Health Science

A REVIEW ON THE EXPERIENCE OF CLINICAL ATTACHMENT AMONG UNDERGRADUATE NURSING STUDENTS AND CLINICAL INSTRUCTORS

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Abstract

Clinical attachments benefit nursing students but present with challenges. This 2018-2023 review examines student and instructor' experiences on clinical attachments for strengths, weaknesses, and improvement. **Aims:** This literature review aims to look for literature related to the experience of nursing students and clinical instructors during clinical attachment as well as how the ratio of student-to-clinical instructor affect both parties. **Methods:** The studies included in this study were identified through two databases: Google Scholar and ScienceDirect*. *1.Please add keywords and criteria used in searching database*. The published studies from 2018 -2023onwards were included. **Results:** A total of 14 articles (*Please provide the total numbers of searched articles, are 14 papers extracted from them?)* were analyzed in this review. It was found that students hassle with workload, unclear goals, and negative staff interactions. Instructors struggle to balance student needs, self-care, and workload. High ratio of student-to-teacher affect both groups. **Conclusion:** Understanding these experiences improves clinical learning and prepares future nurses for practice.

Keywords: review, experience of clinical attachment, nursing students, clinical instructor

Introduction

1. *The meaning of this term should be provided.*
2. *Should include the significance of this article in terms of the issue of clinical attachment of both nursing students and clinical supervisor/instructors.*
3. *What is the gap that need to search more study of this issues)*

Clinical placements, which serve as a fundamental aspect of nursing education, provide a platform for the application of theoretical knowledge in the context of actual patient care. These attachments offer invaluable opportunities for students to refine their skills, cultivate professionalism, and enhance their confidence as aspiring healthcare providers. However, guaranteeing high-quality clinical experiences requires going beyond superficial observations and exploring the firsthand *(check spelling)* experiences of the individuals directly engaged in the process: the students and the clinical instructors.

This review seeks to accomplish this objective by examining the existing body of literature pertaining to clinical attachment experiences within the past five years (2018-2023). Through the synthesis of important discoveries, we aim to provide insight into the positive experiences, difficulties, and areas for enhancement in this essential component of nursing education.

Multiple recent studies emphasize the crucial significance of clinical learning environments in moulding student growth. The study conducted by Wan Mamat et al. (2023) highlights the difficulties encountered by nursing students in Malaysia, such as heavy workload, unfavourable staff attitudes, and ambiguity in learning goals.

1. The order of writing from reviewed literature should follow the aim of the above paragraph: positive experiences, difficulties, and area for enhancement…

2. In case of more than one article was found, those articles need the analysis of their findings.

From the instructor's point of view, research investigates the intricacies of their role in overseeing and directing students. Dağ et al. (2019) identified challenges such as effectively managing workload, balancing the diverse learning needs of students, and ensuring self-care to prevent burnout. The study conducted by Nuryani et al. (2022) underscores the importance of efficient communication and collaboration between educators and learners to enhance the supervisory connection.

In addition to personal obstacles, research such as the study conducted by Altundal et al. (2022) highlights the influence of student-to-instructor ratios on the calibre of clinical encounters. Instructors face difficulties in meeting student expectations and delivering personalized feedback when dealing with high ratios, which may impede the development of skills and confidence.

This review examines various relevant studies to gain insight into the common and unique experiences of nursing students and clinical instructors. Our goal is to enhance the clinical learning environment for future nurses by identifying their strengths, weaknesses, and areas for improvement. This will help them better prepare for the challenges of real-world healthcare practice.

Research Objectives

There are 2 objectives of this research as the following:

1. To review the available studies regarding the experience of nursing students and clinical instructors during clinical attachment
2. How the ratio of student-to-clinical instructor affect both parties

Therefore, in this literature review, the authors aimed to review the available studies that demonstrated the experience of nursing students and clinical instructors during clinical attachment as well as how the ratio of student-to-clinical instructor affect both parties.

Methodology

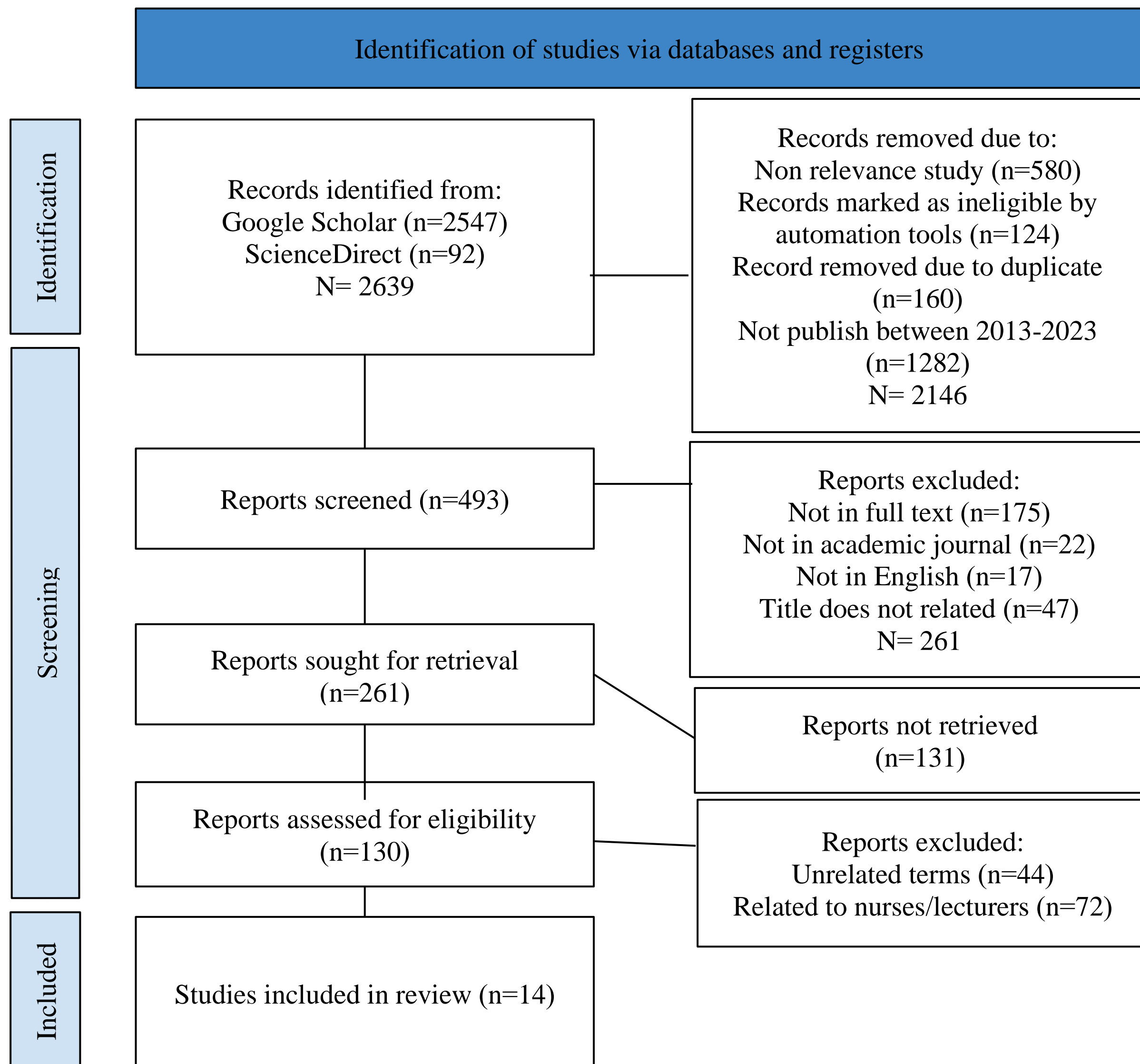
In the literature review search process, two databases were used, namely ScienceDirect and Google Scholar. The authors curated pertinent research published within the last five years (2018-2023) for inclusion in this study, guided by key terms such as "*experience*", "*clinical attachment*", "*clinical instructors*", "*challenges*", "*effect*", "*inadequate*", "*insufficient*", "*ratio*", and "*nursing students*".

Initially, there were 2639 articles that came to the surface after using the keywords mentioned above. Then, additionally, 2146 were excluded due to the duplicates, and some were in exclusion criteria that were not at least the latest 5 years of study, and even several of them did not fit with the field of the study interest. An additional 22 are also excluded as it is not an academic journal. On the final note, 14 articles were included and analysed in this review. The process of reviewing the literature was conducted in a systematic manner through the application of the PRISMA flow diagram, as depicted in figure 1. The full texts of all articles considered for inclusion were acquired and thoroughly examined independently by the author and co-authors to determine the appropriateness for this review.

Comments: 1. This sentence should be one of inclusion criteria.

2. Rewrite this paragraph, make it short and precise with the referral to the diagram below

3. Indicate the number of the team to in making the decision of selecting the articles.



Findings Comments:

- *1.Should write topic sentence, and numbers of searched articles mention this issue*
- *2. Analysis of searched articles are required in order to summarize common findings among those articles. Then narrate in one paragraph.*
- *3. The manner of writing of other findings should follow this pattern*

1. The experiences of clinical instructors in managing students during clinical placement

The integration of clinical placement is imperative for nursing students as it furnishes them with pragmatic encounters and the opportunity to familiarise themselves with authentic clinical environments, which is indispensable for their instruction as healthcare practitioners. The efficacy of clinical education largely hinges on the pivotal role of clinical mentors, who proffer guidance and oversight to students during their placement. This specific subtopic endeavours to scrutinise and

appraise the difficulties confronted by clinical mentors in effectively overseeing students throughout their clinical placement.

The management of nursing students by clinical instructors during clinical supervision is a multifaceted and intricate experience, involving both gratifying and demanding elements. *Should narrate about gratifying: what are they? And what are demanding elements?* Clinical instructors have documented different encounters during clinical guidance, encompassing obstacles linked to the scarcity of resources from both the tertiary educational establishment and the clinical milieu, which influenced their guidance experience. Moreover, it is recommended to establish a welcoming clinical learning environment by fostering efficient communication among the stakeholders to enhance the clinical guidance experience (Magerman, 2015). The experiences of clinical instructors during clinical supervision encompass the task of instructing students in the practical application of theoretical knowledge, adjusting their responsibilities to cater to the specific needs of students, and valuing the chance to gain knowledge from students. Ensuring effective clinical learning environments necessitates providing support and resources to clinical supervisors (Bwanga & Chanda, 2019).

Numerous predicaments arise when it comes to managing students. The predicaments that impact clinical supervision in nursing education, as identified by Amin et al. (2022), encompass non-constructive learning environments characterised by student overcrowding, limited apparatus, adverse attitudes in the clinical milieu, physician-oriented education, and the inefficiency of the education-treatment system. Clinical mentors encounter difficulties in addressing limitations within the clinical milieu, which might culminate in the exclusion of formal clinical education. A comprehensive scrutiny of the actual experiences of nursing mentors revealed that the successful accomplishment of nursing education objectives necessitates the presence of proficient mentors capable of overseeing students in clinical educational environments. Nevertheless, if the mentors are predominantly focused on rectifying the limitations in the clinical context, they will not reap any noteworthy advantages other than marginalising formal clinical teaching (Amin et al., 2022). According to Amin et. al. (2022) investigation, participants frequently observed nurses and supervisors concealing apparatus to hinder its utilisation, which had a detrimental effect on the work milieu. Clinical instructors face challenges in managing their clinical workload while overseeing nursing students. Establishing effective communication and collaboration with students, considering their unique learning requirements, can prove to be challenging. The scarcity of resources and time constraints present significant hurdles in providing comprehensive supervision and feedback. The presence of conflicts and divergent expectations between students and instructors gives rise to obstacles in the supervisory relationship. Addressing the diverse learning backgrounds and experiences of pupils poses a complexity. Keeping up with healthcare innovations and integrating evidence-based procedures into supervision presents a demanding task. Supervising in various healthcare environments poses challenges. Ensuring adherence to professional boundaries and ethical considerations presents a formidable challenge. Striking a balance between workload and practising self-care to avoid burnout presents a formidable challenge for educators (Dağ et. al., 2019). Nurse educators encounter challenges in effectively balancing their clinical responsibilities with supervising nursing students. Nursing educators frequently face obstacles when it comes to effectively communicating and collaborating with nursing students. This is due to the need to take into account the distinct learning needs and preferences of these students. Additionally, they may encounter difficulties in providing comprehensive supervision and feedback to nursing students due to limited time and resources. Conflicts or differences in expectations between nursing students and clinical instructors can create challenges in the supervisory relationship, leading to difficulty in maintaining professional boundaries and adhering to ethical norms. Nurse educators face challenges in adapting to the varied learning

backgrounds and experiences of nursing students. Furthermore, nurse educators may encounter challenges in staying updated with healthcare advancements and incorporating evidence-based practices into clinical supervision. Moreover, they may face additional complexities while delivering supervision in diverse clinical settings and scenarios. Nurse educators frequently face challenges in efficiently managing their workload and practising self-care to mitigate burnout and sustain their effectiveness (Yang & Chao, 2018; Nuryani et al., 2022; Johnson, 2023).

In a research conducted by Ahmari Tehran et. al. (2021), the emerging field of ineffective educational training emphasised several concerns, one of which was the lack of a student numerical scheme. A participant conveyed that collaborating with a significant multitude of learners and coordinating internships for the entire week will inevitably lead to exhaustion for both educators and students, consequently diminishing the standards of education. Clinical instructors face difficulties in fulfilling the distinctive needs and obligations of learners as certain individuals expect diverse assignments and responsibilities rather than repetitive and prolonged workshops (Ahmari Tehran et. al., 2021).

2. The impact of the student-to-clinical instructor ratios on clinical teaching experiences

The quality of clinical teaching experiences holds significant importance in the preparation of future healthcare professionals. Nevertheless, a notable challenge in healthcare education is the considerable student-to-clinical instructor ratio. This ratio can have adverse effects on both students and clinical instructors in terms of their ability to provide effective supervision.

In a study conducted in Iraq by Attia & Ibrahim (2023), it was highlighted that inadequate clinical instructors may encounter difficulties in effectively guiding and mentoring students in clinical settings, thereby impacting the quality of nursing education. These instructors may struggle to offer constructive feedback to students, thereby impeding their learning and personal development. The insufficiency of clinical instructors due to the high number of students can hinder the development of competencies and skills among nursing students as they may not receive effective guidance and evaluation based on competency indicators. This issue can create challenges in assessing the level of student competencies, and clinical instructors may be unable to provide the necessary support and mentorship to nursing students, thereby affecting their learning experience and overall preparedness for clinical practice. Ultimately, inadequate clinical instructors can have a detrimental effect on students' competencies, evaluation processes, and overall learning experience in clinical settings (Laranjeira, 2022). A study conducted in Turkey by Altundal et al. (2022) revealed that nursing students have certain expectations from instructors in clinical practice, such as the provision of explanations using appropriate examples and adopting a fair approach. However, due to the increasing issue of an imbalanced ratio, clinical instructors find it challenging to meet these expectations as they have other wards and students to attend to, with limited time available for each ward visit. When clinical instructors are overwhelmed by the imbalance between students and themselves, the effectiveness of clinical teaching and learning experiences for nursing students may decline. Clinical instructors play a crucial role in supervising students' clinical activities and empowering them to acquire clinical competency and skills (Mukan et al., 2021). Insufficient clinical instructors may lead to a higher student-to-clinical instructor ratio, which in turn limits individualised attention and feedback for students. Due to a scarcity of clinical instructors and their limited availability and accessibility, the potential for timely feedback and constructive evaluation processes may be impeded. Moreover, the insufficiency of clinical instructors may also have an adverse impact on their role, thereby potentially affecting both student learning and patient safety (Mukan et al., 2021). According to a study conducted by Padagas (2020), the constraints of time and resources may hinder clinical instructors from offering adequate supervision and guidance to nursing students, consequently

hindering the students' learning experience. This issue is often observed when clinical instructors are unable to attend to all the students in a single ward and are required to oversee multiple wards. Additionally, a dearth of support and guidance from clinical instructors can result in a decrease in students' confidence and competence (Al-Rawajfah et al., 2022). Inadequate supervision and monitoring by clinical instructors can act as a deterrent to effective clinical education (Ahmari Tehran et al., 2021). This can be attributed to the high student-to-clinical instructor ratio, which necessitates catering to a large number of students within the limited presence of clinical instructors.

Discussion

This study scrutinized the experiences of nursing students and clinical instructors during their clinical placements. Through an extensive exploration of relevant literature and the synthesis of significant discoveries, it has provided illumination on a range of obstacles and prospects for augmenting this pivotal facet of nursing education.

Clinical instructors encounter a multitude of difficulties in their supervisory position(1), encompassing the need to address constraints within the clinical environment(2), effectively manage their workload(3), and navigate conflicts and divergent expectations between students and instructors(4). These challenges can impede the provision of comprehensive guidance and feedback to students, thereby influencing their learning experience and level of preparedness for clinical practice. Furthermore, the scarcity of resources, time limitations, and the necessity to strike a balance between clinical responsibilities and self-care present formidable obstacles for clinical educators. To add on, a study from Ugwu et. al. (2023) stated some students experiencing mixed experience during clinical attachment: negative and positive feelings, with some voicing out regarding poor clinical supervision and lack of equipment. Boman et. al. (2022) says that nursing students encountered a state of perplexity regarding their sense of self and resorted to employing distinct tactics to manage insufficiencies within their educational surroundings. The introduction of an internship program for nursing students in their final year was discovered to improve clinical aptitude, boost self-assurance, and equip students for enhanced professional proficiency (Kalyani et. al., 2019).

The discussion in the paper also addresses the crucial factor of how the student-to-clinical instructor ratios impact the experiences of clinical teaching. When clinical instructors are not enough, there might be an uneven distribution of students and instructors, leading to a shortage of personalized attention and feedback for the students. This imbalance has the potential to impede the development of nursing students' competencies and skills, as well as hinder the timely provision of feedback and constructive evaluation processes. Ultimately, this circumstance may jeopardize the caliber of clinical education and the welfare of patients.

Several studies referenced in the discourse emphasize the adverse consequences of elevated student-to-clinical instructor ratios within the realm of nursing education. Matters such as fatigue experienced by both instructors and students, difficulties in meeting the expectations of students, and insufficient supervision resulting in diminished self-assurance and proficiency among students are discussed. Additionally, the limitations imposed by time and resources worsen the obstacles encountered by clinical instructors in delivering efficient supervision and guidance to nursing students.

Conclusion

Clinical instructors play a pivotal role in shaping the prospective nurses of tomorrow. However, their experiences shed light on a multitude of difficulties pertaining to the management of students. These difficulties however are not restricted to requirements in assets, enormous student-to-

clinical instructor proportions, and changing instructive necessities. Both instructors and students are affected by these obstacles, impeding the effectiveness of supervision, feedback, and ultimately, the outcomes of learning.

Numerous avenues exist to enhance the experiences of clinical attachments. Optimizing the allocation of resources, fostering collaboration between educational institutions and clinical sites, and exploring alternative teaching methodologies such as simulation laboratories could help alleviate the burden on instructors. It is essential to tackle the issue of uneven student-to-instructor ratios to offer customized attention and feedback. Moreover, mentorship programs and workshops could equip instructors with the essential skills to manage various learning styles and integrate evidence-based practices.

By acknowledging these challenges and actively seeking out solutions, all parties involved can cultivate a supportive and enriching environment for clinical learning, benefiting both students and instructors. Consequently, this will ensure that future nurses graduate with the confidence, competence, and critical thinking abilities essential for thriving in the realm of healthcare.

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EXPLORING THE EXPERIENCES OF HEALTHCARE WORKERS IN DELIVERING SPIRITUAL CARE TO PATIENTS IN SHARI' AH COMPLIANCE HOSPITAL

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Abstract

Spiritual care is an integral component of healthcare workers' roles, encompassing the recognition and addressing of patients' spiritual needs, as well as providing support for their emotional and psychological well-being. Moreover, facilitating connections to resources or support systems that align with patients' beliefs and values is paramount. Despite its importance, there is currently a scarcity of literature on healthcare workers' experiences in delivering spiritual care. This study aimed to explore the experiences of healthcare workers in delivering spiritual care to patients in a hospital.

A qualitative study was conducted among healthcare workers at a Shari'ah Compliance Hospital in Malaysia. A semi-structured interview was used to collect data from May 2023 until November 2023. All interviews were recorded, transcribed, and analysed using thematic analysis.

Ten participants with diverse backgrounds agreed to take part in the study. Two main themes emerged from the analysis: 1) patient's response, and 2) spiritual concerns. The findings shed light on the varied experiences of healthcare workers when delivering spiritual care to patients within a hospital setting.

This study revealed that healthcare workers were going through different experiences in delivering spiritual care. These findings have important implications for healthcare practice, highlighting the need for ongoing education and training in spiritual care competencies for healthcare workers. Addressing the spiritual needs of patients is crucial for providing holistic and patient-centered care.

Keywords: Spiritual Care, Healthcare Workers, Experience, Patients, Hospital

Introduction

In the dynamic landscape of healthcare provision, the holistic well-being of patients is increasingly recognized as central to effective treatment and recovery. Beyond the realms of physical ailment, attention is turning towards addressing the spiritual dimensions of patient care, acknowledging its profound impact on healing processes. As healthcare systems strive to embrace a patient-centred approach, the role of spiritual care emerges as a critical facet in fostering comprehensive healing experiences. It is not clearly stated in terms of how spiritual care links to recovery and healing process as well as holistic well-being. More explanation are needed and support evidences should be added.

Human is an all-connected and multi-being complex. Their spiritual, mental, and physical dimensions are all intertwined in order to function properly. Many hospitals are working hard today to understand and consider those links as well as their implications for the health services they deliver to patients. The more they consider those dimensions outside the human body, the more effective their treatments become.

During a catastrophic and serious health crisis, understanding and fostering spirituality of the patients become more crucial. Currently, a few Malaysia's hospitals open their doors to the world of human spirituality. However, such openness is still in its early stages. Even though Malaysia's health-care system is generally well-organized and efficient from the aspect of pharmaceutical medical preparation, but from the spiritual aspect of the patient, it is still not fully addressed (Bakar et al., 2020).

If spiritual care is necessary for catastrophic and serious health crisis NOT for simple curative diseases, the researchers should specifically state and shift the focus of this research to the specific groups rather than generally. Moreover, it would be the cost effective management for this group of patients rather than every inpatients.

Research Objective

To explore the experiences among healthcare workers while providing spiritual care to the patients in the Shari'ah compliant hospital.

Literature Review

The concept of spirituality is diverse and can be understood in various ways depending on cultural, religious, and philosophical perspectives (de Brito Sena, 2021). While some people consider spirituality to be a fundamental aspect of human existence and advocate for its recognition as a basic need and human right, others may not share this view. Nolan, (2011) reported that it is hard to define spirituality and there was some debate about the complexity of the definition but after discussion and voting, agreement was reached on the following international definition of spirituality which: "Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices" (p. 86-89).

While spiritual care focused on the "whole person", that is by seeing clients for their needs for all, including the physical, psychological, social, and spiritual components (Kurniawati et al., 2018). Spiritual care implies that one tries to address patients' spiritual struggles, fears, and worries, to listen to their spiritual needs, and to support their underlying spirituality, whatever this may mean to them (Bussing, 2021).

In order to deliver spiritual care, healthcare workers should identify patients' spiritual needs (Timmins & Caldeira, 2017). Caldeira et al. (2013) highlighted that spiritual care is a major part of the nurse's role. Clarification of this claim is needed. Many studies have recognized that spiritual distress can occur at any time during a patient's journey, and good nurses should be fully prepared to provide spiritual care whenever it is needed (Giske & Cone, 2015). Explanation is needed. Kurniawati et al. (2018) also reported that patients attended to by healthcare professionals for spiritual care were motivated to maintain a positive outlook and find meaning in their illness to enhance their quality of life. Egan et al. (2017) stated that nurses in various ward settings, including psychiatric, ICU, operating theatres, and medical/surgical wards, employ different methods and have varying experiences in delivering spiritual care to patients. Some methods of spiritual care delivered by nurses include opening

windows to let in fresh air, aiming to improve not only patients' physical health but also their spiritual well-being (O'Brien et al., 2019).

Spiritual care is an important part of patient-centred care, and the focus on spiritual care in healthcare research has been growing through the past decades (Gijsberts et al., 2019; Harrad et al., 2019). Nurses offered their best in delivering spiritual care to the patients including promoting the purpose of life and increasing patients' belief in God (Azhari et al. 2017). Giske and Cone (2015) found that nurses applied various methods to approach patients and one of that is by identifying concerns and spiritual needs of the patients but at the same time respecting their privacy as spiritual concerns are quite sensitive and deeply personal to some people. Few studies reported that by talking and listening to patients will be able to create the basis of spiritual relationship between nurses and patients (Zumstein-Shaha et al., 2020; Walker & Breitsameter, 2017). Other than that, nurses help patients who had spiritual distress by taking care of them with compassion through their presence, which at least able to take away patients' fear of death, where this type of end-life-care not only a form expressiveness to listen and talk, but also has silence as a core element in spiritual care delivery (Walker & Breitsameter, 2017).

Shari'ah compliance hospital (SCH) is one in which the hospital's healthcare services are rendered in accordance with the Shari' ah principles and Islamic teachings (Masud et al., 2021). Al-Azmi (2022) reported that Sultan Ahmad Shah Medical Centre SASMEC@ IIUM started the operation and offered its service to the public since August 2016 and committed to bring experiences and expertise in providing healthcare services. SASMEC@IIUM has been recognized as a Shari'ah compliant hospital since December 2020. The scope of SASMEC@IIUM operation, primarily in providing healthcare services are all in accordance with the Shariah governance regulations including training in Medico-Fiqh, Ibadah, Muslim funeral management, Islamic spiritual care course and trainers training course to equip staff with awareness, knowledge, skills and appropriate values.

Methods

Design and sample:

A qualitative study design was selected that enables an in-depth understanding through listening, interpreting, and retelling participants' experiences in a vicarious manner in order to engage the reader emotionally and intellectually (Glesne, 2015). The participants were recruited from one Shari'ah Compliant Hospital (SCH) located in East Coast Malaysia area using purposive sampling based on the following criteria: (1) Male/female; (2) Working in the hospital for at least 6 months; (3) 18 years old and above; and (4) able to speak Malay or English. The sample size of the study was determined by data saturation, and interviews were stopped when there was no new information contributed during the interview and no new codes could be produced (Guest, Bunce, and Johnson, 2006).

Ethical considerations:

Study participation was voluntary, and participants were assured of the right to withdraw at any point of the study with no consequences. Written consent was obtained from each participant prior to data collection. The interviews were recorded with participant's permission, and they were guaranteed confidentiality and anonymity of their data. Approval of ethics was obtained from the Kulliyyah of Nursing Postgraduate and Research Committee (KNPGRC) and IIUM Research Ethics Committee.

Procedures:

Participants were recruited from May 2023 until November 2023. Before starting the interview, the researcher took time to build rapport with the participants. Later, interviews were conducted to gain

the participants' responses using a piloted interview guide. Data were collected through face-to-face, informal and semi-structured interview. Besides note taking, voice recorders were used with permission to ensure all the information given by the interviewee was captured properly for transcribing and data analysis. All the interviews took place at the participants' office.

Data analysis:

Thematic analysis was applied to analyse the data. Thematic analysis is a form of pattern recognition within the data, with emerging themes becoming the categories for analysis (Fereday & Muir-Cochrane, 2006). The process involves a careful and focused review of the data and the researcher took a closer look at data and performed coding. Codes and the themes that are generated serve to integrate data gathered by different methods (Bowen, 2009). Firstly, the data from note-taking and the audio recording were properly and completely transcribed. The researcher went through the transcripts and actively observed meanings and patterns that appeared across the dataset. The second step involved generating initial codes that represent the meanings and patterns in the data. At this stage, a discussion was held among the research team, who were experts in qualitative research. Relevant excerpts were identified, and appropriate codes were applied. Excerpts that represent the same meaning were grouped under the same code. The fourth step involved examining all the codes to look for potential themes. The themes were reviewed to ensure the fitness and relevance of all codes. The fifth step involved defining and naming the themes, followed by producing the report with a description of the findings and illustrative examples. NVivo software was used to categorise the data into appropriate themes to facilitate reporting.

Trustworthiness of data:

Dependability and confirmability can be achieved via an audit trail (Tobin & Begley, 2004). An audit trail was kept in this study to maintain track of the steps and/or changes throughout the processes of data collection, analysis, interpretation and writing up the findings. The researcher's observations on the research process, meetings with the participants, ideas, feelings, and interpretations were predominantly recorded in the research diary along with the audit trail. Moreover, discussion with research team, who were experts in qualitative research indirectly improve the rigour of the study.

Results

Throughout the period of data collection, a total of 10 participants agreed to participate and presented in this study. Background of the participants are summarised in Table 1.

Table 1: Demographic of the healthcare workers

Participant (n=10)		
Age	24-41	
Gender	Male Female	3 7
Marital Status	Married Single	9 1
Position	Staff nurse Sister/Matron Doctor	3 6 1
Working experience (years)	3-7 years	

Two themes were identified related to the experiences of healthcare workers in delivering spiritual care, which are patients' response and spiritual concern.

a) Patients' response

Healthcare workers experienced different types of patients' responses towards their spiritual care. P1 and P5 shared their experience in receiving negative responses from patients.

P1 said:

The patients did not give any respond to me.

P5 said:

I asked a patient whether I can refer them to the Shari' ah compliance Department and he said 'I don't want to listen to any religious talk.

P6 also mentioned that she wants to deliver spiritual care but has been denied by patients.

P6 said:

I ask him (patient), "Do you want to pray?", as I know that he needs our help (to perform prayer). Then he scolds me back and says 'It's up to me whether I want to pray or not, we have our own grave.

Meanwhile, P2 and P7 received good responses from patients when they delivered the spiritual care.

P2 said:

Some of the patients look happy when I start conversation with them.

P7 said:

When they (patients) have high religious faith, they will be happy if we talk about spirituality with them. It is something that they prefer and they appreciate.

b) Spiritual concern

Healthcare workers identify different spiritual concerns in each patient that they take care of. Most of the concerns are regarding emotional support, family support and financial problems.

P2 said:

I think they really need emotional support.

P10 said:

Most of it is about their emotions. Sick people have fluctuating emotional status and most of them feel sad, stressed or the worst thing is depressed.

P5 shared her experience during pandemic Covid-19 where patients need their family members to express their feelings.

P5 said:

They just need someone to talk to outside, such as a family member.

P7 mentioned that financial problems also have been one of patients' concerns. Thus, they will help to solve it by referring to other related departments.

P7 said:

Financial problem might be their concern, we will refer these patients to social welfare.

Discussion

Healthcare workers were going through different experiences in delivering spiritual care, ranging from negative to positive, reflect the diverse needs, beliefs, and preferences of patients when it comes to addressing their spiritual well-being alongside their physical health concerns. These experiences can be described through patients' responses toward their care. Some of the healthcare workers received good responses where patients feel happy and appreciated when their spiritual needs have been taken care of. The positive responses reported by P2 and P7 demonstrate the potential for meaningful engagement and connection when patients feel comfortable discussing spirituality with their healthcare providers. P2's observation of patients appearing happy during spiritual conversations

underscores the therapeutic value of addressing spiritual concerns alongside medical treatment. Similarly, P7's experience highlights the role of religious faith in shaping patients' preferences for spiritual care and their appreciation for healthcare providers who acknowledge and honor those beliefs. Many patients accept spiritual care from healthcare workers and react positively (Abdullah, 2017; Baharuddin & Nurumal, 2022).

However, there are also unfavorable responses from patients where healthcare workers are being scolded or ignored as evidenced by the negative responses reported by P1, P5, and P6. Patients may exhibit reluctance or resistance towards discussions about spirituality for a variety of reasons, including personal beliefs, cultural background, or past experiences. P5's encounter with a patient who explicitly rejected religious talk highlights the importance of respecting patients' autonomy and preferences, even if they diverge from the healthcare provider's intentions. Some healthcare workers tried to deliver spiritual care but have been declined by patients themselves or been asked to not interfere with their spirituality (Azhari et al., 2017; Zumstein-Shaha et al., 2020).

The findings reveal that emotional support is a primary spiritual concern among patients, as noted by P2 and P10. Patients undergoing medical treatment often experience a range of emotions, including sadness, stress, and depression, which can significantly impact their overall well-being and coping mechanisms. While the role of family support emerges as another key spiritual concern, particularly highlighted by P5's experience during the Covid-19 pandemic. Patients may yearn for the presence and companionship of their loved ones to express their feelings, share their fears, and seek reassurance. In addition to emotional and familial concerns, financial problems represent a significant spiritual concern among patients, as mentioned by P7. Illness and medical treatment can place a heavy financial burden on patients and their families, leading to stress, anxiety, and uncertainty about the future. These are usual type of spiritual needs among patients and nurses will help them by provide any solution such as ensuring patients' family presence (Karimollahi et al., 2017), using audio Quranic recitations to help patients remain calm (Baharudding & Nurumal, 2022) and refer organization for patients who have financial problems (Arrey et al., 2016).

One limitation of the current study is that all participants were recruited from one hospital only. However, the rich depth of data obtained made up for the shortcoming of this study during the face-to-face interview. Future studies should consider recruiting healthcare workers from various hospital in Malaysia, either public, private, or teaching hospitals that practiced Shari'ah compliance in their practice.

Conclusion

The experiences of healthcare workers with patients' responses to spiritual care underscore the complexity and importance of addressing spiritual concerns within healthcare settings. By adopting a patient-centered approach, fostering cultural and religious sensitivity, and recognizing the therapeutic value of spiritual support, healthcare providers can better meet the diverse needs of their patients and enhance the quality of care delivery.

These findings have important implications for healthcare practice, highlighting the need for ongoing education and training in spiritual care competencies for healthcare workers. By enhancing their understanding of diverse spiritual beliefs and practices, healthcare providers can better support patients in addressing their spiritual needs alongside their medical care, ultimately promoting holistic well-being and patient-centred outcomes.-According to this study's results, I wonder whether spiritual care in researchers' perspectives similar to the participants'. In addition, it seemed like scope of spiritual support was not clearly presented. Besides, it was used interchangeable with psychological, emotional, and financial support in this study. Spiritual support is complex. It may not similar among people with

different cultures, beliefs, and religions. The concept should be defined crystally clear at the first step of conducting this research, otherwise, the conclusion might be deviated and cannot be implemented to improve spiritual care.

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Declaration of conflict interest:

The authors have no conflicts of interest to disclose.

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LEADERSHIP SKILL TRAINING NEEDS AMONG NURSE MANAGERS: A QUALITATIVE STUDY IN MALAYSIAN TEACHING HOSPITALS

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Abstract

In teaching hospitals, nurse managers play a pivotal role in overseeing nursing teams, managing tasks, and ensuring high-quality patient care. Effective leadership is essential in creating a positive work environment and addressing complex healthcare challenges. However, challenges like rapid advancements in healthcare technology and staff shortages demand advanced leadership skills creating demand for nurse manager to improve their managerial skill. This study explores the leadership skill training needs of nurse managers in Malaysian teaching hospitals to develop targeted training programs, improving patient outcomes and healthcare quality. **Problem Statement:** The study addresses the ongoing topic of ambiguous leadership styles in nurse management, analyzing their impact on employee engagement and the overall work environment. The identified issue revolves around the requirement for clear and effective leadership initiatives to promote nurse performance and work satisfaction. The major purpose of this study was to evaluate nurse managers' perceptions of leadership styles. **Study Method/Sample Population:** This study deploys a qualitative, ethnography design is used to qualitatively inquiry-engaged nurse managers' U32 grades through in-depth interviews. Participants were drawn from PPUKM and HUSM, representing diverse perspectives within the nursing management hierarchy and the sample size determination follows the principle of data saturation, where data collection continues until no new themes or insights emerge from the analysis, based on the literature and the complexity of the research topic, an estimated sample size of 10-15 nurse managers from Malaysian teaching hospitals being recruited for in-depth interviews. The participants from the nurses' manager grade U32 should be appointed as managers for 2 years and above. The open-ended questions were used during in-depth interviews and thematic analysis was applied to derive meaningful insights from the gathered data. **Results and Discussion:** The findings indicate that four themes emerged. The first theme concerned leadership styles, the second theme, Leadership Styles Influence Staff Working Motivation, the third theme, Good Leadership Styles, and the final theme was Leadership Skills. There were twelve subthemes emerged with three for each theme. **Conclusion:** In addressing the identified problem, this study recommends targeted leadership training initiatives for higher-grade nurse managers. By fostering clarity in leadership styles and strengthening the relationship between leaders and nursing staff, the study envisions an indirect enhancement in overall staff motivation and job satisfaction, with implications extending beyond the nursing profession.

Keywords: Leadership skill training, Nursing Management, Nurses, Leadership Styles, staff motivation.

Introduction

Leadership skill development is of paramount importance in the field of nursing, as effective leadership plays a crucial role in shaping the work environment, enhancing patient care outcomes, and promoting professional growth. The study was conducted by Guzman, V. E.et al. (2020) to explore the characteristics and skills of leadership within the context of Industry 4.0 and they identified 10 critical leadership traits and their relationship with four leadership skill sets: cognitive, interpersonal, business, and strategic skills. These findings highlight important requirements for leaders during the transition to Industry 4.0. Effective nurse leaders may inspire and motivate their staff to provide high-quality patient care for the following main reasons, which make developing leadership skills in nursing imperative. The efficacy of focused educational programs in promoting leadership development among nurses is highlighted by the systematic study carried out by Cummings, G. G. et al (2021). However, it is unclear whether organizational elements and nurse characteristics best support nursing leadership development because of contradictory findings from different research and a wide range of leadership measurement instruments. The links between nurse traits, leadership development, and leadership program enhancement require more investigation to fully grasp the impact of contextual and complicating factors. Focusing on the targeted development of nursing leadership will better prepare future nurses to address the complexities of a strained healthcare system. They set clear expectations, provide guidance, and foster a culture of excellence, ultimately leading to improved patient outcomes and satisfaction. Strong leadership encourages collaboration and communication among healthcare team members. Nurse leaders who possess excellent interpersonal skills can facilitate teamwork, resolve conflicts, and promote a cohesive work environment where everyone feels valued and supported. Leadership development programs provide nurses with opportunities to enhance their knowledge, skills, and competencies. By investing in leadership training, organizations empower nurses to take on leadership roles and advance their careers, strengthening the nursing workforce. Effective nurse leaders are catalysts for innovation and change within healthcare organizations. They identify opportunities for improvement, champion new initiatives, and drive positive transformation to adapt to evolving patient needs and industry trends. Leadership skill development emphasizes the importance of patient safety and quality improvement initiatives. Nurse leaders who prioritize safety protocols, risk management strategies, and evidence-based practices contribute to a culture of safety that protects patients from harm. Leadership development programs help nurses develop coping strategies, decision-making skills, and emotional intelligence to thrive in complex situations. Leadership skill development emphasizes ethical principles and encourages nurses to uphold professional standards and ethical codes of conduct. Overall, leadership skill development is critical for developing competent and compassionate nursing leaders capable of driving positive change, inspiring their teams, and improving the quality of care offered to patients. By investing in leadership development, hospitals can foster an environment of quality and innovation that benefits both patients and healthcare personnel.

Research Objective

The purpose of this study was to explore the leadership skill training needs of nurse managers in Malaysian teaching hospitals, with a focus on understanding their perceptions of different leadership styles.

Literature Review

Effective of Leadership Training Module

Leadership Training Design, Delivery, and Implementation: A Meta-Analysis study aimed to investigate which leadership training strategies are most effective and to identify the contexts under which these programs are most efficient. Lacerenza et al. (2017) conducted this research to estimate the effectiveness of leadership training across four criteria using only employee data. The researcher investigated 15 moderators of training design and delivery to determine which elements are associated with the most effective leadership training interventions. The findings revealed that leadership training is significantly more effective than previously thought, resulting in improvements in reactions, learning, transfer, and results; however, the degree of these impacts varies depending on design, delivery, and implementation features. Moderator studies encourage the use of requirements analysis, feedback, different delivery methods (particularly practice), spaced training sessions, an on-site location, and face-to-face delivery that is not self-administered. Their findings also imply that the training program's success is influenced by its content, attendance policy, and duration. Practical implications for training development are examined, as well as theoretical implications for the literature on leadership and training.

Furthermore, a study on leadership skills for improving job site safety atmosphere was conducted through the development and pilot testing of such a module, as well as assessment surveys meant to fill this training need by Goldenhar et al. (2019). A 17-member curriculum development team, multiple subject matter experts, and an instructional design firm are employed to build a comprehensive set of teaching tools and a set of survey instruments for evaluating the materials' effectiveness in developing safety leadership and safety climate. All materials and surveys underwent pilot testing with representative members of the target community. The results of their pilot study demonstrated good reliability, and data collected on the subsequent Foundations for Safety Leadership module revealed that the majority of foremen found the training useful or worthwhile, particularly the discussion questions. The majority stated that they planned to use their talents on the job site. Except for the role-playing events, the trainers praised all other components, particularly the films and discussion questions. The training materials and surveys were modified in response to the results of the pilot tests. The most significant outcome of the development and pilot testing efforts was that the OSHA Training Institute (OTI) added the FSL as an elective to the OSHA 30-hour course. Researchers conclude that the module connects a skills gap by offering safety leadership training to all managers who would not otherwise have access to it through their workplace or organization. They proposed that to assure the continued success of Foundations for Safety Leadership, the training be disseminated through the OSHA 30-hour course, an established nationwide safety training program. Practical applications: The FSL training module has already gained widespread acceptance in the construction industry as an effective technique for giving construction foremen.

Nurses' Perception of Leadership Styles

To describe staff nurses' perceptions related to the leadership styles adopted by nurse managers, identify which leadership style ensured job satisfaction in staff nurses, and describe which behaviors nurse managers should change, a study was carried out under the title How staff nurses perceive the impact of nurse managers' leadership style in terms of job satisfaction: a mixed method study (Morsiani, Bagnasco, & Sasso, 2017). This study used a mixed-method approach that included administering the Multi-factor Leadership Questionnaire and conducting three focus groups. The findings revealed that ward nurse managers primarily used a transactional leadership style, which focused on monitoring mistakes and intervening to rectify and punish them, decreasing staff nurses' job satisfaction. Nurse managers, on the other hand, rarely used the transformational leadership style,

which is most closely associated with satisfaction ('Idealized Influence Attributed', which staff nurses perceived as'respect', 'caring for others', 'professional development', and 'appreciation'). Researchers indicated that Italian nurse managers' transformational leadership qualities should be enhanced through behaviors focused on increased respect, care for others, professional development, and gratitude. Based on their findings, the researchers proposed that the current study could serve as a model for improving the leadership style of nurse managers in other nations. Researchers discovered that transformational leadership could serve as a guide for nurse managers looking to improve their leadership style and increase work satisfaction among staff nurses.

Korkmaz's (2017) article on the effects of leadership styles on team motivation discussed the literature to address a gap in the literature by exploring the dynamic leadership theory comprising of the three classical styles--democratic, authoritarian, and laissez-faire and their relationship to team motivation in the context of the Abu Dhabi healthcare sector. The author examines the most well-known perspectives in the literature on team motivation as well as existing theories of leadership styles, using culture as a moderator for the model depicted in this paper's conceptual framework. The model provides an overview of several ideas and their impact on team motivation. Other results that associate leadership styles with team motivation include a knowledge of the style predicted to maintain its value in employee performance and retention in the long run. This is the sole investigation to date that investigates the effects of four leadership styles on team motivation. The third finding is that main leadership styles, such as transformational, transactional, authentic, and servant leadership, affect team motivation. Transformational, sincere, and servant leadership styles are positively connected with team motivation, but transactional leadership style is found to be negatively correlated. Leaders should focus on leadership styles that motivate team members. Organizations view team motivation as an unavoidable reality because multi-professional teams must interact and work on difficult tasks. Leadership will always be an important factor in guiding group members in a healthcare company toward certain goals. Organizational culture dynamics can help healthcare organizations better understand the relationship between leadership style and team motivation. Leadership and team motivation are critical components of the healthcare sector, and they can keep employees happy and content.

Methodology

This study adopts a qualitative approach to investigate nurse managers' perspectives on leadership styles and training needs in Malaysian teaching hospitals. Qualitative methods are well-suited for capturing rich, in-depth insights into individuals' experiences, beliefs, and attitudes, which is essential for understanding complex phenomena such as leadership in healthcare settings. Structured questioning will be utilized as the primary method for data collection to ensure consistency and comparability of responses across participants.

1. **Participants:**

The target population consists of nursing managers currently employed in two teaching hospitals in Malaysia. Inclusion criteria for participants include holding a managerial position within the nursing department and having a minimum of two years of managerial experience. Participants were selected using purposive sampling to ensure the representation of diverse perspectives based on factors such as hospital size, geographic location, and years of managerial experience. There were no specific rules when determining the appropriate sample size in qualitative research. Qualitative sample size may best be determined by the time allotted, resources available, and study objectives (Patton, 1990). The samples were collected until saturation for this objective was acquired. Sample

saturation was mainly used in qualitative description but in this literature, they suggested a minimum of 30 respondents was ideal.

2. **Data Collection:**

Data was collected through structured interviews conducted with nursing managers. Before the interviews, a set of structured questions was developed based on the study's aim and objectives. These questions focus on nursing managers' perceptions of different leadership styles and their perceived training needs. The structured interview guide was piloted with a small sample of nursing managers to assess clarity and relevance, and necessary revisions will be made accordingly. Structured interviews are carried out face-to-face or via virtual platforms, depending on participant preferences and logistical requirements. Each interview was audio-recorded with the participant's permission, and extensive field notes were gathered to document nonverbal clues and contextual information.

3. **Data Analysis:**

The thematic analysis was employed to analyse the qualitative data obtained from the structured interviews. The audio-recorded interviews were transcribed verbatim, and the transcripts were coded and categorized to identify recurring themes related to nursing managers' perceptions of leadership styles and their training needs. Codes and themes were developed iteratively, with input from multiple researchers to enhance credibility and confirmability.

To ensure rigor in the analysis process, inter-coder reliability checks were conducted, with discrepancies resolved through consensus discussion. Additionally, member Thematic analysis was applied to examine the qualitative data gathered from structured interviews. The audio-recorded interviews were transcribed verbatim, then classified and categorized to find common themes about nurse managers' impressions of leadership styles and training needs. Codes and themes were generated iteratively, with feedback from multiple researchers, to improve credibility and validity. Thematic analysis was applied to examine the qualitative data gathered from structured interviews. Checking was performed by providing participants with a summary of the key findings to validate the accuracy and interpretation of their responses.

4. **Ethical Considerations:**

This study complies with ethical criteria for research involving human participants. All participants are required to give informed consent before taking part in the study, and their confidentiality and identity will be strictly protected throughout the research procedure. Before data collection began, the researcher applied the JEPUKM and also the Human Research Ethics Committee-USM ethical approval.

5. **Limitations:**

While qualitative methods provide valuable insights, this study may be subject to certain limitations. The findings may not be generalizable to nursing managers in other healthcare contexts outside of Malaysian teaching hospitals. Additionally, the structured questioning approach may limit participants' ability to fully express nuanced perspectives.

Results

1. **Perception of Nursing Managers on Leadership Style**

A qualitative result on the perception of leadership styles by nurse managers showed that most nurse manager defines leadership styles as styles used by each leader to manage their staff, leader styles were subjective, and the way leaders act (Table 1). This study revealed that more than

half (55%) of managers defined leadership styles as styles used by each leader to manage their staff. On the other hand, more than half (75%) of them revealed that the leadership styles influenced staff by increasing their motivation if staff are in favor of it. The result also showed that most of the nurse managers (50%) felt that leadership skill training needs to be exposed to the higher grade of nurse managers rather than grade U32.On the other hand, most of them reveal that the leadership styles influenced staff by increasing their motivation if the staff favours it. For the category Leadership styles influence staff working motivation most of the nurse managers think it is about related to leadership styles and its relation to staff working motivation. Lots of manager says that the staff will work hard if they are motivated, staff needs positive styles to motivate them, and they also think that it will be increased motivation if staff favour their leader's styles. In the other part, the respondents say they think that the best leadership styles are democratic and there are also a few who say that charismatic with mixed styles. The findings also showed that the nurse manager felt that there was a need for leadership skill training to be exposed to a higher level of nurse management rather than grade U32.

Sub Theme 1: Styles Used by Each Leader to Manage Their Staff.

Most of the participants agree that the leadership style is the style being used by leaders to lead their teams. A participant had this to say: *"In my opinion leadership styles are the styles used by each leader to manage their staff (Manager 1)". "Leadership styles refer to the styles that are always being used by the manager (Manager 2). "If I am not mistaken leadership styles are the styles that are adopted by leaders in their management" (Manager 3).*

Sub Theme 2- Leader Styles are Subjective.

Participants verbalize that the leadership styles are subjective and it's not easy to determine which styles are the best. A participant had this to say: *" I think leadership styles are the styles that are always used by leaders to manage staff and it is very subjective"(Manager 4). " OMG it is not easy to determine leadership styles because it is subjective and difficult to judge"(Manager 5,7).*

Sub Theme 3- The Way of Leader Act.

Four participants expressed that the leadership style is the way of leader acts. These participants also say that every action that is being taken by leaders shows their leadership styles. A participant had this to say: *"For me leadership style is the way leaders act while they manage their staffs"(Manager 6,8). "If you asked me about leadership styles I would say that it is a leader act and attitude"(Manager 9,10).*

2. **Leadership Styles Influence Staff Working Motivation.**

For the category leadership styles influences staff working motivation most nurse managers think it is about related to leadership styles and their relation to staff_working motivation. Lots of manager says that the staff will work hard if they are motivated. On the other hand, the majority of them reveal that the leadership styles influenced staff by increasing their motivation if the staff favour it. Leaders must also have an acceptable leadership style so that staff have no problems and can cooperate while working with them.

Sub Theme 1- Increase Motivation if Staffs are Favors with It.

Most participants reveal that leadership styles will have an impact on staff working motivation either direct or indirect. A respondent had this to say: *"Staff needs positive styles to motivate them, and they also think that it will be increased motivation if staff favor with their leader's styles" (Manager 1,3). "Yes, it is real that leadership styles have an impact on working motivation if staff favor with your style definitely, they will be happy to do their daily work" (Manager 8,9,10).*

Sub Theme 2- Staff Will More Hard Work.

Few participants informed that leadership styles will induce staff to do more hard work. A respondent had this to say: *"When I am still a nurse, I felt very motivated when leaders are supportive"(Manager 2). "Happy staff will work hard" (Manager 5).*

Sub Theme 3- Staff Needs Positive Styles to Motivate Them.

There was a participant who positively say that all staff needed a positive leadership style. A respondent had this to say: *"Everybody agrees if I said that good leaders' styles will initiate staff to work hard" (Manager 7).*

3. **Good Leadership Styles**

In the other part, the participants said they think that the best leadership styles are democratic and there are also a few that are charismatic with mixed styles. The job of a caregiver makes the nurse population quite different from other populations either in terms of responsibilities or workload, this makes the way to lead this population also needs variation.

Sub Theme 1- Democratic.

When the researcher asked what the best leadership styles are based on participants' perceptions majority of them said that they think that democratic is the best leadership style. A respondent had this to say: *"For me, I like to be known as a democratic leader because it is very good to adopt" (Manager 1,5,8,9,10).*

Sub Theme 2 – Charismatic.

Few participants answered that they perceive that charismatic is the most appropriate style to use in handling their staff. A respondent had this to say: *"I know few of leader's styles, but I like to be a charismatic leader because it's very impressive" (Manager 2). "I think I am a charismatic leader, and I felt this style is good to adopt" (Manager 3).*

Sub Theme 3 – Mixing Styles not only one Style.

There was a participant who said that she was confident that no single style should be used leaders should mix the styles depending on the situation. A respondent had this to say: *"To manage nursing staff, we have to know how to mix the styles it depends on the situation no single style is suitable to use when dealing with nurses" (Manager 4).*

4. **Leadership Skill Training**

The result on theme leadership skill training also showed that of the nurse manager agreed that there was a need for leadership skill training to be exposed to a higher grade of nurse manager rather than grade U32. Most of the respondents of this training felt that their level of leadership still did not qualify them to be decision-makers therefore they felt that this training should be given to leaders who are involved in making organizational administrative decisions.

Sub Theme 1- Needed to Expose Leader to Their Management Skill.

After attending the leadership skill training most of the participants concluded that this training is very good, and it is effective if regularly given to leaders. A respondent had this to say: *"This leadership skill training module is good it is very nice if can give regular training to leaders using this module" (Managers 2,5,6,7,8 and 10).*

Sub Theme 2- It's More Needed for More Higher Grade of Manager Rather Than U32.

Some participants said that leadership skill training is more needed and beneficial if delivered to more higher-grade nurse managers as they perceived that they are not a group of managers who dealing with any management issues. A respondent had this to say: *"When I am joining this training, I am very happy, and I felt happier if this training can be done to our highest leaders rather than us" (Manager 1,3,4).*

Sub Theme 3- Needed to Give to the Higher Grade Regularly to Improve Their Management Skill.

For these sub-themes, one of the participants emotionally expressed that she is not a leader who is involved with decision-making and doesn't have any power to say anything, so she felt that this leadership skill training is more beneficial for leaders with grades U36 and above. A respondent had this to say: *"I am appreciated when I am selected to join this training but if you can do another training for a leader higher than me which is grade U36 and above its more valuable" (Manager 9).*

Table 1: Perception of Nurse Managers Towards Leadership Styles

Category	Theme	Sub Theme
Definition of leadership styles	Leadership styles	1. Styles used by each leader to manage their staff. 2. Leader styles are subjective. 3. The way of leader acts.
Leadership styles influence staff work motivation	leadership relates to working motivation	1. Increase motivation if staff are favoured with it. 2. Staff will do more hard work. 3. Staff need positive styles to motivate them.
Good leadership styles	Good leadership styles	1. Democratic. 2. Charismatic. 3. Mixing styles not only one style.
Perception about leadership skill training	Leadership Skill Training	1. Needed to expose leaders to Management skills. 2. it is more needed for a higher grade of the manager rather than U32. 3. Needed to give the higher grade regularly to improve their management skill.

Discussion

A qualitative result on the perception of leadership styles by nurse managers showed that more than half (55%) of managers defined leadership styles as styles used by each leader to manage their staff. On the other hand, more than half (75%) of them revealed that the leadership styles influenced staff by increasing their motivation if staff are in favor of it. The result also showed that most of the nurse managers (50%) felt that leadership skill training needs to be exposed to the higher grade of nurse managers rather than grade U32. Most of the nurse managers were aware that their leadership styles have an impact on the nurses' working motivation, but the majority of them claimed that their styles were influenced by the higher authority, which was the nurse manager with higher grades. The majority of nurse managers denied that they have the power to change the working environment as they were instructed to carry out their duties based on their superiors' orders. Piwowar-Sulej, K et. al, (2023) in their study said that leadership style is defined as the art of influencing others to achieve their maximum potential to accomplish any task, objective, or project.

The findings demonstrated that, depending on the circumstance, the participants recognized charismatic and democratic leadership philosophies, sometimes in combination, as the most effective approaches for nurse managers. This research highlights the requirements of the nursing profession, which call for leaders to be flexible and receptive to the needs of their teams. Democratic leadership improves job satisfaction and team cohesiveness by fostering a collaborative environment where nurses may share their thoughts and take part in decision-making processes. Conversely, charismatic leadership may encourage and inspire nurses by providing them with visionary direction and support. By combining these approaches, nurse managers can strike a balance between the structure and adaptability required to handle the variety of tasks and difficulties that come with providing care. In

the end, such dynamic leadership techniques can enhance patience. In a cross-sectional research of paramedic respondents, Jodar i-Sola et al. (2016) found no solid styles. Nonetheless, some people prefer one style over another, to varying degrees. In their study, they discovered that managers' leadership styles are characterized as a collection of attitudes, behaviors, beliefs, and values. In general, most managers, regardless of gender, gave themselves high ratings on socially desired variables associated with transactional and transformational leadership styles, as well as low scores on least valued factors such as laissez-faire. The respondents' perceptions of efficiency, extra effort, and satisfaction supported their tendency to self-praise.

Half of these nurse managers also agreed that the leadership skill training was more suitable to be exposed to their superiors with a higher rank who are more potent in instructing them to manage their staff. They also agreed that they do not have any authority to create any changes or any guide to management as they were only the medium to deliver the instruction.

Conclusion

In conclusion, diverse leadership styles and situation-specific abilities must be integrated into a comprehensive strategy for effective nurse leadership. Effective leaders manage, inspire, and communicate with their teams by exhibiting qualities like vigor, compassion, honesty, and confidence. They should use a variety of approaches, including democratic, coaching, visionary, and pacesetting, to mentor their staff, enhance workflow, and guarantee adherence to hospital regulations. The ability to apply these techniques in a way that fits the demands of the circumstance, and the objectives of the healthcare team is essential for success in leadership roles. This will help to create an environment that is safe, supportive, and productive for both staff and patients.

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MOTIVATION FACTORS AND BARRIERS FOR CONTINUING HIGHER EDUCATION AMONG DIPLOMA-HOLDING NURSES: A QUALITATIVE STUDY

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Abstract

Background: Continuing higher education is essential for nurses to adapt to the evolving landscape of healthcare. Higher education is the next level in the academic ladder for nurses seeking a bachelor's or postgraduate degree, such as a master's or Ph.D. Nurses pursuing higher education are known to improve educational, research, administrative, and patient outcomes. Furthermore, the need for nurses to pursue further education in order to advance their profession is becoming increasingly pressing due to the rapid advancements in health care and therapies. **Aim:** To explore the motivational factors and barriers for continuing higher education among diploma holding nurses in Malaysia. **Method:** A qualitative study was conducted among 9 diploma-holding nurses in Malaysia. Semi-structured interviewed were used to collect data from August to October 2023. All interviews were recorded, translated, and transcribed. Thematic analysis was applied to the transcriptions for a comprehensive examination of the gathered data. **Result:** Six themes identified related to motivating factors; 1) significant others, 2) self-motivation 3) reputation of the nursing profession, 4) career improvement, 5) sponsorship, and 6) availability of course while five themes associated with barriers; 1) limited opportunity in the nursing system, 2) age and experiences, 3) financial constraint, 4) family responsibility, and 5) limited access to educational resource. **Conclusion:** Nurses are highly motivated to pursue higher education at least to degree level for many reasons but they face some barriers that restrict them from continuing higher education. Therefore, it is important as health treatments and care evolve, the motivation to advance the nursing profession through higher education becomes increasingly important for nurses.

Keyword: Higher education, Motivation, Barriers, Diploma Holding Nurses, Qualitative Research

Introduction

As an essential part of the healthcare system, nursing plays a variety of roles, such as promoting health, preventing illness, and providing care for people with disabilities, mental illnesses, and physical illnesses of all ages in different community settings (Phoon, 2022). The perception of nursing as a dynamic, autonomous professional group that can manage patients and take on more duties and responsibilities is constant. (Courtenay, 2018). These days, registered nurses can proceed to become advanced practitioners, allowing them to handle more complex cases in acute and primary care or move up the corporate ladder to become managers or administrators. Higher education is taken into account for pay increases and other benefits in various nations. (Courtenay, 2018). Additionally, nurses now have more options to weigh, particularly in terms of cost, length of study, number of credits required, residency requirements, financial aid, and a host of other factors, thanks to the seemingly limitless array

of online courses and adaptable, multifaceted nursing programmes (Broussard & White, 2014). These serve as excellent incentives for nurses and midwives to seek further education.

In Malaysia, the percentage of registered nurses with diplomas is higher than the percentage of those with degrees. While associate's or bachelor's degrees in nursing are held by the majority of licenced nurses worldwide (Ng, 2015). Ng (2015) emphasises further that Malaysia wants to guarantee that all registered nurses in the country have a nursing degree and are suitably qualified by 2020. A local survey with 792 participants in 2023 found that 76% of RNs had previously obtained a diploma, compared to only 2.3% who had a degree. The study also revealed that none of the participants had a master's or doctoral degree (Ng, 2015). The situation significantly motivates nurses to pursue higher education and at the same tie prompting the question of why nurses do not pursue higher education despite the crucial role of nursing in providing care and treatment for the people.

Research Objective (s)

Exploring diploma holding nurses' motivational factors and barriers for continuing higher education.

Literature Review

Influencing Factors Towards Continuing Higher Education Among Nurses

According to Nashwan et al., (2022), most nurses and midwives are eager to pursue a master's degree within two years, focusing on leadership and management. This enthusiasm and willingness to pursue higher education can help the nursing profession advance. Enhancing care quality and ascending in leadership jobs retaining competency, providing high-quality treatment, and expanding future career prospects are the motivational factors that push nurses to pursue higher education. The most insignificant motivator for nurses and midwives to pursue higher education is a pay rise (Nashwan et al., 2022). Other than that, online learning as an alternative may potentially be appropriate for them. Peers and faculty members help develop a sense of community and belonging and techniques for students and professors to cooperate (Nashwan et al., 2022). Alamri and Sharts-Hopko, (2015) mentioned that nurses with more work experience are more motivated to continue their study. Furthermore, in this study male nurses are more motivated to continue higher study compared to female nurses but married male nurses are less motivated to continue higher education compared to married female nurses. The finding raised the question why male nurses' perception of higher education changed after they got married. Participation of friends and support from them tend to motivate more nurses to continue higher education. (Alamri & Sharts-Hopko, 2015).

Barriers Towards Continuing Higher Education Among Nurses

Mbombi and Mothiba, (2020) explored the barriers nurses experience regarding enrolment for postgraduate qualifications in South Africa. According to them, professional nurses with a master's degree have demonstrated proficiency in enhancing quality and continuity of care in areas such as palliative care, mental health, post-transplant care, and central venous care but, there are only a few students enrolled in postgraduate courses, including master's degree courses. They categorize the barriers into three themes; employment-related barriers, barriers related to higher education institutions, and personal barriers (Mbombi & Mothiba, 2020; Ng, 2015). Mbombi and Mothiba, (2020) explained that the employment-related barriers were referring to no financial reward of having a postgraduate qualification, thus continuing education at the postgraduate level is considered a waste of time. Other than that, increased nursing care workload due to shortages of staff made the nurses not enroll in postgraduate studies because they did not have enough time to study. Moreover, higher education

qualifications such as a master's degree in nursing, are unimportant and not appreciated by the employee (Mbombi & Mothiba, 2020).

Mbombi and Mothiba, (2020) further explained that nurses have a lack of information regarding postgraduate study and the requirement to enter postgraduates' study is beyond their capability. It means that nurse's perception of higher education as an extra burden and a waste of time. Moreover, nurses also had poor finances, lack of family support and self-interest in pursuing higher study. (Mbombi & Mothiba, 2020). This is in line with the finding by Ng (2015), in which most respondents strongly agreed that the course fee for post-registration nursing degree is expensive, and they could not afford to pursue the post-registration nursing degree with their current income.

In the study by Alamri and Sharts-Hopko (2015), most participants were perplexed by the bureaucratic procedures and processes for receiving scholarships, the lack of part-time and online programs and lack of support from nursing administration, either at lower or senior management levels. Nashwan et al., (2022) found that, high cost of course, lack of availability and accessibility of the programs,–busy work schedule, family commitments, reluctant to accept new technology, and age nearing retirement were the barriers faced by the nurses in their study.

Methodology

Design

This study applied a qualitative study design. The utilisation of qualitative research is crucial in investigating inquiries pertaining to human experiences and viewpoints to attain a comprehensive comprehension of intricate events (Tong et al. 2013).

Setting and sampling

This study was conducted among nurses from a few government hospitals in Malaysia. The participants were selected using purposive sampling that fulfil the inclusion criteria: 1) Registered nurse with diploma; 2) at least three years of working experience; 3) able to speak Malay, English or Tamil; and 4) agree to participate in the study.

Material

A topic guide was used during the interview. Examples of the main questions: What makes you to continue higher education? What are the encouragements you have to continue higher education? And for barriers for continuing higher education, why you don't pursue higher education? Meanwhile the interview session was flexibly being conversed in both Malay and English language based on participants choice of words.

Ethical Consideration

The research obtained ethical approval from the Kulliyyah of Nursing Post Graduate Research Committee (KPGNRC) and IIUM Research Ethics Committee (IREC), ref:IIUM/504/14/11/2/IREC 2023-KON/DOCCN. Following approval, participants were approached during scheduled times, provided with a consent form and personal information sheet. All pertinent details about the study were communicated prior to the interview. Participants were assured of their right to confidentiality and anonymity throughout the study.

Data Collection

The potential participants were recruited through social media where an advertisement was posted on Facebook, Twitter, and Instagram for the recruitment. Once the participants contacted to participate in the study, an appointment was arranged for the interview session. All interview was conducted in an informal, semi-structured, face-to-face, and conversational style. The interview

sessions were conducted privately to ensure confidentiality, with recordings made using audio-taped with permission and field notes was written during the interview session. The interviews took place at meeting room in every participant's ward. The interview took 45 minutes to 1 hour. The sample size of the study was determined by data saturation, and interviews were stopped when no additional information emerged, and no new codes could be produced (Guest et al., 2006).

Data Analysis

The tape recording has been transcribed into written form after listening to the recorded audio repeatedly and the results were analysed by using thematic analysis (Caulfield, 2022). The first step involves familiarizing oneself with the data, followed by coding. Next is generating themes, where similarities from the coding are identified and used to construct themes. The fourth step is reviewing the themes to ensure they are useful and accurately represent the collected data, followed by defining the themes to ensure they are selected appropriately and easily understandable. Lastly, the process involves producing a report with a description of the findings and illustrative examples (Caulfield, 2022).

Trustworthiness

Dependability and confirmability in this study can be achieved via an audit trail (Korstjen & Moser, 2017). An audit trail was kept maintaining track of the steps and/or changes throughout the processes of data collection, analysis, interpretation, and writing up the findings and discussion. Moreover, discussion with the team members as peer reviewers and examin the process of the research as well as the data analysis indirectly improved the rigour of the study.

Results

Throughout the period of data collection nine (9) participants were agreed to participate in this study. The background of the participants is summarised in the table 1.

Table 1: Demographic characteristics of the participants

Participants (n=9)	
Age (years)	32 – 47 (Mean: 37.4)
Race	Iban (2)
	Bidayuh (1)
	Malay (4)
	Indian (2)
Male	3
Female	6
Working Experiences (years)	10 – 22 (Mean: 14.7)

Theme 1: Motivating Factors

There are six (6) subthemes explored for the theme factors encourages which are 1) significant others, 2) self-motivation 3) reputation of the nursing profession, 4) career improvement, 5) sponsorship, and 6) availability of course.

Significant Others

For this sub-theme, respondents express their feelings on both negative and positive effects from others for them to continue higher education.

Sometimes even the doctor looks down on us because I've had a situation like that in my own ward. Like MO (Medical Officer) said to his Houseman 'you want to listen to a nurse who only has a diploma or listen to your MO? ...My family's support is good; my husband is also very supportive(P1)

We need more people who continue to study so that they can help us a lot and if nursing school collaborates with hospitals our practice is not queried, because the doctor likes to query the work of nurses(P2)

Self-Motivation

All participants have their personal reasons that motivate them to continue studying in higher education.

I don't want to stay at one level only... you can't say anything irrelevant, like if people ask something, you will answer with confidence..., we have a very basic and shallow knowledge and skills when we study diploma and also for nursing intervention, it is very basic. With a degree, when we answer with the doctor, we can answer confidently with evidence and confidences and upgrade the nursing interventions(P1)

To increase my knowledge, and another reason is because I'm interested and also wanted to be more competent in my work(P2)

In terms of the nursing sector, like you said earlier there are many nurses who don't have a degree or masters, why not us raise our level from a diploma-holding nurse to a higher level(P8)

Reputation Of Nursing Profession

The participant is driven to study higher education due to her determination to reform the nursing system in Malaysia.

I will have the power to change the nursing system in Malaysia, change it to a better and nurse-friendly system and we can also work together with doctors and nurses and come up with the next research program, or the next audit, to improve what we have services(P7)

Career Improvement

In an effort to enhance their nursing careers, participants are willing to pursue a nursing degree if it leads to recognized qualifications and corresponding professional advancement and redirecting nursing career towards becoming a nursing lecturer or administrator upon obtaining a degree.

If the government says that anyone with a degree can apply for U41, I am doing a degree right now(P3)

I'm planning to divert my nursing career as a clinical nurse maybe in the future I can be a nursing lecturer or nursing administrator. like I said, we will serve for 30 years, so we will not work for 30 years as a clinical nurse which is the thing, I feel stagnant(P9)

Sponsorship

All participants unanimously identify scholarships as the most motivating factor for them to pursue higher education.

But if given a sponsor, definitely I will go for my degree(P3)

Of course, I will go, it's a golden opportunity (gets sponsorship) because we've got an opportunity like that, we have to take it(P6)

So, I think if I have a sponsorship like that, I won't worry about my studies because the sponsor is already there for me to study(P8)

Availability of Course

For a participant, the availability of an online course would serve as an encouragement for her to pursue studies.

That is good (if the course is online), that's good, I can work and study, do locum work, I can take care of my mother, that's good too(P7)

Theme 2: Barriers

There are several sub-themes discovered for this theme such as, 1) limited opportunity in nursing system, 2) age and experiences, 3) financial constraint, 4) family responsibility, and 5) limited access to educational resources.

Limited Opportunity in Nursing System

The participants assert that obtaining a degree is not a prerequisite for promotion, and there is limited availability of positions for degree holders in Malaysia and they emphasize that the nursing system in Malysia still places a strong emphasis on seniority.

To become a matron with a sister, as we know, you don't even need to have a degree to be able to go up, right... it's not necessary to get a degree to become a sister or a matron, so you can go up whenever you want... now we have u41 it's a bit difficult to get and not a lot and even if you go up you have to move and the scope of work is not much different from clinical u41(P1)

Nursing in Malaysia is still in a controlled phase, not like overseas where there are more nurses who all have master PhDs, we are just starting to go in that direction. Now there are not many posts for u41, many staff have not been able to get the post, it is a pity, it is been 5 or 6 years after they finish doing their degree, the knowledge has been lost and it's like empty again(P2)

Like if I continued my studies, it's not sure that I'll upgrade and if I try, there's not necessarily a post either(P3)

We must wait for our seniors to do a basic post or degree then only we can get an opportunity... because the system is not nurse friendly, that's what makes a lot of government nurses go abroad, there is no motivation to continue studying and working(P7)

Age and Experience

Some participants find accepting new challenges and adapting to a new academic environment is difficult and age as a barrier to continuing higher education.

some more, if we are comfortable in one department and we do the same thing every day quite difficult to accept changes (being a student back) (P1)

I'm 45 now, right, so my memory is getting less and less, yes, it's hard to remember especially studies., hmmm, it's hard(P6)

Financial Constraint

All participants agreed that the cost of pursuing higher educations can be a significant barrier for them.

Hmm..first of all, like now, the budget is high(P3)

There are many responsibilities, housing payment, my personal loan... the main factor that stops me is finances... if I can't arrange my finances, how am I going to arrange for my educations? (P8)

Is either I need to have like unpaid leave or half paid leave to continue my study which I think I can't afford because you know the living cost is expensive in KL (Kuala Lumpur) because I am posting in KL (Kuala Lumpur). Actually, financial is a big issue for the working adult to continue their study(P9)

Family Responsibility

Part of the participants are concerns about their commitment for the family, posing a barrier to pursuing higher education.

Because of my commitment to take care of my sick husband, and my children are still small. The main carer for my husband is me, one day if I go to study, what will he think later, maybe he will think that I don't want to take care him again, one more is burdening my parents, like I'm working now, they do everything for my husband, but if I study later, I'll burden them more(P4)

I have to see my family, I have to send my children to school, like me, I don't have family near here, so it's difficult, if I have to send my children and take them, it's all by myself and also depend on my husband(P5)

The first problem for me now is that I have to take care of mom because she is too much attached to me so it's hard for me to leave her since I'm the only one here, my father is dead, it's hard to leave mom…even if I get all the sponsorships, I don't think I will go(for study), because there is no one to take care of my mother, so I won't go and if I go and then there's no one to take care of mom, I'm not happy and happy either(P7)

Limited Access to Educational Resource

The course's location became a barrier for all three participants as they needed to attend the classes, which proved difficult for them.

If it is near here, I might be able to, if it is outside of my residence, I really can't for example, if the institute is out of Kuching. But if it is like a basic post for 6 months, I think it's possible, but if it is a degree, that took about 2 to 3 years it's like it's not possible there(P4)

If the place(institutions) is close maybe I'll go there, but if it's far away it might be difficult and I have to travel on the weekend so it's difficult(P5)

Sometimes, if the institute is far away, I must travel. Additionally, I have a transport issue, my car is old, so I must use public transport to attend the class is its too far(P8)

Discussion

This study highlights the significant role of encouragement from key individuals in motivating nurses to pursue higher education. Family members and peers, particularly those who have previously engaged in higher education, emerge as pivotal sources of positive influence by sharing their experiences and knowledge. This aligns with the findings of Alamri and Sharts-Hopko (2015), which emphasize the motivating effect of peer support on nurses' educational pursuits. The drive towards higher education among nurses is multifaceted, fueled by a desire for personal growth, a commitment to avoiding professional stagnation, and a keen interest in advancing their nursing competencies. The pursuit of further education is seen as a pathway to career advancement and a strategy to navigate the constraints associated with prolonged clinical nursing roles. Supporting this perspective, Tiliander et al. (2022) highlight that personal development is a significant motivator for nurses seeking higher education. The participants are driven to study higher education due to their determination to reform the nursing system in Malaysia. They aimed to collaborate with other healthcare workers in developing research or audit programs to enhance the quality of service and at the same time enhance the reputation of the nursing career. In a study Nashwan et al., (2022), stated that enthusiasm and willingness to pursue higher education can help the nursing profession advance in many ways.

To enhance their nursing careers, participants feel they need to transition in their career for example becoming a nursing lecturer or nursing administrator, and for that they purse higher education. Nashwan et al (2022), in their study stated most nurses and midwives are eager to pursue a master's degree focusing on leadership and management. Participants are motivated to pursue higher education by the desire to provide better care, achieved through reducing patient anxiety and establishing good rapport. Marć et al., (2018), in their study, stated as health treatments and care evolve, the motivation to advance the nursing profession through higher education becomes increasingly important for nurses. Most participants unanimously identify scholarships as the most motivating factor for pursuing higher education. They emphasize that receiving a scholarship would significantly assist them in addressing the financial challenges associated with their educational pursuits. A similar finding from Tiliander et al., (2022), where in their study stated financial support by employees has been one of the most

encouraging factors for nurses to further study. An online course would encourage participants to pursue further studies. Nashwan et al., (2022) reported, that online learning as an alternative may potentially be appropriate for nurses who have problems ~~in~~ doing physical classes.

A critical barrier identified by most participants in pursuing higher education within the nursing profession is the constrained opportunity landscape in Malaysia's nursing system. A notable concern is the limited number of vacant positions for degree-holding nurses, which results in a lack of promotional opportunities despite advanced qualifications. This situation fosters skepticism among nurses about the tangible benefits of obtaining a degree, particularly regarding promotion prospects. Additionally, participants highlighted the restrictive nature of the system, where nurses have limited autonomy in selecting their posts upon earning a degree. The prevailing emphasis on seniority within the nursing system further complicates the situation, undermining the value of academic advancement. Indeed, the study by Ng (2015) echoes these sentiments, revealing a consensus among respondents that incentives such as study opportunities, staff promotion, empowerment, and a motivating environment provided by hospital management could significantly encourage Registered Nurses (RNs) to seek higher education. They find accepting new challenges and adapting to a new academic environment difficult, their believes about experience are sufficient compared to formal educational qualifications, and the age factor becomes a barrier to continuing higher education. Mbombi and Mothiba, (2020) in their studies stated that personal barriers such as intrinsic factors became one of the prominent factors for nurses to not pursuing higher education.

Financial constraints emerge as a principal barrier to further education for nurses, with the prohibitive cost of courses significantly impeding their ability to enroll in higher education programs. Ng (2015) highlights the substantial financial burden posed by post-registration nursing degree fees, which are often beyond the reach of nurses working with their current income. This challenge is compounded by additional financial responsibilities, including familial obligations and personal loans, alongside the rising cost of living, making the prospect of saving for further education particularly daunting. Family commitments further exacerbate the situation, placing considerable pressure on nurses. Many participants bear the responsibility of caring for dependents, including sick spouses, young children, or elderly parents. These responsibilities, ranging from managing a household as the primary caregiver to the direct care of family members, present significant obstacles to pursuing higher education. Instances where nurses decline scholarships due to caregiving duties underscore the depth of these familial obligations. Mbombi and Mothiba (2020) reinforce this perspective, identifying family responsibilities as a critical factor deterring nurses from furthering their education. Additionally, limited access to educational resources poses another significant barrier. The necessity to attend physical classes, coupled with the scarcity of part-time and online programs, restricts nurses' ability to engage in higher education, especially for those balancing professional duties and personal commitments. Alamri and Sharts-Hopko (2015) corroborate this issue, noting the lack of flexible learning options as a substantial impediment to degree pursuit among nurses.

Conclusion

In conclusion, it is evident that the pursuit of higher education among nurses is influenced by a complex interplay of factors that range from personal ambition to external encouragement. Key individuals, notably family members and peers with prior higher education experience, play a crucial role in motivating nurses through sharing their experiences and insights. While a combination of systemic, personal, and financial issues become the barriers to the pursuit of higher education among nurses in Malaysia.

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PREDICTIVE CULTURAL ADAPTIVE MODEL FOR FAMILY CAREGIVER OF OLDER PEOPLE WITH MUSCULOSKELETAL PAIN IN EAST COAST MALAYSIA :A LITERATURE REVIEW

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Abstract

Family is the primary social structure and older people mostly rely on their families for health and assistance. Yet, there are several dimensions of factors associated with caring burden including physical, emotional, cognitive, financial, social, and cultural. It should be highlighted that, despite the burden of caregiving, the carers emphasized a strong feeling of filial obligation that drove them to continue caring. It is important to understand the caring responsibilities in the perspective of family caregivers. Thus, this review aims to identify and describe the cultural framework available for family caregivers in managing older people living with musculoskeletal pain and to describe the cultural-related factors in caring for older people living with chronic musculoskeletal pain in the community. Systematic articles search has been conducted in the health-related databases such as PubMed, Cambridge Journal, Clinical Key, Oxford Journal, ScienceDirect and SpringerLink yielded into 20 articles were included in this review. The review discovered that, despite being trained, caregivers who are needed to care for older family members are impacted in terms of physical and psychological health, social life, and financial well-being. They felt frustrated that they could not offer as much care as they wanted owing to strong filial duties, and felt abandoned by the formal care system in terms of culturally appropriate services. Furthermore, healthcare personnel may have an impact on family caregivers through their practise, knowledge, and support for culturally appropriate care, as indicated by a lack of culturally appropriate practises and knowledge among healthcare personnel, as well as little support for policies to reduce healthcare disparities. These factors may have made it more difficult for family caregivers to keep their responsibility in caring. Thus, healthcare in Malaysia should focus on the burden faced by the caregiver and be more culturally sensitive in providing care to older people. Findings will assist in assessing the requirements of caregivers while giving care to the elderly. Consequently, we will be able to improve our healthcare services in terms of cultural sensitivity in the future.

Keywords: Family Caregiver, Burden, Pain, Culture

Introduction

Globally, the family is the primary social structure for the care of elderly individuals and older people mostly rely on their families for health and monetary assistance. Caregiving by family members is a type of informal care in which family caregivers offer care to elderly members of their families (Aung et al., 2021). Spousal care is also a substantial source of informal care (Barbosa et al., 2021). According to one survey, 5.7% of the adult population in Malaysia are informal caregivers (Kong et al., 2021). Due to filial obligations, family caregivers face the burden due to the responsibility to care for their loved ones and they are frustrated at not being able to provide proper care as they would want due

to their strong filial responsibilities (Funk et al., 2013; Miyawaki, 2015). Family caregivers perceive caring as important and meaningful for them as it gives them the ability to connect, attach, and assist as family members. Particularly the caregivers who were anchored in Christian and Muslim beliefs, which helped them to be resilient, endure, and find purpose in their roles (Mthembu et al., 2016). It should be highlighted that, despite the burden of caregiving, the carers emphasized a strong feeling of filial obligation that drove them to continue caring. Yet, there are various aspects of possible risks linked with self-care and caring that must be scrutinised to avoid any harm to both family caregivers and older individuals.

It is critical to highlight framework related to family caregivers who provide care to chronically ill patients since they will be responsible for caring for frail older individuals once they are discharged from healthcare facilities. Identifying factors influencing the lives of carers for older persons with chronic conditions will aid in the development of suitable supporting interventions for this vulnerable group (Duggleby et al., 2016). Plus, cultural factors are also required to guarantee that elderly and family caregivers receive adequate care (Cooper et al., 2020). This is very crucial to be considered because Malaysian carers are consisting of multi ethnicity and strongly influenced by their culture in many aspects of lives. This characteristic hold by Malaysian carers could become highly challenging for health care providers in providing suitable support for them, particularly in caring for their ill elderly. Thus, it is strongly believed that any intervention or support designed for them should be culturally integrated to be able to address their needs effectively. Therefore, when designing culturally appropriate policies and initiatives to promote caregiver health, the key sociodemographic disparities should be acknowledged (Do et al., 2014).

Many studies have explored on the burden and challenges of the family caregivers. Similarly, several studies also have focused on the cultural competency among healthcare personnel. However, little has been done to investigate the cultural related factors of family caregivers for older people with musculoskeletal pain specifically in Malaysia to adapt the interventions to fit their cultural needs. The findings may aid in determining the training needs among family caregiver in future as it is noted that more research needed to examine the unmet training requirements of Malaysian caregivers as the resources tailored to the requirements of the caregiver is critical in providing support for their caring obligations and health care professionals play an important role in linking informal carers to the resources that they need (Kong et al., 2021).

This review describes the literature and framework related to family caregivers' experiences and challenges when caring for older people with chronic musculoskeletal pain. It also will cover their cultural beliefs and cultural needs in caregiving and focus on the problems that family caregivers encounter when caring for the elderly while respecting their culture. Aside from that, it will incorporate the literature regarding healthcare personnel perspectives on culturally appropriate care for caregivers in a multi-ethnic community. This review will examine this area of interest in a larger context, allowing us to identify any gaps in existing evidence-based knowledge and enhance insight into this concept of patient and family-centred care, in particular for their cultural needs.

Review Objective (s)

The review objectives must be stated in full. Conventionally a statement of the overall objective should be made, and elements of the review then listed as review questions. This section should be as focused as possible and make explicit what the review intends to find out.

1. To identify and describe the cultural framework available for family caregivers in managing older people living with musculoskeletal pain.

2. To describe the cultural-related factor in caring for older people living with chronic musculoskeletal pain in the community.

Review Methods

The review methods should be described clearly for the steps of systematic review.

Criteria for Considering Studies for this Review:

Types of studies:

Types of participants:

Search Strategy: An overview of the search strategy should be provided. It is usual to undertake a staged approach including initial search, full search and search of reference lists and hand searching. The databases searched should be listed with the time frames included. The initial search terms should be appropriate for the review objectives. If reference lists, grey literature and selective hand searching are used this should be stated. A statement about assessment should be included.

Methods of the Review:

Assessment of methodological quality

A description of how methodological assessment was managed should include reference to the checklist developed by the review team that is included in the appendices.

Data extraction Instruction:

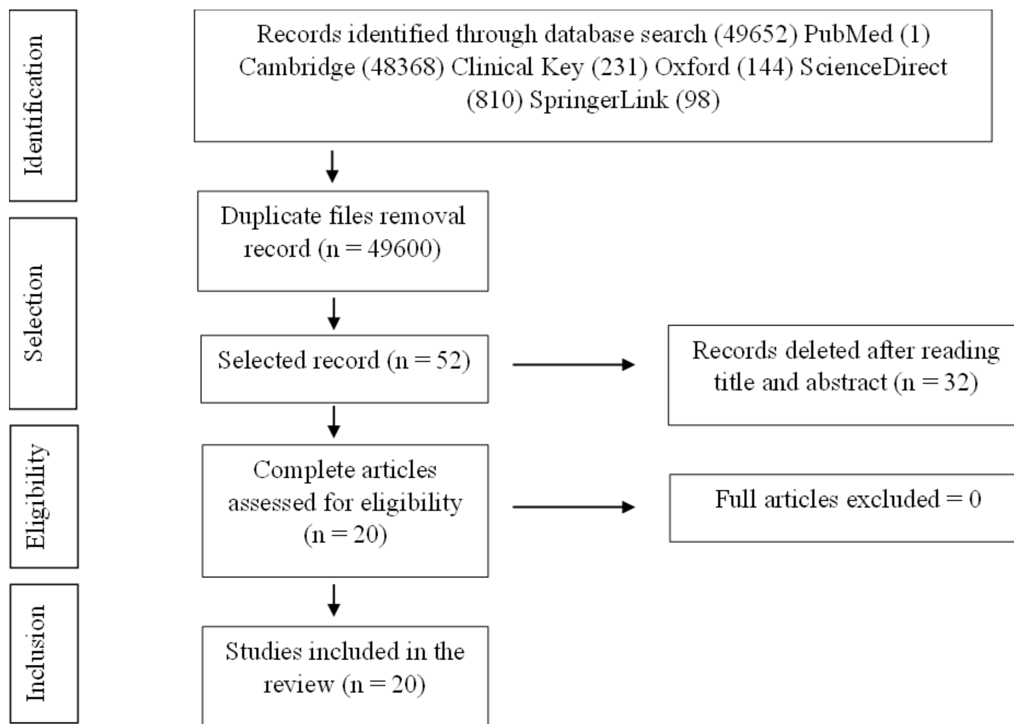
A description of how data extraction was managed.

Data synthesis:

A description of how data synthesis was managed should be included.

Systematic articles search has been conducted in the health-related databases such as PubMed, Cambridge Journal, Clinical Key, Oxford Journal, ScienceDirect and SpringerLink using keywords of “family caregiver”, “older people”, “challenges” and “culture” following the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA), 2020. Some alternative keywords also were used in different databases to gain more related articles as the databases search for the precise words and phrases entered, therefore if the author chooses a different term (synonym) to represent a topic, the researcher will not find that article in the results. In systematic literature reviews, a critical appraisal will be done (should be past tense) using the Joanna-Briggs Institute (JBI) tools, a practise of methodically reviewing research findings to determine its trustworthiness, internal validity, risk of bias and applicability in a specific context of studies that fulfil the review inclusion criteria.

All identified citations were grouped in the quote management system Mendeley. Search strategies identified 49,600 articles, with duplicates identified and deleted using the duplicate function of Mendeley. After screening the titles and then the abstracts, 52 articles were selected for detailed assessment of the full text and 20 were included in this review. Figure 1 presents an overview of the study selection process.



Picture 1: Flowchart of intersections and search results, based on the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA), 2020

Table 1: The review question was developed using the PCC strategy.

Review question	What is the cultural framework available for family caregivers in managing older people living with musculoskeletal pain in the community? What are the cultural-related factors in caring for older people living with chronic musculoskeletal pain in the community?
Population	Older people living with musculoskeletal pain.
Concept	A literature that describes the cultural-related framework and factors in caring for older people living with chronic musculoskeletal pain in the community.
Context	In the community
Study design	A review, quantitative, qualitative, and mixed-method study.

Original research papers of any design that have been published in peer-reviewed journals since 2013 were eligible. The studies had to be published in English. Eligible research focused on family caregivers who are caring for elderly persons who have chronic musculoskeletal pain. Eligible papers highlighted caregivers' experiences and challenges in caring older adults with musculoskeletal pain and challenges for culturally appropriate care for older people.

Papers published before 2013 that did not reveal family involvement in caring for older adults living with chronic musculoskeletal pain were excluded. Opinion/editorial papers/dissertations/ conference papers, as well as those not available in English, were rejected.

The data retrieved from the included publications were arranged into an article matrix that comprised the following information: article title, year of publication, country, journal name, study objectives, type of study, and major findings based on the research question. The table was used to find comparable categories for describing the study's results, as well as to learn about other relevant aspects prior to synthesis and analysis.

Review Results

Description of studies: The type and number of papers identified and the number of papers that were included and excluded should be stated.

Methodological quality: This should be a summary of the overall quality of the literature identified.

Results: This section must be organised in a meaningful way based on the objectives of the review and the criteria for considering studies.

Factors of the family caregivers

Challenges in caregiving

Although caring is frequently meaningful, family caregivers bear significant caregiving difficulties and this problem places additional strain on already overburdened family caregivers to complete their responsibilities (Cooper et al., 2020). Some caregivers are required to care for more than one elderly family member in the same household, a stress that can significantly affect their physical and psychological health, social life, and financial well-being (Phetsitong et al., 2019). It also has an influence on carers' everyday life and can result in negative physical and psychological health outcomes (Duggleby et al., 2016). Plus, caregivers may ignore their social needs to devote more time to their caregiving obligations (Kong et al., 2021). Informal caregivers indicated difficulty going away for vacation because they were anxious about their loved one's safety at home while they were gone and emotionally burden because of a deprived social life (Sun et al., 2021). Research discovered that caregivers with prior training experience were more likely to be influenced in their everyday work than those without might be due to the increased responsibility of care placed on individuals who have been taught, causing difficulty focusing and fulfilling their job (Kong et al., 2021). Caregivers with training carry a significant burden than those without training, maybe because they believe they are obligated to care for the elderly since they have caring knowledge. There may be further increase in caregiver stress among the sandwich generation of individuals who care for both elderly family members and children at the same time (Do et al., 2014).

Carers who got training and provided care for two years or more were 2.10 times more likely to suffer health problems than caregivers who did not get training and provided care for less than two years (Kong et al., 2021). Caregivers prioritise the needs of the care recipient over their own and jeopardise their health and well-being by avoiding healthy lifestyle such as eating a balanced diet, exercising frequently, and attending medical appointments (Sabo & Chin, 2021). As a result of their caring obligations, carers were at risk of injury or exacerbating pre-existing health concerns due to exhaustion, not only has a detrimental influence on their health, but it may also pose a risk to the physical well-being of the elderly (Sun et al., 2021).

Financial assistance is a typical source of assistance for elderly parents (Teh et al., 2014). However, the relationship between caring and health varied according to income (Do et al., 2014). Caregivers were financially pressured because of the high expense of caring and were unable to work due to their caregiving duties (Haya et al., 2018). Caregivers claimed that their dedication to caring activities resulted in job instability and income loss owing to the frequency with which they were absent from work (Sun et al., 2021). Other than that, because of language issues, some carers may be unable to get well-paying work, making their caring more difficult (Miyawaki, 2015). This might be because some employers require their employees to be proficient in their native language. Financial constraints restrict carers from accessing private-pay services that would enable them time for self-care and limit the leisure activities they may engage in (Sabo & Chin, 2021). Higher income was substantially

associated with worse overall quality of life (Haya et al., 2018) might be due to how a person views money and their beliefs about money influence their quality of life.

Caregiving attitudes

Some caregivers expressed frustration at not being able to provide as much care as they would want due to their strong filial responsibilities (Funk et al., 2013; Miyawaki, 2015) but together, they accepted caregiving as their reciprocal commitment for their parents' previous service (Miyawaki, 2015). Cultural expectations about responsibility and dedication to provide care for their loved ones, on the other hand, were quite high among several ethnic communities. For example, an information carer with an Asian background (Sun et al., 2021). However, there is a chance that strong filial responsibility has a favourable influence on caregiver outcomes, possibly for individuals from diverse cultural settings, or the effects on satisfaction with life domains that contribute to overall well-being (Funk et al., 2013). According to Aman et al. (2020), caring for elderly people may be perceived as a source of pride and status if caregiving is viewed as self-sacrificing in one's culture. It means that caregiver outcomes might be related to their own culture, belief, and perception on caring as few caregivers have positive experiences in caring since they saw caregiving as satisfying and other caregivers might not be due to different view on caring. Ethnicity was a characteristic that was independently related with stressed caregivers as Chinese and Indian caregivers reported feeling more stressed than Malay carers (Aman et al., 2020). Individual coping mechanisms of caregivers, as well as social support from informal and official sources, may potentially buffer the negative of stress on self-perceived health and well-being (Funk et al., 2013) One of the mechanisms in addressing the negative parts of the care, faith, spirituality, and religious activities have been identified as a significant coping technique used by carers to deal with stress, anguish, despair, and overload caused by the nursing care process (Couto et al., 2018).

Needs in caregiving

Carers reported feeling abandoned by the official care system for services such as information, referral, maintaining own health as well as respite care (Cooper et al., 2020). Caregivers emphasised the importance of language as it used to assert autonomy and control in situations which means the necessity for culturally specific assistance and services (Cooper et al., 2020). Language and cultural differences were found to be major barriers to formal service utilisation, as well as a lack of proper services and more acculturated caregivers, on the other hand, were more willing to accept official assistance (Miyawaki, 2015). Some of the significant ideas for enhancing caregiving practises were adequate access to care in a preferred language, an increase in the number of formal carers with same race, and greater access to these services (Cooper et al., 2020). Malaysia is one of the popular destinations for low-skilled migrants seeking employment in construction, agriculture, manufacturing, services, and domestic labour (Pocock et al., 2020). Due to a new language, career duties, and a smaller social support network, their immigrant status and new circumstances have made their caregiving duty more challenging (Miyawaki, 2015). Family caregivers also want to be involved in decision-making because they are unsure when drugs should be given or when follow-up visits should be planned and thus are unable to assure that adequate care is in place (Cooper et al., 2020). Furthermore, caregivers stressed the necessity of providing culturally relevant care to their loved ones, such as herbal medication and old people treatments (Sun et al., 2021). Thus, healthcare workers should be able to understand be mindful and respect of their culture care if it does not harm the elderly.

Factors of the healthcare personnel

Cultural appropriate care practices

Nurses can give better care and support to their patients and their families when they understand their patients' cultural origins as it can produce a clear communication that builds rapport and gains the trust of patients. (Bit-Lian et al., 2020). When caring for different patients and their families, language was viewed as a huge challenge (Antón-Solanas et al., 2022) to formal service utilisation among older people and caregivers (Miyawaki, 2015). According to one study, 42 percent of patients are dissatisfied with the clarity and usage of language by health care professionals when conveying post-discharge information (Almutairi, 2015). Language issues also raised in homecare which may cause miscommunication, resulting in a caregiver's failure to satisfy the client's self-care needs and the clients also claimed that it difficult for them to navigate the healthcare system and determine what kind of services were available in the neighbourhood that could best meet their health requirements as a consequence of health literacy problems (Sun et al., 2021). Communication barriers between patients and health care personnel can result in avoidable errors, excessive discomfort, poor quality care, and even death (Almutairi, 2015).

Families also want to be involved in decision-making to assure that adequate care is in place (Cooper et al., 2020). Older people reported that there was a lack of emphasis on collaborative decision-making among healthcare workers and most healthcare workers made choices rather than including elderly persons in the development of care plans (Liao et al., 2023). As a result, effective social interactions between elderly, family carers, and health care workers should be developed to achieve client-centred and increase quality care and strong mutual communication (Liao et al., 2023).

Knowledge on cultural appropriate care

Sun et al. (2021) stated that caregivers reported that their family caregiver’s cultural background influences what they can and cannot do for their loved ones at home, as well as the need of providing culturally appropriate care to their loved ones at home, such as herbal medication or traditional folk treatments. However, they added that healthcare staff do not understand why people use it and believe it is unsafe, but this is merely a part of their tradition that has been passed down from generation to generation. Thus, cultural understanding among healthcare staff remains poor, which may influence both patients and caregivers in terms of how they manage self-care and informal caregiving at home. It is critical that a healthcare professional should be aware and culturally competent, and that he or she can effectively engage with people from many cultures (Almutairi, 2015). Cultural awareness, cultural skills, cultural knowledge, and the healthcare setting are all key determinants for cultural competency, according to research by (Bit-Lian et al., 2020).

Nurses showed a lack of knowledge and abilities to care for varied ethnicity patient and they were occasionally conscious of stereotyping when engaging with patients from cultures other than their own, but they struggled to overcome this difficulty (Antón-Solanas et al., 2022). Plus, healthcare personnel in Malaysia did not have access to Ministry of Health guidelines on cultural competence and in general, their attitude and cultural competency were seen to be acquired on the job (Pocock et al., 2020). Therefore, more emphasis on cultural curriculum should be included into nursing or medical courses (Antón-Solanas et al., 2022; Pocock et al., 2020) as health worker had never undergone formal cultural diversity training at work, medical school or continued professional development which may enable them in providing better care to patients (Pocock et al., 2020).

Organizational support for culturally appropriate care

The core philosophy of family caregivers' "sharing" of caregiving includes caregiving by both family and formal services, as long as these services meet care recipients' needs, are provided by high-quality staff, provide recipients with privacy and a sense of home, and are culturally congruent; however, barriers to formal service use and a lack of appropriate services were discovered, primarily due to language and cultural differences (Miyawaki, 2015). This might be explained by our healthcare system's lack of policy support for cultural care and competency as healthcare personnel in Malaysia did not have access to Ministry of Health guidelines on cultural competence (Pocock et al., 2020). Participant in a study by Antón-Solanas et al. (2022) mentioned (in general) individual attempts to alleviate healthcare disparity but nurses wanted greater help from health management, as well as health decision-makers and policymakers to reduce healthcare disparities.

Discussion

The discussion should include an overview of the results. It should address issues arising from the conduct of the review including limitations and issues arising from the results of the review.

Family caregivers endure various challenges as they strive to provide proper care for their loved one. Studies stated that caregiving stress can significantly affect family caregivers' physical and psychological well-being (Duggleby et al., 2016; Phetsitong et al., 2019). Plus, they ignore their social needs and had deprived social life to devote more time to their caregiving obligation (Kong et al., 2021; Sun et al., 2021). It was discovered that, despite being trained to care, and caring is frequently perceived as meaningful, carers' quality of life was reduced because of the aforementioned burdens. It is possible that existing caregiver training and support are still insufficient to assist them in caring for the elderly while also caring for themselves and their family. It is critical to know the needs of caregivers who care for the elderly, and healthcare workers should be able to provide adequate education and support to them to increase person-centered care for elderly, improve their performance in caring and their quality of life. Person-centred care is a crucial strategy to enhancing the quality of care for community-dwelling older persons by delivering care based on the choices, needs, and preferences of the older people (Liao et al., 2023). This will eventually lead to improved health for both carers and the elderly.

Although caregivers accept caregiving for the elderly as one of their responsibilities, some of them saw it as a difficult task owing to the numerous hurdles put on them. It was reported that the burden was caused by cultural disparities in how people see disease and what it means to care for others (Aman et al., 2020). According to Malay culture and Islam, God's will be above everything, and Muslims should accept hardships since they are viewed as God's will (Jawahir et al., 2021). However, there are caregivers who had coping technique, support and resources viewing caring as great feeling and a way to compensate their parents for rearing them as children. Therefore, during the recommended advice and support actions, healthcare personnel must acknowledge, respect, and value family caregivers. This might be helpful in maintaining and strengthening positive feelings in caring. It is possible that there is inadequate psychological support regarding caregiving from the healthcare personnel which may cause carers to view caring as a tough task.

There is little evidence of different needs for caregivers of different ethnicities. Because carers' differences exist so much, treatments must be customised to the unique needs of the individual caregiver. Caregivers stated a need for assistance from a range of sources such as from healthcare providers as they wanted their requirements to be appraised and the necessary resources deployed (Sabo & Chin, 2021). Practitioners, researchers, and educators must create and evaluate culturally appropriate treatment strategies for a varied caring group (Moon et al., 2020) to bridge the cultural and caregiving

demands which may reduce their burden in caring. Thus, it is essential to investigate the specific needs of carers in multi-ethnic country as Malaysia.

Although Malaysia is a multiethnicity country, there is scarce evidence on how ineffective communication affect the older patient and their family caregivers of different ethnicities. Linguistic barriers may lead to struggle among Malaysian health providers to provide care and comprehend older people and their families from other countries and ethnicities. Plus, due to language difficulties and a lack of interpreters in healthcare institutions, families and elderly people have been excluded from decision-making, and as a result, they are unable to preserve their autonomy in obtaining healthcare treatments. According to Pocock et al. (2020), interventions aimed at improving cultural competency among health personnel should target both migrant and indigenous populations such as interpreters for local Indian Malaysian and Chinese Malaysian communities who do not understand Malay might also help migrant workers from India and China communicate with their doctors. This will eventually have an impact on the quality of service and may result in medical error in our healthcare system.

While working with and providing care to patients of all ethnicities, there is a need of cultural competency training for healthcare staff in Malaysia. However, there is insufficient study on cultural competency among Malaysian healthcare workers because the literature found is from a European setting. Despite the need of cultural knowledge and abilities for transcultural care, healthcare personnel are capable of dealing with problems owing to a lack of training and expertise. Thus, nursing institutions and educators should take an active part in the practical teaching and learning of cultural and indigenous practises, as well as cultural training for nurses and nursing students in clinical, community, and academic settings (Shahzad et al., 2021). Little is known regarding healthcare provider methods for meeting the needs of people from various ethnicities, as well as whether and how policies that encourage communication and understanding (e.g., interpretation systems) are in place/followed (Pocock et al., 2020). Given this gap, it is necessary that health and community organisations have a better insight into cultural competence support so that they may design strategies and policies to assist nurses in providing successful transcultural care.

Conclusion

Implications for practice: Where possible implications for practice should be detailed, but must be based on the documented results, not author opinion. Where evidence is of a sufficient level, appropriate recommendations should be made. Recommendations must be clear, concise and unambiguous.

Implications for research: All implications for research must be derived from the results of this review.

The studies included in this review revealed the existing evidence and framework for family caregivers.Caring challenges, attitudes, and needs all have an impact on family caregivers' responsibilities to care in a various way, including cultural aspects. Family caregivers are also impacted by the healthcare personnel factor, which includes their practises, knowledge, and support for culturally appropriate care for older persons. Cultural considerations are also vital in ensuring that the elderly and family caregivers receive proper care (Cooper et al., 2020). This is extremely imperative to analyse because Malaysian carers are multi-ethnic and heavily impacted by their culture in many parts of their lives. This feature shared among Malaysian caregivers may make it difficult for health care practitioners to offer appropriate support for them, particularly while caring for the elderly. Thus, it is widely considered that any intervention or assistance created for them must be culturally integrated in order to properly meet their needs.

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工作负荷对医务人员离职倾向的影响研究

THE IMPACT OF WORKLOAD OF MEDICAL STAFF TO TURNOVER INTENTION

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摘要

基于资源保存理论，构建工作负荷影响医务人员离职倾向的被调节的中介模型。采用层级回归等方法对 2 个时间点收集的 291 名员工及领导的样本进行了分析。结果表明：工作负荷正向医务人员离职倾向；情绪耗竭中介工作负荷与医务人员离职倾向之间的关系；组织支持感负向调节工作负荷和情绪耗竭之间的关系，亦负向调节工作负荷经由情绪耗竭影响医务人员离职倾向的间接效应。本研究以期维护医院医务人员队伍的稳定，提高医疗服务的水平和质量，促进医疗行业的健康发展。

关键词: 医务人员　离职倾向　情绪耗竭　工作负荷

Abstract

Based on resource conservation theory, this paper constructs a moderated mediation model of the influence of workload on medical staff turnover intention. A sample of 291 employees collected at 2 time points was analyzed using methods such as hierarchical regression. The results showed that: Workload positively affects medical staff turnover intention; emotional exhaustion mediates the relationship between workload and turnover intention; perceived organizational support negatively moderates the relationship between workload and turnover intention, and negatively moderates the indirect effect of workload affecting turnover intention through emotional exhaustion. This study aims to maintain the stability of the medical staff in hospitals, improve the level and quality of medical services, and promote the healthy development of the medical industry.

Keywords: Medical Staff, Turnover Intention, Emotional Exhaustion, Workload

引言

近年来，随着人民对健康重视程度不断加深，以及新冠病毒肺炎等全球性卫生安全风险的影响下，医疗行业成为了全社会关注的焦点。但是，根据《2020 医疗行业人才发展报告合集》，57.9% 的医疗人才表露出寻求新机会的意愿，这对于中国医疗卫生事业可能会造成一系列负面影响，如医务人员短缺、医疗服务质量下降、患者满意度下降等。首先，离职率高会导致医疗机构一些紧缺专业的医务人员短缺，例如急诊医生、重症监护室护士、麻醉医生等（胡艳等, 2019）。这将对医疗服务的质量和效率产生负面影响，甚至可能威胁到患者的生命安全。其次，医务人员离职率高意味着医疗机构中的新员工数量增加，这些新员工可能没有足够的经验和专业技能来提供高质量的医疗服务，进而影响到医疗服务的质量。此外，新员工的工作态度、技能和专业水平可能会不如老员工，这可能会导致患者对医疗机构的满意度下降（张政 & 秦德春, 2019）。因此，为了保证医疗服务的稳定性和可持续性以及保障患者的权益，探索医务人员离职倾向的影响因素十分重要。

在现有研究中，学界通过人力资源配置董茹月等.,（2022）; 张政 & 秦德春（2019）、医务人员工作环境 加瑞等, （2021）、医院家长式领导赵新元等.,（2020）与信息技术压力杨畅等.,（ 2022）等方面对医务人员离职倾向展开研究，但本研究认为，最重要的是需要关注医务人员工作负荷情况。工作负荷是指组织中的员工承担超过一定标准的过多工作任务 （王敏 & 李淑敏, 2017），围绕工作负荷的大多数研究表明，高强度的工作负荷会对员工造成负面的影响。而医务人员的工作通常涉及高度的压力和风险，他们需要承担生命和健康的责任，此外，医疗行业还面临着资源不足、工作量大、时间紧迫和紧急情况的挑战，因此医务人员的工作负荷可能会比其他行业的工作更大，针对医务人员离职倾向的研究更具紧迫性。因此，从工作负荷角度对医务人员离职倾向进行剖析不仅可以了解医务人员高工作负荷的危害，还可以丰富对离职倾向前因的深入探讨。

资源保存理论强调个体会努力获取、留存和保护有价值的资源 （Hobfoll, 1989）。在医疗系统中，当医务人员需要在繁忙的医疗环境下工作，长时间面对工作负荷的压力时，容易出现情感能量消耗殆尽，感觉疲惫、无力和心理压力过大的状态 （Hobfoll, 1989），可能导致出现情绪耗竭的状况。这将进一步导致医务人员在工作中出现疏忽、失误、焦虑等问题，影响到医疗工作的质量和效率，同时也会影响到医务人员的生活质量和工作满意度。这些问题都可能导致医务人员的离职倾向，从而影响到医疗机构的稳定和患者的医疗服务质量。基于此，本研究拟引入情绪耗竭作为工作负荷影响医务人员离职倾向的中介机制。

此外，资源保存理论还强调充足的个体资源能够使员工对自己和外界环境产生积极的评价 （Hobfoll, 1989）。在医疗系统中，当医务人员感到自己得到了充分的工作支持和组织支持时，他们会更容易应对工作中的压力和挑战，提高对工作任务的控制感和自我效能感。这种感受可以促进医务人员充分利用已有的认知资源来处理任务，减少认知资源的浪费和消耗，从而缓解情绪耗竭。这可以提高医务人员的工作满意度和生活质量，减少离职倾向。由此，组织支持感可能是影响医务人员情绪耗竭以及后续行为反应的重要边界因素。

研究目的

本研究以资源保存理论为出发点，深入认识医务人员工作负荷的特点，了解医务人员离职意愿水平，探讨工作负荷对其离职倾向的影响机制，并构建以情绪耗竭为中介变量和以组织支持感为调节变量的模型。对于降低医务人员离职意愿水平、稳定医务队伍以及改善医疗管理具有重要意义。

文献综述

关于工作负荷的前因，Van Leeuwen et al. （2019）发现员工的目标导向会影响其工作负荷的效用，学习目标导向有助于发挥工作负荷对员工的积极作用。DiStaso 和 Shoss（2022）研究发现，员工对工作量变化的预期会显著影响其工作负荷而带来的情绪感知，员工如果预期工作量会下降的话，他们更倾向于接纳与忍受当前的工作压力环境。Ebrahimi et al. （2021） 发现感知社会支持正向影响工作负荷，员工感知到更多的社会支持有利于减少工作负荷带来的消极影响。

工作负荷对组织和员工产生了广泛的影响，但主要表现在消极方面。工作负荷会降低员工的工作投入和工作满意度、降低员工的工作绩效 （Tahir et al., 2012），同时，工作负荷也是员工产生工作倦怠的预测因子 （Weigl et al., 2016）。姚明亮等 （2019） 以建筑工人为研究对象，发现工作负荷正向预测员工的不安全行为。

理论基础与研究假设

1. 工作负荷与离职倾向

工作负荷被定义为个体完成工作任务所付出的生理和心理资源，是个体履行工作职责付出的成本 （Veltman & Gaillard, 1996），是一种职场压力源。由于医务人员在工作时需要面对的复杂人际关系和医患关系，以及工作本身需要承担的医疗风险的压力，医务人员普遍处于高工作负荷的状态 （郭艳梅等, 2020）。工作负荷主要体现在工作的量以及工作的质量方面，工作的量就是给定任务中要求员工完成的工作数量，工作质量就是要求员工完成工作的复杂性，是工作中劳动强度或承受压力的大小（Glaser et al., 1999）。目前有一些研究指出，工作负荷对员工的工作态度以及工作行为具有负面影响。例如，工作负荷对员工的绩效、工作投入等具有负面影响 （Delisle, 2020）；工作负荷也会导致员工不安全行为的发生 （袁乐平, 2018）。

医务人员面临较高工作负荷时，会引起他们对组织以及雇佣关系的负面评价，进而引发他们的一系列负面行为。首先，当个体意识到承担工作负荷会导致自己陷入身体或者心理压力过高的情况时，因为工作要求需要付出更多的体力以及脑力劳动，那么他就更可能采取措施来终止这种工作负荷，因此医务人员会选择离开导致高工作负荷的工作环境，即产生离职倾向 （徐长江, 1999）。其次，工作负荷作为一种典型的工作压力，能够反映出医务人员在工作任务中被要求的努力程度，可能需要为此项工作任务付出大量的时间以及努力，如果医务人员在评估之后认为此项任务不值得付出这么多资源，将工作负荷视为一种阻碍性压力源，阻碍性压力源对员工的负面影响已经成为共识（姜福斌 & 王震, 2022），就会产生离职倾向来进行自我保护。最后是当医务人员将工作任务视为一种工作负荷时，他不认为在医院继续发展能够为

自己带来个人职业生涯的提升。对于具有工作抱负的医务人员来说，他们会倾向于寻求更好的工作机会来促进个人的职业发展，个人的离职倾向提高 （袁庆宏等, 2017）。综上所述，本研究提出假设 1：

H1:工作负荷正向影响医务人员离职倾向。

2. 情绪耗竭的中介作用

个体情绪耗竭来源于多种因素，经受的压力是重要的因素之一。情绪耗竭是倦怠的重要维度，是个体对心理资源耗尽的疲惫感受（Maslach & Jackson, 1984）。情绪耗竭的主要外在表现是消极沮丧以及消极的工作行为等 （席燕平, 2016）。以往的研究指出，情绪耗竭在员工经受的压力事件与员工行为间发挥中介作用，例如，情绪耗竭中介了剥削型领导与员工创新行为之间的关系 （王智宁等, 2023）。

根据资源保存理论，个体面临压力会损耗自己的资源 （Hobfoll, 1989），工作中的压力源常被认为是个体产生情绪耗竭的重要前因 （Qi et al., 2020）。当个体资源受到威胁时会引发紧张和压力感，过度的情绪资源损耗得不到资源补充时便会产生情绪耗竭 （Hobfoll, 1989）。工作负荷作为一种重要的压力源，会造成个体心理资源的损失。首先，医务人员在工作中感觉到过重的工作负荷，会感知到紧张和担忧，引发焦虑、失望等消极情绪，容易引发睡眠障碍，对医务人员造成心理和生理的双重损害。根据资源保存理论，无论是资源的丧失还是获取都遵守 “螺旋性”的原则，拿资源的丧失为例，当个体遭受内外界压力源（如工作负荷）时，个体资源的丧失可能会影响到其他资源，并且这个范围还会逐渐扩大。当资源的过度消耗超过负担上限时，将会产生情绪耗竭。其次，医务人员需要耗费大量时间和精力，投入大量的心理资源去缓解心理压力和焦虑情绪，造成资源过度流失，从而加速医务人员情绪耗竭。

根据资源保存理论，个体具有获取和保存资源的倾向 （Hobfoll, 1989）。当医务人员长期处于心理资源枯竭的状态时，就会产生离开组织的想法来保护自身资源 （赵新元等, 2020）。首先，当医务人员处于情绪耗竭状态时，因为个体资源耗尽难以继续进行工作会倾向于采取自我保护措施，而离职对于医务人员来说是降低心理资源损耗的良好选择 （Grandey & Melloy, 2017）。其次，情绪耗竭的医务人员通常认为自己难以接受资源的损失，他们会考虑自己是否适合在该工作岗位上继续进行工作，认为改变目前的工作状态或者离开本工作岗位是一个保护资源的良好做法。综上所述，本文拟引入情绪耗竭作为工作负荷对医务人员离职倾向影响过程中的中介机制。由此，本研究提出假设 2：

H2：情绪耗竭在工作负荷与医务人员离职倾向之间起中介作用。

3. 组织支持感的调节作用

组织支持感被定义为员工感知到的组织对其幸福的关注和对其贡献的评价 （Eisenberger et al., 1986）。组织支持感主要表现在员工对组织是否关心自身的利益、是否为自身遇到的困难提供帮助、是否为自身提供良好工作环境三个方面的感知 （Eisenberger et al., 1986）。此前有许多学者将组织支持感作为调节变量进行研究，例如组织支持感正向调节了员工建言效能感对员工建言行为的影响；组织支持感在工作价值观契合对组织公民行为的影响中发挥调节作用 （朱述美等, 2022）。

基于资源保存理论的视角，个体特征的差异决定了不同员工在经历相同工作负荷时会产生不同水平的情绪耗竭。医务人员得到或者失去资源都会影响到个人的情绪以及工作行为，医务人员经历高工作负荷时，会造成心理资源的不断流失。组织支持感是员工感受到的积极的组织承诺，会让员工体会到更多被组织和同事们关心的感受，这种被关心的感受能够为员工提供心理资源，使其资源得到补充（文吉 & 侯平平, 2018）。因此，可以推测组织支持感能够调节工作负荷对医务人员情绪耗竭的正向影响。首先，医务人员感受到的组织支持可以视为对心理资源的补充，高组织支持感的医务人员会感受到来自组织的情感支持与关怀，对因工作负荷而损耗的心理资源进行弥补，进而避免其产生情绪耗竭的负面状态（Rhoades & Eisenberger, 2002）。高组织支持感的医务人员由于感受到组织关心自己的利益，即便在经受工作负荷时也会认为组织会关心自身资源的损失，在遇到工作上的困难时也会相信会收到组织的帮助，不容易因为工作的高负荷而陷入情绪耗竭。其次，高组织支持感的医务人员认为组织为自己提供了良好的工作环境，优良的工作环境能够改善医务人员的消极情绪，降低工作负荷带来的影响。

相比之下，低组织支持感的医务人员认为自己没有接受到来自组织和同事关心和支持（Rhoades & Eisenberger, 2002），在经历工作负荷导致心理资源流失时，基于资源保存理论的"螺旋性"原则，其心理资源会流失的更快，更容易情绪耗竭。他们认为现有的资源并不能完成工作任务的要求，倾向于保护自身资源，并且由于他们感知到的低组织承诺水平，他们难以从组织内获取到足够的资源（Lambert, 2000）。当面临高工作负荷时，低组织支持感的医务人员由于缺乏组织对其积极心理资源与工作资源的及时供给和补充，会因为这种高工作压力水平进入情绪耗竭状态。综上所述，基于具有不同水平组织支持感的医务人员对于工作负荷会有不同的反应，本研究提出假设 3：

H3：组织支持感负向调节工作负荷和情绪耗竭之间的关系，当组织支持感较低时，工作负荷对情绪耗竭的正向影响加强。

在假设 2 中本研究提出了情绪耗竭在工作负荷与工作负荷之间的中介作用，结合假设 3 的分析，医务人员的组织支持感调节了工作负荷与情绪耗竭之间的关系。可以推测，高组织支持感能够缓和工作负荷经由情绪耗竭对医务人员的离职倾向的影响。当医务人员的组织支持感较高时，工作负荷与情绪耗竭之间的关系减弱。当组织支持感比较高时，医务人员会相信组织会注意到自己的付出并且给予相对应的奖励，不容易陷入心理资源损失的状态，也不太可能产生离职倾向。相反，若组织支持感较低，医务人员并没有感受到来自组织的关心，当其面临内外压力源时就更容易陷入心理资源损失，进而采取保护措施来维持自己的资源，产生离职倾向。综上所述，本研究进一步分析，组织支持感会影响医务人员的工作负荷对情绪耗竭的正向影响进而影响医务人员离职倾向。由此，本研究提出假设 4：

H4：组织支持感负向调节工作负荷经由情绪耗竭影响医务人员离职倾向的间接效应。当组织支持感较低时，该间接效应加强。

综上所述，本研究构建理论模型如图 1 所示。

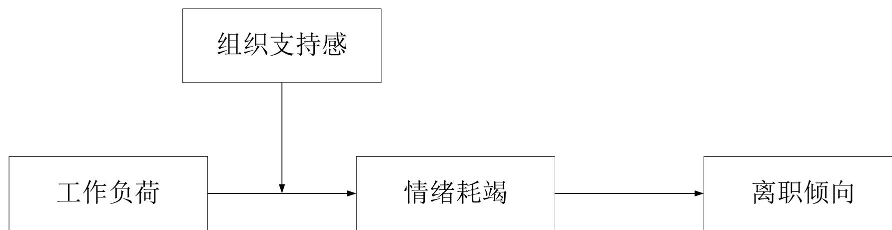

图 1: 理论模型

研究方法

在深入探讨大量文献和实际材料的基础上，本研究运用文献综述、问卷调查和统计分析方法，得出了研究结果。

1. 文献调研法

通过搜集有关医务人员工作负荷和离职倾向的国内外文献，详细了解该领域的研究历史和现状，总结了目前的研究成果，为构建理论模型奠定了基础。

2. 问卷调查法

基于已有的文献资料，建构理论模型并提出研究假设，随后设计了相应的问卷调查。通过向受试者分发问卷收集了第一手数据。

3. 统计分析法

采用 SPSS 数据分析统计软件对获得的 265 份有效问卷数据进行了分析，包括描述性统计分析、信度和效度分析、回归分析、中介效应检验以及调节的中介效应分析等，以验证数据对研究的支持程度。

研究对象和过程

使用网上数据收集平台“问卷星”整合了量表，并生成了调查问卷链接，以便后续的发放和填写工作。在问卷的指导语中，说明了本研究的填写规范和本次调研的目的和流程，并保证了调查的匿名性和隐私性，以提高问卷的有效性。通过 QQ、微信等渠道筛选被试并发放问卷链接，并采用“滚雪球”的方式请求被试邀请符合问卷要求的同事和朋友进行填写，以扩大研究样本。所有参与本研究调查的被试都是医疗机构中的医务人员，我们向每位参与调查的医务人员发放了红包。此外，本研究在两个不同的时间点进行了数据收集，以减少共同方法的偏差。在时间点 1，我们请医务人员填写人口统计因素、工作负荷和组织支持感。

在时间点 1 共发放了 330 份问卷，共计收回问卷 291 份，回收率为 88.18%。在一个月后的时间点 2，按照时间点 1 中被试留下的联系方式，邀请他们继续报告情绪耗竭和离职倾向。在时间点 2 共发放问卷 291 份，共计收回 274 份，回收率为 94.16%。我们剔除了 9 份不属于医疗机构的医务人员、时间不超过 90 秒、答案有明显矛盾问题、数据缺失以及匹配失败等的无效问卷，最终收集了 265 名医务人员的问卷数据。在最终回收的有效样本中，性别以男性为主，共 151 人，占 56.98%；年龄以 25 岁及以下为主，共 79 人，占 29.81%；教育程度以大学本科为主，共 103 人，占 38.87%；工作年限 1-5 年为主，共 85 人，占 32.08%。研究采用的

测量工具均来源于国外成熟量表，采用标准的翻译-回译程序进行调整。量表均采用李克特 5 点计分法，范围从 1=非常不同意到 5=非常同意。工作负荷采用 Peterson 等 （1995） 开发的量表，共 5 个题项，包括：“我感觉自己的工作角色太多太累了”等。在本研究中，工作负荷的内部一致性系数为 0.870。情绪耗竭采用 Watkins 等 （2014） 使用的量表，共 3 个题项，包括：“工作让我感觉情绪枯竭” 等。在本研究中，情绪耗竭的内部一致性系数为 0.817。组织支持感采用 Shanock 和 Eisenberger （2006） 开发的量表，共 6 个题项，包括：“我所在的组织看重我为其发展所做出的贡献” 等。在本研究中，组织支持感的内部一致性系数为 0.902。离职倾向采用 O’ Reilly 等 （1991）开发的量表，共 4 个题项，包括：“我倾向于找一份比现在更理想的工作” 等。在本研究中，离职倾向的内部一致性系数为 0.912。本文控制了被试的性别，年龄，学历，以及组织任期。

研究结果

1. 验证性因子分析

采用验证性因子分析考察工作负荷、组织支持感、情绪耗竭、离职倾向的区分效度，结果见表 1。根据表 1，四因子模型 （χ^2/df = 2.42 CFI = 0.94, TLI = 0.93, RMSEA = 0.07） 的拟合指标明显好于其它嵌套模型，该分析结果表明本研究的测量能够很好地将变量进行区分。

表 1: 验证性因子分析

模型	χ^2	df	χ^2/df	$\Delta\chi^2$（Δdf）	CFI	TLI	RMSEA
四因子模型	311.49	129	2.42		0.94	0.93	0.07
三因子模型	474.46	132	3.59	162.97***（3）	0.88	0.87	0.10
二因子模型	1364.25	134	10.18	1052.76***（5）	0.58	0.52	0.19
单因子模型	1735.09	135	12.85	1423.60***（6）	0.46	0.38	0.21

注： ***p<0.001，下同。四因子模型：工作负荷、组织支持感、情绪耗竭、离职倾向；三因子模型：工作负荷+组织支持感、情绪耗竭、离职倾向；双因子模型：工作负荷+组织支持感、情绪耗竭+离职倾向；单因子模型：工作负荷+组织支持感+情绪耗竭+离职倾向。“+” 表示融合。

2. 述性统计分析

各研究变量的平均值、标准差以及相关系数见表 2。

表 2: 研究变量的均值、标准差和相关系数

变量	M	SD	1	2	3	4	5	6	7
1.性别	1.57	0.50							
2.年龄	2.31	1.07	0.06						
3.学历	2.65	0.88	0.06	-0.29**					
4.工作年限	2.54	1.05	0.12	0.64**	-0.36**				
5.工作负荷	3.58	1.01	0.00	0.43**	-0.06	0.28**			

变量	M	SD	1	2	3	4	5	6	7
6.组织支持感	3.43	1.11	0.04	-0.04	0.05	0.03	-0.12*		
7.情绪耗竭	3.58	1.09	0.01	0.31**	-0.05	0.23**	0.52**	-0.26**	
8.离职倾向	3.51	1.25	-0.06	0.12*	-0.10	0.14*	0.49**	-0.23**	0.44**

注： * p<0.05，** p<0.01，下同。

3. 假设检验

为了检验直接效应和间接效应假设，本研究采用了层级回归法。具体结果如表 3 所示。根据模型 4 可知，工作负荷对医务人员离职倾向有着显著的正向影响（r＝0.672，p<0.001），H1 得到了数据支持。为了检验工作负荷、情绪耗竭与医务人员离职倾向之间的关系（H2），将控制变量和工作负荷同时进入以情绪耗竭为因变量的回归方程。根据模型 1 结果可知，工作负荷正向影响情绪耗竭（r＝0.510，p<0.001），随后，将控制变量、工作负荷和情绪耗竭同时进入以医务人员离职倾向为因变量的回归方程。根据模型 5 可知，情绪耗竭正向影响离职倾向（r＝0.240，p<0.01）。此时，工作负荷对医务人员离职倾向的正向影响仍显著（r＝0.570，p>0.001）。这表明情绪耗竭中介了工作负荷对医务人员离职倾向之间的关系，H2 得到了初步支持。

最后，本研究利用 SPSS 26.0 的 PROCESS 3.1 插件，采用 Bootstrap 方法进行 5000 次重复抽样，对中介效应的稳健性进行进一步检验，计算间接效应在 95% 水平下的置信区间。对于“工作负荷→情绪耗竭→离职倾向” 的中介路径，间接效应值为 0.159，95% 置信区间为 [0.083, 0.249]，置信区间不包括 0，说明此间接效应显著，H2 得到进一步验证。

为了检验调节效应，先对工作负荷和组织支持感进行了中心化处理，得到了两者的交互项。接着，本研究采用层级回归分析来检验组织支持感的调节作用，结果如表 3 所示。从模型 2 可知，工作负荷与组织支持感的交互项显著影响情绪耗竭（β = -0.205，p<0.001），支持了 H3。

随后，为了进一步检验组织支持感对于工作负荷与情绪耗竭之间关系的调节效应型态是否与先前预期一致，本研究将绘制简单斜率图并进行简单斜率检验。分别选取工作负荷以及组织支持感的平均数减去一个标准差的值，代入回归模型中，得到了简单斜率图（见图 2）。在低组织支持感下属的条件下，工作负荷对情绪耗竭有着显著的正向影响（b = 0.788，p<0.001），而当医务人员的组织支持感较高时，工作负荷对情绪耗竭的正向影响相对较弱（b = 0.242，p<0.01），H3 得到进一步验证。

表 3: 层级回归分析结果

因变量	情绪耗竭		离职倾向		
	模型 1	模型 2	模型 3	模型 4	模型 5
性别	0.001	0.003	-0.180	-0.133	-0.147
年龄	0.087	0.083	0.057	-0.216*	-0.233**
学历	0.019	0.059	-0.057	-0.122	-0.099
任职年限	0.044	0.067	0.125	0.098	0.086

因变量	情绪耗竭		离职倾向		
	模型 1	模型 2	模型 3	模型 4	模型 5
工作负荷	0.510***	0.496***		0.672***	0.570***
组织支持感		-0.206***			
情绪耗竭					0.240**
工作负荷×组织支持感		-0.205***			
R^2	0.284	0.368	0.034	0.268	0.366
ΔR^2	-	0.084	-	0.234	0.332

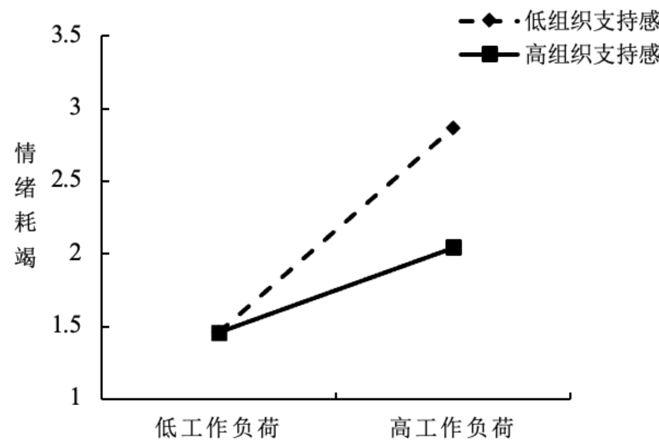

图 2: 组织支持感对工作负荷与情绪耗竭之间关系的调节效应图

探讨组织支持感在工作负荷与医务人员离职倾向之间的中介作用中是否具有调节作用，是假设 4 的研究重点。根据表 4 可知，当组织支持感较低时，情绪耗竭在工作负荷与医务人员离职倾向之间所起的间接效应显著（间接效应为 0.246，95% 置信区间为[0.119, 0.391]）；在组织支持感较高时，情绪耗竭在工作负荷与医务人员离职倾向之间的间接效应显著（间接效应为 0.075，95%c 置信区间为[0.021, 0.139]）。此外，不同组织支持感水平下，情绪耗竭的间接效应差异也显著（差值为-0.064，95% 置信区间为[-0.115, -0.023]），表明组织支持感对情绪耗竭在工作负荷与医务人员离职倾向之间的中介作用进行了调节。因此，H4 得到了验证。

表 4: 被调节的中介效应分析结果

路径	调节	Effect	Boot SE	95% CI
工作负荷→情绪耗竭→离职倾向	高组织支持感	0.075	0.030	[0.021, 0.139]
	低组织支持感	0.246	0.070	[0.119, 0.391]
	差值（*D*）	-0.064	0.024	[-0.115, -0.023]

讨论

本文在以往研究的基础上，以医务人员为研究对象，基于资源保存理论，探究工作负荷对其离职倾向的影响，并通过实证分析进行了验证，得出了以下结论：工作负荷正向影响医务人员离职倾向；情绪耗竭在工作负荷与医务人员离职倾向之间起中介作用；组织支持感负向调节工作负荷和情绪耗竭之间的关系，当组织支持感较低时，工作负荷对情绪耗竭的正向影响加强。组织支持感负向调节工作负荷经由情绪耗竭影响医务人员离职倾向的间接效应。当组织支持感较低时，该间接效应加强。

总结与建议

1. 理论意义

首先，本研究丰富了工作负荷对医务人员离职倾向关系方面的研究。以往的研究在探讨离职倾向的前因变量时，主要关注人口统计信息、个人特质、个体感知和组织因素等方面，例如性别、年龄、资质过剩感、领导风格等（翁清雄等, 2016）。虽然这些研究取得了一定的成果，但是目前较为缺乏从个人感知的视角对离职倾向的探索，工作负荷作为个体与工作环境之间的交互作用结果，对于个体的行为和心理状态产生重要影响，本研究假设并证明了工作负荷对于离职倾向是重要的前因变量，并对二者关系与影响范围界定作出了深度探讨。因此，本研究不仅丰富了工作负荷对离职倾向的影响，而且还提供了新的视角和思路，拓展了离职倾向研究的领域和范围，有助于为未来的研究提供更加全面、深入的认识。同时，以往的离职倾向研究多数针对普通员工或特定职业人群，很少有关注医务人员的离职倾向及其相关影响因素的研究。本研究采用医务人员作为研究对象，对离职倾向的前因研究情境进行创新，为医疗行业的人力资源管理提供参考。

此外，本文分析和检验了工作负荷对医务人员离职倾向产生影响的过程机制，揭示了这一机制中情绪耗竭的作用过程。现有文献中对于离职倾向的研究多从工作控制感与个体差异视角进行研究（李春玲等, 2021），但是这些视角忽略了医务人员个体资源的复杂心理层面。基于此，本研究基于资源保存理论，解释不同因素对个体资源消耗和恢复的影响，能够更好地解释与工作负荷对医务人员离职倾向的影响路径，超越了以往研究探究离职倾向中介机制的限制，如角色冲突、变革态度、工作满意度、工作不安全感等（霍苗苗等, 2022; 谭新雨等, 2017; 许树沛 & 黄蓉, 2022; 卓丽军等, 2021），引入情绪耗竭这一中介变量对医务人员和离职倾向之间的关系路径进行阐述，拓展了资源保存理论的应用边界。

最后，本研究进一步检验和揭示了组织支持感在工作负荷通过情绪耗竭进而影响医务人员离职倾向过程机制中的调节作用，进一步扩展了医务人员离职倾向前因研究的内容边界，深入探讨了这一传导机制中影响加强和减弱的效果过程。以往对于工作负荷对其他变量的研究中，多以控制点与情感信任、多重任务趋向与职场韧性等展开调节（汤小丽等, 2022; 王敏 & 李淑敏, 2017; 王玮 & 宋宝香, 2017），本研究选择组织支持感作为调节变量，补充了该传导路径中的医务人员主观感受与工作环境动态变化的研究缺口，对医务人员工作环境中的组织中领导者、同事、工作环境等多种因素的进行综合考量，更全面深入地解释工作负荷对医务人员离职倾向影响的变化机制，拓展了工作负荷影响中调节变量的现有研究。

2. 实践意义

首先，本研究能够帮助意识到降低医务人员离职倾向降低的必要性。降低医务人员离职倾向需要多方的共同努力，组织和管理者需要重视医务人员的工作环境和资源支持，同时关注医务人员的情绪状态，提高组织的支持度和管理水平，医务人员也需要从自身出发，认识到自己的压力和情绪状态，并主动寻求支持和帮助。具体来说，组织可以通过提供更加有利的工作环境和资源支持来缓解医务人员的工作压力，同时关注医务人员的情绪状态，如提供心理咨询等帮助措施。管理者可以通过理性分配工作任务，根据医务人员的实际能力和工作负荷调整工作量，提供培训和支持，增加医务人员的自主感和归属感。医务人员则可以通过合理安排工作和生活时间，寻求社会和家庭的支持，主动沟通和表达自己的情绪和需求，以及提高自身的应对能力和抗压能力来缓解工作压力和情绪疲劳。通过多方共同努力降低医务人员离职倾向，可以提升医疗服务的质量和效率，保障医疗服务的稳定性和持续性。

其次，本研究能够帮助理解到减少医务人员情绪损耗的必要性。研究结果发现，减少医务人员的情绪损耗能够有效降低离职倾向，这对维护医疗系统稳定运行、提高医疗服务质量和保障公众健康至关重要。组织可以通过提供必要的资源和支持，改善工作环境和减少工作负荷来降低医务人员的情绪损耗。管理者可以建立沟通渠道、加强人力资源管理和培训，提高医务人员工作积极性和满意度。医务人员本身也可以通过有效的情绪管理技巧和自我调节能力，减少情绪消耗和提高工作效率。因此，减少医务人员情绪损耗具有重要意义，可以为医疗系统的可持续发展和公众健康服务提供保障。

最后，本研究能够帮助理解到增强组织支持感研究的必要性。通过本研究中研究组织支持感在工作负荷对医务人员离职倾向的调节效应，可以帮助组织和管理者更好地了解医务人员的工作环境和需求，从而提高医疗机构的组织文化和管理水平。基于此医疗机构可以提供针对性的干预策略，例如提供必要的资源和支持，如培训和教育、信息技术、心理健康支持等；促进有效的沟通和信息共享，建立开放、透明的工作环境，确保医务人员能够得到及时和准确的信息；建立公正的激励机制和福利体系，如提供合理的薪资、福利和晋升机会等促进医务人员的工作满意度和幸福感。通过提高医务人员的组织支持感，调节工作负荷经由情绪耗竭影响医务人员离职倾向的间接效应，能够提高医务人员工作满意度和幸福感，提升其工作绩效和质量，保障医务人员的身心健康，促进其工作效率和职业发展。

3. 研究不足与展望

本研究也存在一定的局限性，期待在以后的研究中能加以完善。首先，本研究只调查了中国的医务人员，未来研究可以以不同国家和地区的医务人员为样本。此外，本研究未控制医务人员的单位性质，未来研究可针对不同单位性质的医务人员进行分析研究，例如，私立医院的医务人员工作负荷相较于公立医院可能会更大，进而更容易产生离职倾向。

其次，本研究基于资源保存理论研究了工作负荷对医务人员离职倾向的影响。未来还可以基于更多视角进行深一步的探索，例如社会认同理论、情感事件理论等。此外，本研究只使用了单一中介变量情绪耗竭进行探讨，在未来的研究中可以对该影响路径机制进行更深层次的分析。例如，采用情绪-认知双模型进行讨论，可以更深度地解释工作负荷对医务人员离职倾向的作用传递机制。

最后，本研究只探索了组织支持感这一调节变量在工作负荷对医务人员情绪耗竭及离职倾向的行为关系中的调节作用。但在这一关系路径中，还存在医务人员人格特质、领导风格等调节变量。例如，高责任感医务人员可能会因为自身工作责任感更重而增加工作负荷对情绪耗竭的影响。基于此，本研究鼓励未来继续探索二者的潜在边界条件。

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