are local studies that looked at the relationship of job dissatisfaction and psychosocial job factors, among them, a study done among university lecturers in two local well-known universities suggested that there is association between job dissatisfaction and decision authority and psychological job demand (Huda *et al.*, 2004). Another study by Siti

Sara *et al.* (2010), proposed the association of job dissatisfaction and job insecurity among teachers of disabled at Pemulihan Dalam Komuniti (PDK) Kelantan.

2.3   Interventions in improving psychosocial work condition

As occupational stress has increasingly become a concern for many organizations, many of them have adopted stress management training programs to try and reduce the stress levels of their workforce. This program which is known as stress management intervention (SMI) concentrates on reducing the presence of work-related stressor and on assisting individuals to minimize the negative outcome of exposure to identify stressors (Richardson and Rothstein, 2008).

In 1990, Ivancevich *et al.* developed a conceptual framework for the design, implementation, and evaluation of SMI. According to them, intervention can targets three different points in the stress cycle: (a) the intensity of stressors in the workplace, (b) the employee's appraisal of stressful situations, or (c) the employee's ability to cope with the outcomes. It is however tend to vary accordingly to an individual, organization or some combination.

The most common SMIs are secondary prevention programs aimed at the individual and involve instruction in techniques to manage and cope with stress (Giga *et al.*, 2003). Examples are cognitive-behavioral skills training, meditation, relaxation, deep breathing, exercise, journaling, time management, and goal setting.

Cognitive-behavioral interventions are designed to educate employees or participants to manage stressful events and to provide them with the skills to modify their thoughts to facilitate adaptive coping (Richardson & Rothstein, 2008). They are intended to change individuals' judgment of stressful situations and their responses to them.

Meditation, relaxation, and deep-breathing interventions are designed to enable employees or participant to reduce adverse reactions to stresses by bringing about a physical and/or mental state that is the physiological opposite of stress (Benson, 1975). Exercise programs generally focus on providing a physical release from stressful situation that tend to pile-up with times (Bruning & Frew, 1987). Exercise increases endorphins production from the pituitary gland and hypothalamus, acting as 'natural pain relievers' and generate a sense of well-being (Koneru *et al.*, 2009).

Journaling interventions require the employee to keep a journal, log, or diary to make a note of the stressful events in his or her life (Alford *et al.*, 2005). It serves as assisting tool for employee to identify the recurring causes of stress, monitor stress level and to note his or her reactions. It can also be used to formulate action plans for managing stress.

Time management and goal-setting interventions are designed to help people manage their time properly because working under time pressure can be stressful. Time management interventions provide skills training in the areas of goal setting, tasks

prioritizing, self-monitoring, problem solving, delegating and negotiating (Bruning and Frew, 1987), (Higgins, 1986).

Interventions with the goal of improving psychosocial working conditions resulted in changes in the psychosocial work environment. Hence in this current study, intervention carried-out is meant to tackle the components of these contributing factors, as what had been mentioned earlier.

2.4   Religion and spirituality aspect in care-giving

According to Oman *et al.* (2003) as quoted from (Pearlin *et al.*, 1990) "Whereas caring is the affective component of one's commitment to the welfare of another, caregiving is the behavioral expression of this commitment . . . [and is] present in all relationships where people attempt to protect or enhance each other's well-being". The conceptual of care-giving is perceived as appropriately applied to our current study on teachers of community-based rehabilitation (CBR), as they predominantly provide care giving rather than conventional education.

Oman *et al.* (2003) in their study recognized that religion and spirituality serves as foundation on enhancing care giving efficacy. Amusingly, available observed studies suggests that among family or partner caregiver, religion and spirituality have been associated with better relationships with care recipient (Chang *et al.*, 1998), greater well-being and the ability to positively restructure a distressing situation (Folkman, 1997).

Safaria (2010) in her study among Javanese university staff in jogjakarta revealed inverse relationship of religious coping and impact of job insecurity on job stress. When one's religious coping is high, the impact of job insecurity on job stress will decrease. Whereas when one's religious coping is low and job insecurity is high, then the effect of job insecurity on job stress increase. The result of interaction effect of religious coping is consistent with past studies.

2.5   Intervention Studies Involving Person Working with Disabled People

There was an intervention study for staffs working with people with intellectual disabilities which taken place in 2 municipalities in Norway in 2004. Interventions were carried out at individual and organizational level. At the individual level, participants were offered voluntary exercise program and seminars. Stress, burnout and job satisfaction were measured using 'General Burnout Questionnaire' (GBQ) and they found out that the experimental group showed a significant reduction in stress and exhaustion, and a strong significant rise in job satisfaction after intervention (Innstrand *et al.*, 2004). One of the noticeable pitfalls regarding this study is that no randomization on selection of participants into experimental and control groups that might introduced bias.

Van der Klink *et al.* (2001) in their quantitative meta-analysis had classified occupational-reducing interventions into four distinct types; cognitive–behavioral approaches, relaxation techniques, multimodal interventions, and organization-focused interventions. Cognitive–behavioral approaches aimed at changing cognitions and

subsequently reinforcing active coping skills. Relaxation techniques focused on physical or mental relaxation as a method to cope with the consequences of stress. Multimodal interventions emphasize the acquisition of both passive and active coping skills. The fourth intervention type involves a focus on the organization as a whole.

2.6 Instruments Measuring Job Satisfaction

2.6.1 Job Content Questionnaire (JCQ)

Job content questionnaire (JCQ), developed originally in the United States of America (USA), has been one of the most utilized instruments to measure psychosocial job characteristics due to its simplicity, reliability, and validity. The revised JCQ 1997, incorporated additional scales and extensions of the original scales for the Framingham version (Karasek *et al.*, 1998). The JCQ comprises items on major scales of which include *Decision Latitude, Psychological Job Demand, Social Support, Physical Exertion, Toxic Exposure, Hazardous Condition, Life Dissatisfaction, physical strain, psychosomatic Strain, Job Insecurity and Job Dissatisfaction*.

The scales are not only able to predict job-related illness development, but have been as well used in determination of workers' motivation and job satisfaction. Job factors such as skill discretion, decision authority, psychological workload, physical exertion, job insecurity, toxic exposures, hazardous conditions, supervisor's support and co-workers' support are assessed in part one of the JCQ. Job dissatisfaction, physical/psychosomatic strain, sleeping problem and depression are measured in the following part. There are other

scales available in the JCQ that however were not used due to irrelevancy in this current study.

2.6.2   Other Instruments Measuring Job Satisfaction

An instrument is considered a good one when it can be utilized by working population at large (Saane *et al.*, 2003). Some instruments that available currently are designed for jobs in general whilst some for specific workforce. Saane *et al.* (2003) has found from his review, few instruments that met the quality criteria for reliability and validity, namely Job in General Scale (JIG), Andrew and Withey Job Satisfaction Questionnaire, Job Satisfaction Survey (JSS), Emergency Physician Job Satisfaction Instrument (EPJS), McCloskey/Muller Satisfaction Scale (MMSS), Measure of Job Satisfaction (MJS) and Nurse Satisfaction Scale (NSS).

There are various studies of job satisfaction done onto working population especially health care workers as compared to other line of work. Although there are quite a number of developed questionnaires available to measure job satisfaction, most of them are tailored according to only one particular job. Thus we opted to use a questionnaire that is applicable to working population at large and multidimensional in characteristic which is Job Content Questionnaire (JCQ).

2.6.2.1 Job in General Scale (JIG)

Job in General Scale (JIG) is a method of employee satisfaction evaluation and developed as a global measure of job satisfaction. The JIG is an improved Job Descriptive Index (JDI). The Job Descriptive Index (JDI), created by Smith, Kendall, & Hulin (1969), measures one's satisfaction in five facets: pay, promotions and promotion opportunities, coworkers, supervision, and the work itself. Participants are required to answer either yes, no, or can't decide in response to given statements describe one's job (Stanton *et al.*, 2001)

2.6.2.2 Andrew and Withey Job Satisfaction Questionnaire

This is a one dimensional questionnaire that measures global job satisfaction. It has five items. Responses are given on a seven-point Likert scale ranging from delighted (1) to terrible (7). Factor assessed is mainly general job satisfaction (Saane *et al.*, 2003).

2.6.2.3 Job Satisfaction Survey (JSS)

The Job Satisfaction Survey (JSS) is a multidimensional instrument that applicable to human services, public, and non-profit sector organizations The response format is a six-point Likert scale, ranging from 'disagree very much' (1) to 'agree very much' (6). The JSS includes nine sub-scales: salary, promotion, supervision, fringe benefits, contingent rewards, operating procedures, co-workers, work and communication (Spector, 1985).

2.6.2.4 Emergency Physician Job Satisfaction Instrument (EPJS)

The Emergency Physician Job Satisfaction (EPJS) is a multidimensional instrument designed for physicians working at an emergency department. The questionnaire has 79 items, including a global job satisfaction scale with 11 items. The response format is a seven-point Likert scale, ranging from 'strongly disagree (–3) to 'strongly agree (3)'. The EPJS measures six work factors: administrative autonomy, clinical autonomy, resources, social relationships, lifestyle and challenges (Cabrita & Perista, 2007).

2.6.2.5 McCloskey/Muller Satisfaction Scale (MMSS)

The McCloskey/Muller Satisfaction Scale (MMSS) is a multidimensional questionnaire designed for hospital staff nurses. There are 31 items; the response format is a five-point Likert scale ranging from 'very dissatisfied' (1) to 'very satisfied' (5). The MMSS measures eight work factors: extrinsic rewards, scheduling satisfaction, family/work balance, co-workers, interaction, professional opportunities, praise/recognition, and control/responsibility (Cabrita & Perista, 2007).

2.6.2.6 Measure of Job Satisfaction (MJS)

The Measure of Job Satisfaction (MJS) is also a multidimensional instrument with 38 items designed for use in the community nurse sector. Respondents are asked to rate their degree of job satisfaction on a five-point Likert scale, ranging from 'very satisfied' to

'very dissatisfied', including a neutral response choice. The MJS measures five work factors: personnel satisfaction, workload, professional support, salary, and prospects and training (Cabrita & Perista, 2007).

2.6.2.7 Nurse Satisfaction Scale

The Nurse Satisfaction Scale (NSS) developed by (Ng, 1993) measures job satisfaction among nurses. The questionnaire is multidimensional and has 24 items. The response format is a seven-point Likert scale, ranging from 'strongly agree' (1) to 'strongly disagree' (7). The items of NSS includes seven work factors: administration (support nurses, care about nurses, consult with nurses and nursing goals of administration), co-workers, career, patient care, relation with supervisor, nursing education, and communication.

Psychosocial Job Factors

- Skill discretion
- Decision latitude
- Coworkers'support
- Psychological job demand
- Physical strain

- Decision authority
- Supervisor's support
- Social support

- Job insecurity

Non-job Factors

- Sociodemography
- Coping ability on personal life adjustments

JOB STRAIN

JOB DISSATISFACTION

Individual Responses

- Withdrawal
- Work performance
- Illness

societal Responses

- Quality of life
- Adaptivity

Organizational Responses

- Quality
- Productivity
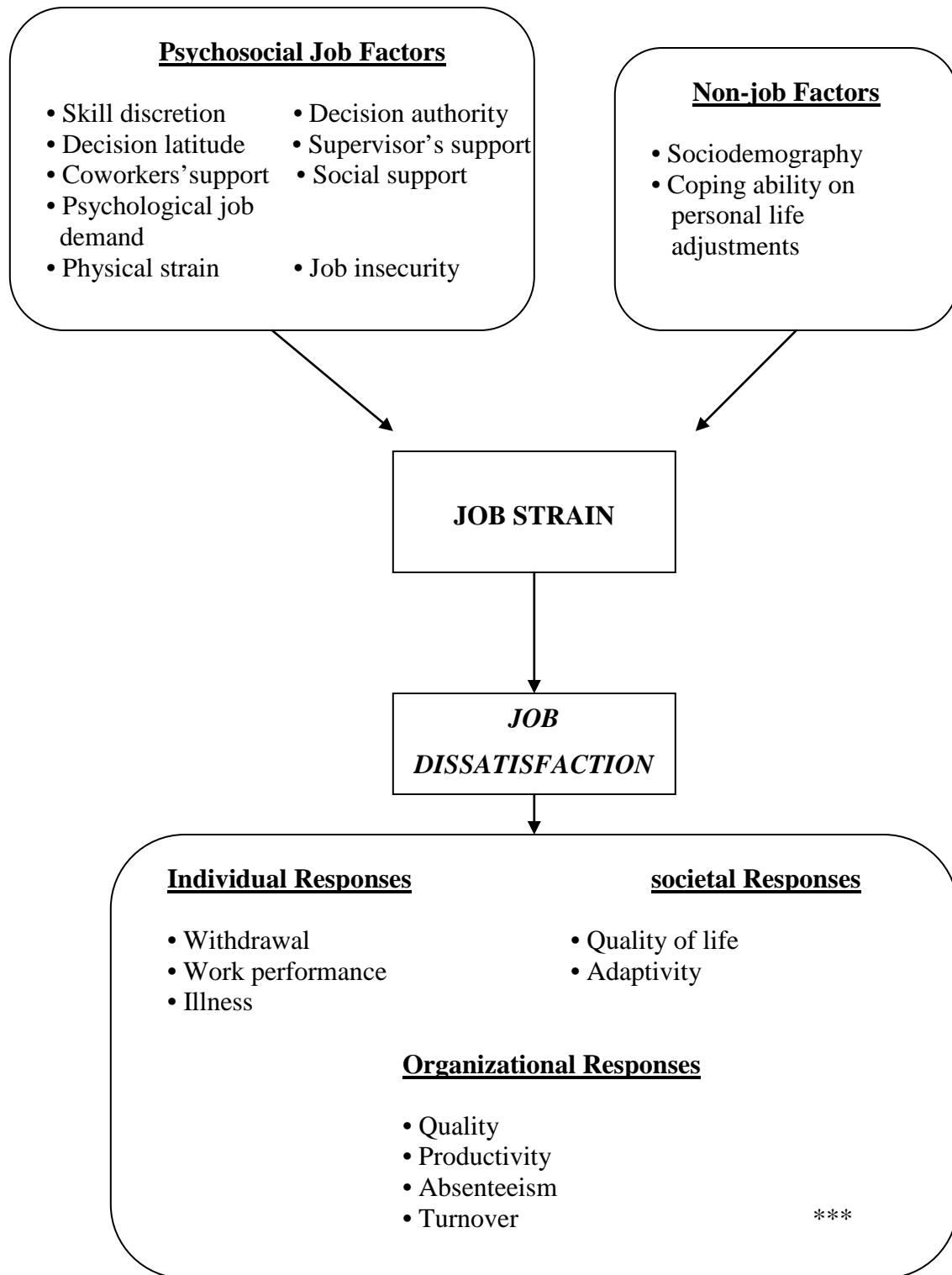- Absenteeism
- Turnover   ***

Figure 2.1: Conceptual framework of job dissatisfaction (*** items were not measured during study period).

CHAPTER 3

OBJECTIVES, RESEARCH QUESTIONS, HYPOTHESES

&

OPERATIONAL DEFINITIONS

3.1   General objective

To determine the factors associated with job dissatisfaction and effectiveness of intervention module for job dissatisfaction among teachers of disabled at Community-based Rehabilitation Centre, Kelantan.

3.2   Specific objectives

1.   To determine the prevalence of job dissatisfaction among teachers at community-based rehabilitation centers (CBRs) Kelantan.

2.   To determine factors associated with job dissatisfaction among teachers at community-based rehabilitation centers (CBRs) Kelantan.

2.   To compare the mean score of job dissatisfaction among teachers of disabled at Community-based Rehabilitation centres (CBRs) in Kelantan at pre-intervention, and immediate and 6-weeks post-intervention in determining the effectiveness of intervention program.

3.3   Research questions

1.   What is the prevalence of job dissatisfaction among teachers at community-based rehabilitation?

2.   What are the factors associated with job dissatisfaction among teachers at community-based rehabilitation centers (CBRs)?

3.   Is the intervention module implemented effective in reducing job dissatisfaction among teachers at community-based rehabilitation centers (CBRs)?

3.4   Research Hypotheses

1.   Psychosocial job factors and non-job factors are associated with job dissatisfaction.

2.   There is significant mean difference of job dissatisfaction score among teachers at Community-based Rehabilitation Centres (CBRs) at pre-intervention, and immediate and 6-weeks post-intervention thus indicating effectiveness of intervention program.

3.5 **Operational Definitions**

3.5.1 **Decision authority:** the second sub-dimension of decision latitude assesses the organizationally mediated possibilities for workers to make decisions about their work.

3.5.2 **Decision latitude:** also known as job control; it defines as the ability of the workers to use skills on their job and to have authority to make decisions regarding how the work is done and to set the schedule for completing work activities.

3.5.3 **Disabled people:** someone who has physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry-out normal daily activities.

3.5.4 **Intervention module:** strategies in overcoming job dissatisfaction and stress to group of employees outside their working environment. In this study, intervention module aimed at individuals and involved educating employees about the role of theirs thoughts and emotions in managing events that lead to job dissatisfaction. They were provided with skills to modify their thoughts to facilitate coping response. Module also comprises exercise which focused on physical release from tension and group discussion meant to provide skills training in areas of scheduling and prioritizing tasks, self-monitoring, problem solving and negotiating.