FOSTERING RESILIENCE, WORK-LIFE BALANCE AND WELL BEING IN PROMOTING A SUSTAINABLE WORKFORCE AMONG WOMEN IN MALAYSIAN PUBLIC HOSPITALS

NADZRAH BINTI YUSOF

UNIVERSITI SAINS MALAYSIA

2023

FOSTERING RESILIENCE, WORK-LIFE BALANCE AND WELL BEING IN PROMOTING A SUSTAINABLE WORKFORCE AMONG WOMEN IN MALAYSIAN PUBLIC HOSPITALS
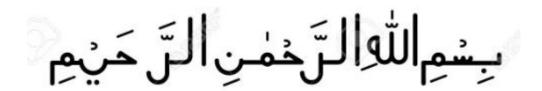
by

NADZRAH BINTI YUSOF

Thesis submitted in fulfillement of the requirements
for the degree of
Doctor of Philosophy

August 2023

ACKNOWLEDGEMENT

بِسْمِ اللهِ الرَّحْمٰنِ الرَّحِيْمِ

In the Name of Allah, the Beneficent, the Merciful First praise is to Allah, the Almighty, on whom ultimately, we depend for sustenance and guidance.

To begin, I must express my heartfelt gratitude to Associate Professor Dr. Salmi Mohd Isa, who acts as my main supervisor. Associate Professor Dr. Salmi has been pushing me to perform to the best of my ability throughout this study and has been extremely helpful from the first day I began working on the proposal for this thesis. Associate Professor Dr. Salmi has also provided intellectual and emotional support to me during the difficult process of completing my thesis. I couldn't have asked for a more helpful adviser and mentor than I had throughout my PhD studies. Because of all of this, I want to thank her from the bottom of my heart and tell her that she will be in my debt for the rest of my life. My heartfelt thanks also go to Associate Professor Dr. Goh Yen Nee, who acted as my secondary supervisor during this journey.

My dearest mother, Cikgu Bee who is my source for resilience; my devoted husband, Mohamad Rizal, who is both my anchor and my anchor point; and my darling son, Raimi Iman who is both my soul and my world. Your perseverance, selflessness, comprehension, and support have been invaluable to me throughout this incredible journey.

I would like to dedicate this thesis to all the women healthcare workers in the world who are working their tails off to strike a healthy balance between their professional and personal lives while also making a significant commitment to and an outstanding contribution to their own families, their communities, and their countries. I applaud your strength and determination.

Finally, I want to thank me for believing in me, I want to thank me for doing all this hard work. I want to thank me for having no days off. I want to thank me for never quitting. I want to thank me for always being a giver and trying to give more than I receive. I want to thank me for trying to do more right than wrong. I want to thank me for being me at all times.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

Page

LIST OF GRAPHS

Page

LIST OF ABBREVIATIONS

WHO	World Health Organization
ICU	Intensive Care Unit
NST	Nonstress Test
ILO	International Labor Organization
COVID-19	Coronavirus Disease 2019
BBC	British Broadcasting Corporation
NHS	National Health Service
DOSM	Department of Statistics Malaysia
HRD	Human Resources Division
JD-R	Job Demands-Resources
MOH	Ministry of Health
CMV	Common Method Variance
CMB	Common Method Bias
POS	Perceived Organisational Support
PSS	Perceived Supervisory Support
SEM	Structural Equation Modelling

LIST OF APPENDICES

MEMUPUK KETAHANAN, KESEIMBANGAN HIDUP KERJA DAN KESEJAHTERAAN UNTUK MENGGALAKKAN TENAGA KERJA MAPAN DALAM KALANGAN WANITA DI HOSPITAL AWAM MALAYSIA

ABSTRAK

Wanita memainkan peranan penting sebagai pekerja di hospital awam di seluruh dunia. Didalam sektor kesihatan, wanita berkhidmat dalam pelbagai bidang iaitu perubatan dan juga pengurusan. Sumbangan wanita penting dalam bidang perubatan dan dalam sektor kesihatan awam. Sebagai ibu pula, wanita berperanan untuk menguruskan keluarga dan membesarkan anak-anak mereka. Ini boleh melibatkan pelbagai tanggungjawab, seperti menyediakan penjagaan fizikal, sokongan emosi dan bimbingan semasa kanak-kanak membesar dan berkembang. Wanita yang bekerja hospital awam terdedah kepada pelbagai jenis bahaya pekerjaan seperti waktu bekerja yang panjang, penyakit berjangkit, keletihan dan tekanan yang menyebabkan mereka berhenti kerja atau menghalang mereka daripada mencapai tahap tertinggi dalam industri yang diceburi. Matlamat kertas kajian ini adalah untuk membincangkan kepentingan memupuk daya tahan, keseimbangan kerja-kehidupan dan kesejahteraan dalam mempromosikan tenaga kerja kesihatan yang mampan dalam kalangan wanita di hospital awam Malaysia. Teori yang dicadangkan dalam kertas kerja ini adalah berdasarkan 'maslow's hierarchy of needs, job demands-resources model, job demand-control model dan spill-over theory'. Rangka kerja teori tersebut tidak dikaitkan dengan baik dalam penyelidikan dan amalan terdahulu, justeru penyelidikan ini akan melihat kombinasi teori-teori tersebut dalam konteks kajian tentang wanita yang bekerja di hospital awam di Malaysia. Berdasarkan keputusan analisis data, didapati bahawa, faktor demografi mempunyai hubungan positif dengan daya tahan, faktor individu-peribadi

mempunyai hubungan positif dengan daya tahan, sokongan keluarga mempunyai hubungan positif dengan daya tahan, penyeliaan pengurusan mempunyai hubungan positif dengan daya tahan, budaya disiplin mempunyai hubungan positif dengan daya tahan, daya tahan mempunyai hubungan positif dengan kesejahteraan, daya tahan mempunyai hubungan positif dengan keseimbangan kehidupan kerja dan kesejahteraan memediasi hubungan antara daya tahan dan tenaga kerja mampan. Namun begitu, faktor individu-profesional tidak mempunyai hubungan yang signifikan dengan daya tahan. Keseimbangan kehidupan kerja juga tidak memoderatkan hubungan antara kesejahteraan dan tenaga kerja mampan. Hasil dapatan dari kajian ini dari implikasi teori yang digunapakai, hubungan antara kepentingan memupuk daya tahan dan mencipta tenga kerja yang mampan di kalangan wanita yang bekerja di hospital awam di Malaysia adalah dimediasikan oleh kesejahteraan atau kegembiraan oleh seorang pekerja itu sendiri. Implikasi praktikal yang boleh diambil dari hasil kajian ini, boleh digunapakai oleh pihak pengurusan sistem kesihatan awam Malaysia dalam membentuk penambahbaikan strategi bagi membantu pekerja wanita untuk untuk terus berdaya saing dan memberikan perkhidmatan terbaik di hospital awam di Malaysia. Limitasi kajian antaranya saiz persampelan dan juga akses terhad kepada peserta diwaktu pandemic Covid-19 antara masalah besar yang dihadapi dalam kajian ini. Diharapkan agar dimasa depan nanti, kajian perbandingan diantara gender dapat dibuat agar satu solusi yang universal dapat dibuat dalam membantu para pekerja di hospital awam di Malaysia untuk terus bekerja dengan efektif dan efisyen demi menyampaikan perkhidmatan kesihatan yang berkualiti kepada orang ramai

FOSTERING RESILIENCE, WORK-LIFE BALANCE AND WELL BEING IN PROMOTING A SUSTAINABLE WORKFORCE AMONG WOMEN IN MALAYSIAN PUBLIC HOSPITALS

ABSTRACT

As employees in public hospitals institutions around the globe, women play a significant role. They have made significant advances in the public health sector and have made significant contributions to the field of medicine. Women also play an essential role in family management. Women workers particularly in public hospitals, are exposed to a variety of occupational hazards, such as long working hours, infectious diseases, excessive workload, fatigue, stress, and job insecurity, which cause them to quit their jobs or prevent them from achieving the highest level in the industry. To meet the Millennium Goals and Sustainable Development, which emphasise the importance of empowering women, it is important to understand and appreciate the contribution of women to the public health sector and to develop a sustainable workforce in health. This study seeks to examine the significance of nurturing resilience, work life balance, and wellbeing in fostering a sustainable health workforce among women in Malaysian public hospitals. This paper's theory is founded on Maslow's hierarchy of requirements, the job demands-resources model, the job demand-control model, and the spillover theory. In previous research and practise, the theoretical framework is not well linked to practise, so this study examines the combination of these theories in the context of the study of women working in public hospitals in Malaysia. Based on the results, demographic factors are positively related to resilience, suggesting that certain characteristics related to individuals' background contribute to their ability to bounce back from challenges. Individual-personal factors also show a positive relationship with resilience, indicating that personal attributes

and characteristics play a role in enhancing individuals' resilience levels. However, the relationship between individual-professional factors and resilience is insignificant, implying that professional skills or attributes may not have a significant impact on individuals' resilience levels. Contextual factors such as family support, management supervision, and a culture of discipline exhibit a positive association with resilience, indicating that external factors contribute to individuals' resilience levels. Resilience is positively related to both wellbeing and work-life balance, highlighting the importance of resilience in promoting overall wellbeing and the ability to maintain a healthy balance between work and personal life. Furthermore, wellbeing acts as a mediating factor in the relationship between resilience and a sustainable workforce, indicating that resilience contributes to individuals' wellbeing, which in turn affects the sustainability of the workforce. On the other hand, worklife balance does not moderate the relationship between wellbeing and a sustainable workforce, suggesting that work-life balance does not significantly impact the relationship between wellbeing and the ability to sustain a productive workforce. In summary, resilience demonstrates a positive relationship with wellbeing and a sustainable workforce, with demographic, personal, and contextual factors all playing a role in fostering resilience and contributing to individual and organizational outcomes. The practical implications that from the findings can be used by the administration of the Malaysian public health system to develop strategies for enhancing the competitiveness and quality of services provided by female employees in Malaysian public hospitals. The sample size and limited access to participants during the Covid-19 pandemic are among the most significant limitations of this study. In the future, it is anticipated that a comparative study between the sexes will be conducted so that a universal solution can be developed to assist employees in public hospitals in Malaysia to continue to work effectively and efficiently in order to provide the public with quality health services.

INTRODUCTION

1.1 Introduction

This chapter includes a background introduction, problem statement, research objectives, research questions, the scope of the study, and significance, definition of key terminology and structure of the thesis.

1.2 Background of the Research

The labour structure has seen a profound transformation during the past few decades. Over 39% of the world's labour force is now comprised of women, making them an essential, indisputable element (World Bank, 2021). Scurry and Clarke (2021) reported that single-income households, dual-earner households, and dual-career households are becoming increasingly prevalent in industrialised nations. These patterns reflect familial arrangements, household expense demands, the desire for a higher quality of life, and shifting social norms about women's paid employment (Greenhaus & Kossek, 2014). Dual-earner households, in which both couples work and share responsibility for the family (Lee, Kim, Park, & Yun, 2013; Cools & Kotsadam, 2017), are on the rise (Eby, Casper, Lockwood, Bordeaux, & Brinley, 2005; DePasquale et al., 2017).

Individuals' daily lives are being impacted by the Covid-19 outbreak (WHO, 2020), an increase in the number of working hours and the blurring of traditional boundaries between work and home as a consequence of advancements in technology (Landsbergis, 2009; Michel et al., 2011), as cited in de Gennaro et al., (2022). Work and family responsibilities are crucial responsibilities, most significant aspects of an individual's life by Sahin et al. (2020). For millions of adults, balancing

these two spheres has become a daily occurrence that requires significant time, effort, and energy (Casper et al., 2018). Although these changes affect both men and women, the pressure of juggling numerous tasks as employees and family duties was significantly larger for women (Noor & Mahudin, 2016).

Most working women must juggle two full-time jobs, one at the office and one at home, as a result of the work environment's dynamics (Sundaresan, 2014). Review of relevant research reveals that working women have greater difficulties than men juggling work and family responsibilities (Delina & Raya, 2013). This remark is confirmed by Carli's (2020) assertion that in every nation analysed, women, regardless of work position, spend more time caring for children and performing other home responsibilities than men do (Adema et al., 2016; Giménez-Nadal et al., 2020; ILO, 2018). According to Bell et al. (2012), the explanation for women are more likely to undergo conflict is due to a greater spill over from work into the family than there is from the home into work (Retno Dwiyanti & Ratna Kartikawati, 2020).

In order to thrive in one context, working women are frequently need to make sacrifices in another, as each setting places various expectations on them and requires them to adhere to distinct conventions (Adisa & Mordi, 2014). According to Lim and Mohd Rasdi (2019), a 2014 a survey that was carried out in Malaysia by the Ministry of Women, Family and Community Development with the support of the United Nations Development Programme discovered that approximately 67% of married women professionals had left their jobs so as to care for their children or to adhere by the request of their husbands to stop working. These skilled women quit the field to focus on parenthood, childcare, and housework (Wee, 2017). According to a 2013 Talent Corp-ACCA study, the top three reasons for leaving the employment were to raise a family, loss of work life balance, and caring for family members (Toh & Syahirah, 2017; Lim & Mohd Rasdi, 2017).

This research will focus on women in the Malaysian public healthcare sector. This research focuses on women because the gendered character of work and family in Malaysia remains prominent (Abiddin & Ismail, 2021). It is crucial that the government and policymakers promote more women to enter the healthcare workforce, as women are naturally endowed with nurturing and caring qualities that are essential in the healthcare industry (WHO, 2019). This research will also shed light on work-family conflicts as societal challenges, as opposed to individual problems that each woman and her family must resolve (Rashmi & Kataria, 2021). This is corroborated by Mushfiqur et al. (2018), who argued that not only the woman and her spouse are accountable for the wellbeing of the family, but also the workplace and the larger community. This attitude is consistent with the society's larger cultural norms (Hofstede, 2011; Ljubica et al., 2021), and adopting governmental policies that promote systemic support for families would reflect this perspective.

Work and family are two interconnected significant spheres. Factors in the realm of employment may impact family life, and vice versa (Ahmad, 2008; Boyar et al., 2007; Talip et al., 2020). The effect of the family on the workplace is identical and opposite to the impact that the workplace has on the family. The relationship is viewed as dynamic and interconnected (Huang et al., 2004; P. A. Thomas et al., 2017; Yucel & Latshaw, 2020). Managing one's time effectively so that one may be successful in both their professional and personal lives is a challenge that everyone faces at some point in their lives. Employees who have many occupations and limited time, such as time and energy, find it challenging to balance their obligations at work and at home with their personal lives (Brady, 2020; Kahn et al., 1964). The increasing proportion of women in the labour market, dual-earner couples, and single-parent homes highlights the increasing need of striking a healthy balance between one's professional and family responsibilities (Galinsky et al., 2013; Ji & Jung, 2021; Marican et al., 2009; R. A. Rahman et al., 2016).

A correlation between resilience, having a healthy work life balance and wellbeing have been found. have been identified as crucial factors to emphasise in work life balance-related studies (Riley, 2012; Marques & Berry, 2021). Work-family wellbeing addresses the sometimes contradictory demands of a person's profession, child care, elder care, and other personal concerns (Rozanti & Salmiah, 2014; Schieman et al., 2021). A rising number of studies demonstrate that good worklife balance involves minimum conflict and maximum benefits between work and family, where it contributes to both job-related and non-work-related outcomes (Frone, 2003; Grzywacz and Marks, 2000; Rao & V.T., 2021). Increased organisational commitment (Roehling et al., 2001; Linda et al., 2021), decreased turnover intentions, and decreased absenteeism are examples of work-related outcomes (Dalton & Mesch, 1990; Forte, 2017; Ibrahim Alzamel et al., 2020).

Personal wellbeing and health-related outcomes are examples of non-work-related consequences. This is supported by the findings of Allen et al., (2000), Adisa et al., (2021), and Gragnano et al. (2020), who wrote that worklife balance is connected with increased marriage and family satisfaction, which in turn increases family performance. These researchers found that a worklife balance is connected with increased marriage and family satisfaction, which in turn increases family performance. Success in managing work and life may also result in women's flourishing health and a sustainable healthcare workforce (Maas, 2020; Munabi et al., 2022; Shiva, 1993) As a result of restructuring (e.g., the need to adapt or replace an ageing staff), ethnic shifts (e.g., a multicultural workplace), labour shortages, and demographic concerns, the 21st-century workplace is more demanding than ever (e.g., more single-parent families;). In Malaysia, according to data from the Department of Statistics Malaysia, the percentage of single-parent households increased from 4.4% in 2000 to 8.1% in 2019 (DOSM, 2022). This represents an average annual increase of 4.9% over the 19-year period. Additionally, individuals are

supposed to perform more successfully and efficiently at work and at home (Irawanto et al., 2021; Ilies et al., 2007).

Consequently, occupational adversity has become a topic of research Tabakakis et al (2022). Even when people have strong worklife balance, they can still encounter friction (e.g., between work and family). For instance, tensions might arise when people are required to meet job obligations and deal with the sudden illness of their children (J. Kim, 2018; Poduval, 2009). Everyday difficulties and stressors can be burdensome for healthcare workers and women in particular, as well as their families (Svold et al., 2021). Individuals' work life balance, wellbeing, and capacity to adapt, thrive, and persist in the healthcare workforce can be affected by how they and their families respond to daily obstacles (WHO, 2016)

According to Woo et al. (2020), one of the most important variables in the emergence of diseases caused by stressful stimuli in the workplace is the exhaustion that employees experience. Also, according to the research, health workers are immediately affected by living with and working with diseases, and are therefore engaged in direct emotional labour, which can result in involuntary protective mechanisms that generate an exhausting and stressful process (Saragih et al., 2021; Vargas & Dias, 2011). As a result of the direct and indirect repercussions of these emotions, depression, a decline in wellbeing, and an imbalance between work and personal life are prevalent among health care professionals.

Marsh et al. (2022) noted that evolving communication technologies, such as laptops, Internet access, and cell phones, have complicated the already demanding work and family situation. Today, people can be reached at any time and from any location in the world. Consequently, time and space have become entangled (Dousin & Collins, 2020; Harmer et al., 2008; Larson & Luthans, 2006). This complex situation has created difficulties for individuals, families, and organisations, as well as a wide range of psychological and physiological stress-related issues (Biron et al., 2009; De

Hert, 2020). The imbalance between work and life can result in serious stress outcomes, such as poor health (N. Kumar & Verma, 2017; Prosser et al., 1999), conflict at work and home (Cartwright & Cooper, 2009; Kumar & Verma, 2017), decreased morale and productivity (Nowrouzi-Kia et al., 2021; Cooper et al., 2001), decreased job satisfaction, decreased work life balance (Gebregziabher et al., 2020; Siegrist, 1996).

Some organisations, scholars, and practitioners have investigated the notion of resilience and its influence on individuals, families, and organisations in the context of coping with severe working conditions in public hospitals (Wald, 2020; Zhu et al., 2019; Riley, 2012; McCann et al., 2013). This project will contribute to the literature on resilience by investigating its role in wellbeing, work life balance, and the connection between these factors and the creation of a sustainable healthcare workforce for women in Malaysian public hospitals.

Working in the healthcare profession, particularly in public hospitals, is extremely difficult for women. The public hospital runs around-the-clock, seven days a week. Some women work shifts from 7 a.m. to 2 p.m., 2 p.m. to 9 p.m., and 9 p.m. to 7 a.m. Some work on the 8 a.m. to 5 p.m. shift. Studies have indicated that intensive care units (ICU) are among the most hostile, tense, and traumatic hospital environments (Sargin et al., 2018; Arrogante et al., 2015; Arrogante and Aparicio-Zaldivar, 2017; Vargas & Dias, 2011). Intensive care units can create as much physical and mental wear and tear on medical staff as they do on patients. In addition, these ICU stressors have been proven to create mental illnesses, including gastrointestinal, cardiovascular, and primarily depressive abnormalities, as well as changes in sleep patterns (Pujari et al., 2021; Costa et al., 2000; R Ndejjo et al., 2015).

There is a lot of data to suggest that the natural stress that comes with working in health care has negative impacts on the people who work in health care. Increased levels of depression have been linked to stress. (Bliese et al., 2017; Freudenberger,

1974; Matsumoto et al., 2021), decreased job satisfaction (Yeboah and Ansong, 2014; H. Zhou et al., 2018), disrupted personal relationships (Kristensen, Borritz, et al., 2005; Patel et al., 2019), psychological anguish (Hajure et al (Awan et al., 2022; Goel et al., 2016; Health and Safety Executive, 2017; Maslach et al., 2001; Maslach and Leiter, 1997). The issue of stress in the medical field has always been a matter of discussion. This is primarily attributable to the fact that providing medical treatment means being responsible for the lives of other people, and that errors or oversights may be both costly and, in many cases, irreversible. Therefore, it is necessary for those who work in the medical field to maintain a state of mind that is devoid of morbid anxieties and phobias.

This is not typically the case, however, for the following reason: health care workers, in addition to being influenced by the same factors that produce stress in the general population, are especially susceptible to stress due to the peculiarities of their jobs and the expectations of society as a whole (Chemali et al., 2019). Petrie et al. (2021) and McCarthy (2018) reported about the stress experienced by junior and senior physicians. Similar conclusions were reached, namely that stress exists in a considerable proportion of both groups and is detrimental to the health and service delivery of physicians. In their report, the American Foundation for Suicide Prevention and Moutier et al., (2021) emphasised the severity of the problem by stating that, on average, male physicians are about 70% more likely than other professions to commit suicide, and female physicians are 250–400% more likely to die by suicide (Sauter & Murphy, 1995). This may result in a decline in health services, which may contribute to a rise in disease and a decline in the quality of a nation's healthcare system (Nisa Srimayarti et al., 2021)

Sustaining a productive workforce is essential because it affords women economic and social autonomy (Ayaz et al., 2021; Atan et al., 2021; UN, 2020). Furthermore (UNWomen, 2021), achieving gender equality is essential for creating

an equitable and sustainable society and enhancing women's roles in supporting their families and communities. The goal of this study is to procure a framework in establishing the interrelation between antecedents of resilience, resilience and sustainable workforce among women workers in public hospitals in Malaysia, as well as to investigate the role of wellbeing and work life balance as mediators and moderators between resilience and sustainable workforce.

1.3 Problem Statement

Health planners and providers' knowledge, skills, motivation, and deployment determine a nation's health objectives. Kabene et al. (2011); WHO Regional Office for Europe (2016); WHO 2020. Numerous studies show a positive and straightforward relationship between health care workers and population health. Zodpey et al. (2021); Anand and Barnighausen (2007); Nguyen (2016); Speybroeck (2006). For various reasons, many nations lack the human resources to deliver crucial health treatments (Ahmed & Shirahada, 2019; Kruk et al., 2018). These include limited production capacity, migration of health workers between countries, an insufficient skill mix, and demographic imbalances. National plans and initiatives to promote human resources for health development need reliable information and evidence. Aslam et al. (2022; Parish & Iro, 2021).

All individuals whose primary objective is to improve health are the health workforce. (Asamani et al., 2021; Watts, 2020; WHO, 2016). Clinical employees, such as doctors, nurses, chemists, and dentists, and managerial and support workers, who do not directly provide services but are vital to health systems, are these human resources. Managers, ambulance drivers, accountants, administrative personnel, and cleaners are examples. Clinical personnel comprise doctors, nurses, chemists and dentists (World Health Organisation, 2006). 59.8 million individuals work in medicine worldwide (Saragih et al., 2021; WHO, 2017). One third (19.8 million) are

administrative and support employees and one third (39.5 million) are health care professionals, and the other one third are the healthcare management professionals (World Health Organisation, 2017). If they don't exist, those in need can't get the newest health care and disease prevention innovations.

Fifty-seven nations, mostly in Africa and Asia, have a severe medical professional deficit (Saikia, 2021; World Health Organisation, 2006). The WHO predicts that 2 360 000 health care providers and 1 890 000 management support personnel are needed to address the gap (Sidibé & Campbell, 2015). Without immediate action, the disparity will grow. Medical experts are scarcer in underdeveloped nations (World Health Organisation, 2017).

Country disparities intensify this global labour deficit. The misdistribution of health professionals, the inadequate quantity and skill mix of those being trained, and losses due to death, retirement, career change, or emigration might produce the perception of a shortage. Several factors allow this perception. According to some estimations, nations with fewer than 23 physicians, nurses, and midwives per 10,000 people cannot meet Millennium Development Goals for primary health care coverage (United Nations, 2016). Rural areas have fewer doctors than cities (World Health Organisation, 2017).

World Health Organisation (2017) reports healthcare staff shortages. The World Health Organisation (2017) estimated a 4.3 million health care worker shortage worldwide, excluding in Europe. Physicians, nurses, and midwives are not enough to attend all births worldwide. Underinvestment in training and recruiting, poor pay, limited incentives, and high stress levels all contribute to health worker shortages. Due to the increased need for health professionals in industrialised nations with ageing populations, professional medical experts from less developed nations have also migrated to more industrialised nations (World Health Organisation, 2017).

Scheffler et al. (2018) found that within-country demographics affect the health personnel shortfall. Due to rapid urbanisation in developing economies, trained health workers are leaving rural regions for better-paying jobs. Health care workers are reluctant to go to rural locations because of the difficulty, primitive living conditions, and lack of urban amenities and entertainment (Naicker et al., 2009). One South and Southeast Asian survey found that rural assignments were avoided owing to low pay, prestige, and social isolation (World Health Organisation, 2017).

According to NST (2022) and NST (2021), the Malaysian public health sector is experiencing a shortage of health workers, increased labour attraction to the private sector, and poor staff retention in rural areas. (ChannelNewsAsia, 2019; Rahim and Mwanri, 2012; WHO, 2010). To alleviate health personnel shortages, more graduates are planned. (Barnett et al., 2010; Jaafar, 2013; Teh & Associates, 2011). Nursing graduates have increased in the previous decade (Barnett et al., 2010), and 6,000 medical graduates are generated annually by domestic and foreign educational institutions (Teh & Associates 2011). These schemes have increased the number of health care professionals, but they disguise more important issues like retaining and distributing them nationwide (Scheffler & Tulenko et al, 2016; WHO, 2021).

Public health struggles to retain professionals for several reasons. These components might be roughly categorised as individual health professionals, organisations, and systems (Hongoro & Normand, 2006).; Saleh and Katuse, 2017). Poor pay, limited job promotion, continued education, and skill-building for health workers (Henderson & Tulloch, 2008; Hongoro & Normand, 2006; Willis-Shattuck et al., 2008). Organisational factors include inadequate management, confusing job descriptions, inadequate supervision, excessive workload, and underappreciation of staff (Hafiz et al., 2018; Hongoro & Normand, 2006; Willis-Shattuck, 2008). Malaysia's systemic challenges include limited financial resources, centralization of healthcare professional recruitment and deployment, the growth of the private healthcare

industry, and medical tourism (WHO, 2010). Henderson and Tulloch (2008); Hongoro and Normand (2006); Kanchanachitra et al. (2011).

Public healthcare workers in Malaysia have equal hours but no part-time options (Human Resources for Health Country Profile Malaysia, 2014). A self-administered questionnaire (Institute of Health Management, 2009) examined motivational variables among over 84,000 Ministry of Health personnel. Good work satisfaction. However, both specialists and non-specialists felt overworked and underpaid. Expecting early retirement. Nurses' opinions on all factors were average. Anecdotal evidence reveals that senior and supervisory nurses are stressed and turnover-prone. Most early retirees received private sector offers. Staff shortages, incompetence, and indiscipline caused severe workloads for others and undue administrative costs for technical staff (WHO, 2014).

A study of public-to-private medical practitioners found comparable findings. Human resource management issues made them feel overworked and underpaid, thus most quit the public sector. (Wong, 1998). Nations need public healthcare. Health care is vital to society and the economy, according to the ILO (2022). The ILO promotes human rights, including health care and social security. Social health protection and fair access to high-quality health care improve health and economic prosperity. The health business may create many new jobs (ILO, 2022). Resiliency, wellbeing, and work life balance will be examined in the context of women's employment sustainability in public hospitals in the healthcare industry. This is to retain healthcare women's jobs.

This research outlines a variety of research gaps pertaining to the promotion of resilience, work life balance, wellbeing, and a sustainable workforce for women in Malaysian public hospitals: -

1) Social science experts have not adequately studied research on all women in public hospital settings in Malaysia;

2) Work–life balance, wellbeing, and sustainability are not well linked in research and practise, despite their growing importance in the scholarly and managerial literatures;

3) There is a need for an integrated (individual and organisational) approach in research on wellbeing and work life balance in Malaysia.

4) Women are the primary target of this research because to the belief that they are physically and cognitively distinct from men, but their current obligations are double those of men. Women are likely to hold numerous roles, frequently several at the same time, each with its own set of obligations. Others' expectations of women's roles may differ from women's perceptions and conflict with their unique objectives. Multiple and overlapping responsibilities can cause friction and stress.

5) Due to the added pressures of rapidly ageing populations and rising chronic disease burdens on healthcare systems and, consequently, healthcare staff, it is absolutely necessary to improve the mental and physical health and overall wellbeing of female healthcare professionals and other ancillary workers working in public hospitals. This includes both the health of the workers' bodies and their minds. There is a growing sentiment that the 'triple aim,' which consists of improving the experience of patients, the outcomes for those patients, and the efficiency of healthcare delivery, should be expanded to the 'quadruple aim,' which also seeks to enhance the experience that healthcare professionals have of providing care to patients.

6) The importance of resiliency among women working in public hospitals throughout the world and Malaysia has been the subject of scant research. When analysing the healthcare industry, particularly in public hospitals, the majority of research focuses on physicians and nurses. In this research, the antecedents of resilience will be investigated further in order to determine how women workers in the healthcare profession utilise resilience in order to remain profitable.

7) Due to the Covid-19 pandemic breakout towards the end of 2019, the majority of public hospital and healthcare research focuses on the stress and burnout syndrome faced by physicians and nursing staff. At this research, women at various levels of employment in 34 public hospitals in Malaysia will be evaluated on the resilience elements that motivate them to remain in the public healthcare system.

8) Achieving universal health coverage (UHC), It makes it possible for everyone to get the medical care they need when they need it, when they need it, and without having to worry about the cost. It includes all of the required health services, such as health promotion, prevention, treatment, rehabilitation, and palliative care, among others. Primary care that is efficient and focused on the needs of patients should be the foundation of universal health coverage. Effective health systems are deeply anchored in the communities they serve. In addition to focusing on preventing and treating disease and illness, they also aim to increase wellbeing and quality of life. Consequently, a sustainable staff in the healthcare sector, particularly in public hospitals in Malaysia, is crucial for accomplishing this goal.

9) There was a dearth of attention on gender and the health workforce during times of crisis prior to COVID-19, and there is a large vacuum in research on the experiences of women healthcare professionals in low- and middle-income countries during times of crisis. COVID-19 aims to address both of these issues.

It was found out that women face greater levels of stress connected to their jobs than males do (Kramer & Harris, 2016; Lian & Tam, 2014). According to Kramer and Harris (2016) and BBC (2022), there are a lot of reasons for this, including increased domestic obligations, being socialised to say "yes" to all requests, and earning lower remuneration for equal labour. Blinder et al. (2019) and Ferrant et al. (2014) also reported that women spend disproportionately more time than males on unpaid care duties. As a result of gendered social norms that consider unpaid care work to be a privilege reserved for women, women in a variety of regions,

socioeconomic classes, and cultures devote a significant portion of their day to meeting the demands of their domestic and reproductive obligations. This is true even when taking into account the fact that women earn less than men on average (Charmes, 2019). This is in addition to the work that women undertake for pay, creating what is known as a "double burden" for women.

The majority of public institutions and private businesses in Malaysia have not fully accepted social policies that promote working women, particularly working moms (Rahim & Mwanri, 2012). Rahman et al. (2018) outlined that, based on research on nurses, that it is vital for nurses to develop resilience in order to assist them in dealing with the stress of their jobs, since the environments in which they operate constantly feature stressful, traumatic, and challenging events (Mealer et al 2012). According to Giordano (1997), cultivating personal resilience may be one approach for nurses to cope with the stress they endure on the job. Highly resilient nurses are identified as possessing psychological traits or personal resources such as optimism, positive social networks, cognitive flexibility, a set of active coping skills, and a tendency to be more reflective in nursing research conducted by Jackson et al., (2007) and Mealer et al., (2012). These psychological traits and personal resources are found in highly resilient nurses. The assertion made by Muller (2009) that resilience may be trained to defend against the negative effects of stress provides support for the idea that this combination of qualities and abilities can be cultivated via therapy, training, or self-improvement programmes.

According to Brand et al. (2017), the Five Year Forward View (NHS, 2014) published by the National Health Service (NHS) in England identifies the health and wellbeing of NHS workers as a priority for the NHS. Seeing as how women make up fifty percent of the staff in the public hospitals of Malaysia, it is vital that Malaysia take the appropriate steps to investigate the same challenges affecting women in the healthcare business, particularly in public hospitals (Ministry of Health Malaysia,

2015) According to Purvis et al. (2019), the idea of sustainability has a tendency to develop into a study subject that is both wide and fluid. Organizations often seek and adopt a corporate approach to sustainability that relates to economic, environmental, and social concerns that benefit future generations over the long term. This strategy typically focuses on the long-term benefits of sustainability to those generations. (Camilleri, 2017; Nicol, 2018; van Engen et al., 2012).

Managing human resources for sustainability requires a focus on the human element in relation to the human and social environment. Focusing on the social environment and respecting the function of human resources is essential for constructing sustainable companies (Piwowar-Sulej, 2021a). Policies and practises pertaining to human resources are a factor in maintaining the level of expertise and quality of human resources (De Lange et al., 2015) for achieving a sustainable employer and constructing organisations with sustainable structures and behaviours (Romanelli, 2017). According to (Piwowar-Sulej, 2021), sustainable organisations ensure economic, social, and environmental performance by sustaining and providing innovation, valuing human resource management practises, systems, and strategies, managing and enhancing human resource diversity, and developing environmentally friendly products.

Sustainability within organisations as principles incorporated into corporate strategy, processes, and products requires organisations to be able to change and reorganise enterprises and practises substantially. Sustainable organisations must adapt and reorganise their operations, processes, and products by implementing structures and policies that embrace the principles of economic, social, and environmental sustainability in order to face significant challenges (Stofkova & Sukalova, 2020). Long-lasting organisations keep their commitments to promote social justice and ensure environmental preservation while maintaining the calibre of their human resources (Mensah, 2019).

According to Ehsani-Chimeh et al. (2018), organisations progress toward sustainability over time by developing human capital, fostering collaborative relationships, enabling processes for engendering learning and innovation within work units and environments, engaging employees in organisational life, and sustaining dialogue through communication and collegiality. Employees, as internal stakeholders, contribute to the activation and development of sustainable behaviours, hence a focus on human resources is required (Othman et al., 2018).

The greatest difficulty for health care systems and organisations is to achieve long-term sustainability. Regarding the interaction between a patient and a healthcare institution, trust is a crucial and significant factor (Karamat et al., 2019). Health care systems should contribute to enhancing public health and guaranteeing the wellbeing and prosperity of society in order to provide positive advantages and contribute to a better overall social value (Romanelli, 2017). Designing patient-centered policies improves the quality of health care delivery, leading to the formation of trusting relationships (Edgman-Levitan & Schoenbaum, 2021). According to Romanelli (2017), health systems must improve care quality and outcomes.

Edgman-Levitan and Schoenbaum (2021) have proposed a multilevel approach for building and sustaining change. This approach focuses on different levels, including the individual, the group or team, the organisation, and the larger system in which organisations operate and are embedded. They did this by recognising the importance of some essential core properties for managing a successful quality-improvement work, such as the role of leadership and the development of effective teams; the relevance of culture in the sustenance of change; and the importance (ICTs).

Wiig and O'Hara (2021) also found that health care systems should develop a long-term and organisational capacity to mobilise human, financial, and technological resources for activities meeting the needs and demands of public health or the

individuals coherently with interventions in order to meet the challenges associated with the development and ageing of population, the average life expectancy, the advances in medicine, in technologies, human-computer interaction, and informatics. These challenges are associated with the advances in medicine, in technologies, human-computer interaction, and

According to Romanelli (2017), the sustainability of health care is dependent on creating legitimacy in order to acquire the confidence of people and patients. This is necessary in order to continue providing health care services. The difficulty of achieving sustainability is directly proportional to the ethical work of satisfactorily meeting institutional responsibilities connected to patients, physicians, and other health professionals in the process of defining the obligations of health institutions for the purpose of constructing patient-centred organisations that are morally accountable (Kruk et al., 2018). The compliance of organisations with the expectations of the most important stakeholders in their environments, the enhancement of the credibility of their actions, and the active or passive seeking of support and resources in order to survive all contribute to increased legitimacy for the organisations (World Health Organisation, 2018). Trust is an essential investment that is inextricably associated with high-quality communication and interaction. Trust is also a multifaceted concept that generates productive and profitable relationships and collaboration between health care organisations, clinicians, and patients (Romanelli, 2017).

27Advisory (2021) brought to light the fact that, similar to many other countries in the area, Malaysia has failed to cultivate an adequate number of health professionals as well as to integrate and manage the rapidly growing private health sector. In metropolitan areas, public services have not kept up with the growth of the population, and those who have higher buying power choose to see private physicians and go to private hospitals rather than public ones. This leaves the public sector with

patients who are less well-off and more ill. Due to the pandemic in 2020, the Ministry of Health was allotted RM30,6 billion in the Budget 2020 presented to Parliament on 11 October 2019 for the establishment of new hospitals and health centres (Ministry of Finance Malaysia, 2019). Thus, with recent advancements in the Malaysian healthcare system, a sustainable workforce is essential to ensuring that the community and Malaysian people as a whole receive competent healthcare services.

1.4 Research Objectives

In view of the problems and the research gaps identified in the previous sections, the following research objectives were set to achieve the goal of the research. The main objective of this research is to develop and empirically test a framework for the measurement of the relationship between resilience, wellbeing and its impact on creating a sustainable workforce for women in the public hospitals in Malaysia. The following specific objectives are proposed for this research: -

1. To evaluate the relationship between resilience and wellbeing.

2. To evaluate the relationship between resilience and work life balance

3. To identify the relationship of resilience and sustainable workforce

4. To examine whether wellbeing mediates the relationship between resilience and sustainable workforce.

5. To examine whether work life balance moderates the relationship between resilience and sustainable workforce.

6. To identify the relationship between individual factor antecedents with resilience?

7. To identify the relationship between contextual factor antecedents with resilience?

1.5   Research Questions

Based on the arguments in the previous section, this research proposes the following research questions which is in line with the objectives of the research. The main research question is finding and testing the antecedents of resilience that can have effect on the connection between work life balance, wellbeing and sustainable workforce for women in the public hospitals. The specific research questions are: -

1. What is the relationship between resilience, work life balance and wellbeing in creating a sustainable workforce for women in the public hospitals?

2. Does wellbeing mediate the relationship between resilience and sustainable workforce?

3. Does work life balance moderate the relationship between resilience and sustainable workforce?

4. Does a significant relationship exist between resilience and sustainable workforce?

5. What is the relationship between the individual factor antecedents with resilience?

6. What is the relationship between the contextual factor antecedents with resilience?

1.6 Significance of the Research

This research aims to fill the research gaps and provides major contributions, both theoretically and practically, to the following fields of study:

1.6.1 Theoretical Contributions

Some studies have incorporated resilience and wellbeing (Chow et al., 2018; Commonwealth of Australia, 2005; Kelly et al., 2021), wellbeing and work life balance (Poulose & Susdarsan, 2014; Shaikh and Dange, 2017) focusing solely on nursing (Davies, 2014; Poulose & Sudarsan, 2017; Satoh et al., 2018; Scoloveno, 2016) and medical This research will focus on all levels of women working in Malaysian public hospitals, including professionals and non-professionals. This research will combine resilience, work life balance, and wellbeing in the promotion of a sustainable workforce for all levels of female hospital employees. This is one of the least explored topics in literature.

In addition, this research will provide an empirical justification for the need to investigate the antecedents of resilience in order to understand the factors that affect women employees in achieving wellbeing in their daily activities, thereby promoting the development of a sustainable workforce for women in public hospitals. In this research, work life balance and wellbeing will serve as a moderator and mediator, as they have in few other investigations. This research will investigate the outcome relationship between the antecedents of resilience, work life balance, and wellbeing in the context of developing a sustainable workforce in a public hospital setting. Although other research has evaluated the direct, mediating, and moderating effects of the variables stated, this is the first research to examine all three. This research will be one of the few to empirically investigate the causal direct influence of moderation and mediation on the relationship between resilience and sustainable workforce.

The use of a single source of data was identified as one of the main CMB/CMV concern (Chang et al., 2010; Fuller et al., 2016). In most studies concerning resilience, work life balance and wellbeing in a healthcare setting, the data collected usually comes from a single source for example, data collected only from nursing sector or only from medical practitioners. In order to improve the reliability of the result and minimize the CMB/CMV concern, the researcher intend to collect data from all women which comes from different sources (professionals, non-professionals, administrators, paramedics, non-paramedics and also the management staffs of the public hospitals settings). This will be a major contribution as it will pave the way for future studies in this area to avoid the use of a single source data.

Moreover, according to Alvesson and Karreman (2007), the most crucial stage in expanding a model or theory is implementing it in multiple cultural settings and contexts. This research will empirically examine Maslow's Hierarchy of Needs, the Job Demands-Resources Model, the Job Demand-Control Model, and the Spill-Over Theory in Malaysia, where patriarchal cultural circumstances still exist (Noor & Mahudin, 2016; Selamat & Endut, 2020). This is one of the few studies that will research women's perceptions of resilience and its impact on work life balance and wellbeing in the context of sustaining a female workforce in public hospitals. Therefore, this research will provide significant insight and additional evidence on the implications of resilience's antecedents in generating a sustainable workforce for women, with work life balance and wellbeing as moderators and mediators. This will contribute to the development of the scant literature on resilience, work life balance, wellbeing, and sustainable workforce for Malaysian women.

1.6.2 Practical Contributions

Work life balance is significant for many women who continue to face these challenges (Adisa et al., 2021; Hassan et al., 2017; Tripathi et al., 2016). As a result,

the topic of work life and wellbeing balance is significant for many women who continue to face these challenges. The goal of this study is to acquire a better understanding of how married women and mothers in the healthcare industry manage to juggle their responsibilities as employees, spouses, and parents. In addition, one of the goals of this study is to identify practical strategies that married women in the workforce may use to better manage the competing demands of their personal and professional lives. Greenhaus and Beutell (1985) and Perrewé and Hochwarter (2001) found that the tension between work and family can have "destructive effects" on individuals (Greenhaus & Beutell, 1985; Perrewé & Hochwarter, 2001). (Cooklin et al., 2015; Ensher et al., 2002; Zhou et al., 2018) reported that these repercussions include a reduced lifespan, marital conflict within the family, unhappiness with leisure activities, depression, substance misuse, burnout, low job dedication, and multiple absences.

The outcome of this research will provide significant insights for government, employers, and market participants in the healthcare business to discover characteristics that promote women's resilience, work life balance, and wellbeing in order to create a sustainable healthcare workforce. It is essential that women participate in the workforce and achieve financial independence so that they can make their own decisions without relying on others for financial security. In addition, financially dependent women contribute to family growth, hence reducing poverty. Keeping women in the labour force contributes monetarily and economically to society and the nation as a whole. Moreover, by actively earning, people can contribute to social causes and increase the national GDP.

1.7   Definition of Terms

The key terms and constructs to be used in this research were defined on how they were used in previous studies similar to this. The following definitions of the key variables is stated clearly in Table 1 for the purpose of conceptualization of the research constructs.

Table 1.1: Definition of Terms

S/No	Term	Definition
1	**Resilience**	-The process, ability, or result of successfully adapting to difficult or hazardous conditions (Masten, Best, & Garmezy, 1990)
2	**Work life Balance**	-Focus on reducing role conflicts between the two realms of home and work in order to achieve happiness and optimal performance in both areas (Clark, 2000)
3	**Wellbeing**	-Subjective wellbeing consists of three interconnected components: life satisfaction, positive affect, and negative affect. Affect relates to positive and negative moods and emotions, whereas life satisfaction refers to a cognitive feeling of happiness with one's life (Diener & Suh, 1997, p. 200)
4	**Sustainable Workforce**	-A sustainable workforce is one in which the work environment is supportive of employee wellbeing. Their abilities, talents, and energy are not overworked or drained. They are not subjected to an excessive burden or a relentless pace of labour for weeks or years at a time. During times of crisis (for example, natural disasters or illness), workers are given time to heal or seek the additional resources they need to perform in the future. Burnout is prevented, and employees are given time to recharge their batteries (Kossek, Valcour & Lirio, 2014)

The above mentioned definitions for the variables stated above will be used extensively in this research.

1.8   Structure of the Thesis

This thesis is broken up into five different segments. The current first chapter not only provides the research background, but it also identifies the research problem, outlines the research objectives and questions, illustrates the scope and significance

of the research, and demonstrates the definitions of key terms related to the current research. This chapter is responsible for setting the stage for this research.

In the second chapter, we provide the theoretical groundwork for our study by conducting a literature review on existing research on revisit intention and other relevant dimensions of interest. The suggested theoretical framework makes use of previously established theories such as Maslow's Hierarchy of Needs, Job Demands, and Spill Over Theory, all of which are applicable to research that crosses disciplinary lines. The causes and results of return intention were the focus of the hypotheses that were put out for this study.

The research methods that are being used in the most recent study are discussed in chapter three. This chapter will begin by discussing the selection of the study environment and the reasoning behind it. Then there was a discussion on the research paradigm, the research design, the choice of respondents and sampling, the technique for data collection, the design of the questionnaire, the measuring tools, the pre-testing of the questionnaire, and the choice of statistical analysis software.

Based on the theoretical framework, a comprehensive analysis and interpretation of the results (variables and the hypothesised factors) is provided in the fourth chapter. This chapter focuses mostly on the findings that came from analysing the data, and those findings encompass descriptive research, a measuring model, a structural model, and a moderating test.

The findings presented in chapter four are the subject of discussion and analysis in chapter five, which also draws conclusions based on those findings. The analysis of the data is then used to guide a detailed explanation of each research question that was asked after an extensive study of the findings that were acquired. In addition, data from earlier studies were included into the debate on the study issues. In this chapter, we will explore the consequences of the recently completed study, as well as its limits and some ideas for more research.