

The Relationship between Work-Family Conflict, Job Demands, and Resilience towards Job Burnout among Nurses in Selangor

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Abstract: The growing rate of occupational stress was rising, and burnout in healthcare has become a global concern. Burnout among healthcare professionals was now recognized as a significant public health issue. Most people who work in health care, especially nurses, had vital in preventing and controlling infections, isolating patients, and purposes outbreaks. The study identified the relationship between work-family conflict, job demands, and resilience toward job burnout among Selangor nurses. The quantitative method was used in the research. The survey has been conducted in Selangor, and the response rate was 210 respondents. Both primary and secondary data were used in this research. The information gathered from the online surveys was analyzed using Microsoft Excel and the Statistical Package for Social Science (SPSS) to obtain reliable findings for the data analysis process. The findings show that there was a relationship between work-family conflict, job demand, resilience, and job burnout. According to the data analysis, the result showed a positive correlation which was a positive relationship between work-family conflict, job demand, resilience, and job burnout. Most medical healthcare workers were burnt out, and their "voices of fatigue" had been louder on social media. However, this study had to be conducted in a big area and in more hospitals. The Malaysian Ministry of Health used this research's results to comprehend better the existing situation and craft initiatives to lessen healthcare professionals' feelings of burnout. This created awareness for the public about the problems or challenges in the healthcare sector.

Keywords: Work-family conflict, Job demands, Job burnout, Healthcare industry

1. Introduction

After the COVID-19 pandemic, people worldwide are becoming more health-conscious about the modern lifestyle, which has sparked a trend in which people are frantically looking for methods to increase and improve their healthy lifestyle. As people are more aware of the need for better healthcare services, the healthcare industry has undergone considerable changes. Hence, as physician technology has grown, the living level has risen, resulting in longer life spans and fewer chronic illnesses (Han *et al.*, 2015). According to The source of Malaysia Official Statistics (2021), Malaysia is becoming an aging nation. The annual population growth rate increased by 0.2% from 2020 to 2021, and the portion of the population aged 65 also rose from 7.0% to 7.4%. At the same time, the median age climbed from 9.3 years in 2020 to 29.6 years in 2021. The healthcare industry has grown because of the rising demand for healthcare services. Consequently, the healthcare business has moved from relatively stable to more complicated (Othman & Nasurdin, 2011). Thus, the constantly altering situation in the sector and the escalating labour conditions getting more precarious have put much strain on hospitals (Portoghese *et al.*, 2014).

As a "high-hazard" occupation, healthcare necessitates constant attention on the part of professionals since every action they do has direct consequences for patients. While based on the rising demand for healthcare services after the Covid-19 pandemic, it had to cause healthcare nurses to need to pay double attention compared to before and increased job demand. Thus, healthcare workers are likely to get tired of their jobs because of mental strain and the extra stress that comes with working (Siti Aisyah Panatik *et al.*, 2019).

Burnout among healthcare professionals is now recognized as a significant public health issue Society *et al.* (2019), and Holdren *et al.* (2015) identified burnout as one of the challenges nurses enter. In addition, job burnout is a prevalent condition induced by chronic stress brought on by high job demand (Demerouti & Bakker, 2011), and that sustained stress can lead to burnout (Maslach & Jackson, 1981). WHO research (2019), identified burnout as an occupational health issue and the 11th International Classification of Diseases (ICD-11) Revision reflects this. Burnout is a situation produced by continuous professional stress that is not handled correctly, degrading healthcare professionals' mental health and thinking of leaving their job (Shanafelt *et al.*, 2012). While Ghislieri *et al.* (2017) found that job burnout contributes to nursing shortages worldwide, creating a massive gap among the required and accessible nurses to overcome healthcare services.

In addition, Malaysia has a well-functioning two-tier healthcare system, with a government-run system coexisting with a commercial system. Malaysia has become a significant destination for medical tourism in the area because of its well-established private healthcare facilities, backed by knowledgeable and globally recognized physicians and well-trained medical personnel. Still, experimental breakthroughs have revealed that job burnout among Malaysian healthcare personnel is increasing, despite the industry's overall economic improvement. According to certain studies, Malaysia's healthcare business is experiencing a 25 per cent shortage of healthcare workers owing to job burnout (Goh & Marimuthu, 2016). Burnout is also a significant issue for healthcare workers and has worsened with the Covid-19 epidemic (Lu *et al.*, 2020). As a result, work burnout among healthcare personnel in Malaysia remains a critical problem that must be addressed.

Healthcare professionals, particularly nurses, have relationships with those patients (Bao *et al.*, 2020). Thus, increasing demand for healthcare services may hurt nurses' physical and emotional health. (G. D. Smith *et al.*, 2020). In Selangor's healthcare business, work exhaustion has worsened because of the workforce shortage, which is a significant problem. The majority of nursing homes and assisted living facilities (ALFs) surveyed by the American Health Care Association and the National Center for Assisted Living (AHCA/NCAL) in 2021 said that their personnel situation had worsened (Bailey, V., 2021). Government hospitals and clinics have reported a lack of nurses, according to (Health Minister Khairy Jamaluddin, 2022). Some of the nurses are requested to work overtime working hours due to

the shortage of nurses, burnout among healthcare workers and high quantity of job demand (Kanyakumari, 2019). Malaysia is experiencing a nursing shortage, which must be handled swiftly to avoid a future disaster.

In addition, burnout is associated with work-family conflict when individuals cannot manage dual duties at work and home. Arguments or misunderstandings in relationships, not sufficient time spent at home, and an increase in responsibilities at work are just a few examples of how tensions between work and family life may contribute to feelings of weariness and sadness (Rubab, 2017). However, during the Covid-19 pandemic, healthcare workers also worry about spreading the virus to their families as they are under the risk of infection category (Shanmugam *et al.*, 2020).

Healthcare professionals have an increased likelihood of being infected with COVID-19 due to the virus's primary mode of transmission, which is close personal contact. Numerous research has also shown that the COVID-19 outbreak has caused sadness and anxiety among medical personnel (Wu *et al.*, 2020). COVID-19 has produced an illness that has spread over the globe and is now a health disaster (D. Hu *et al.*, 2020). Furthermore, most healthcare personnel's responsibilities include caring for patients for lengthy periods; as a result, it would be stressful and even dangerous for them. Excessive occupational stress, particularly among nurses, has sparked much research (Martín-Del-Río *et al.*, 2018; Clegg, 2001; Woo *et al.*, 2022).

Fear, worry, sadness, and burnout are common feelings experienced by those who work in health care because of the high risk of contracting this virus among their patients and the intimate contact that health care professionals, particularly nurses, have with those patients (Bao *et al.*, 2020). Most people in the medical field are nurses, and they've always played a major role in protecting the public's health by preventing the spread of disease and ensuring its containment (D. Hu *et al.*, 2020; Said & Chiang, 2020; G. D. Smith *et al.*, 2020). Signs of stress that may be harmful to physical and mental health are more common among nurses who work in environments where there is a high demand for their services but limited resources (G. D. Smith *et al.*, 2020). Besides that, it is crucial to keep nursing personnel mentally well to control contagious infections (Xiang *et al.*, 2020).

In Selangor's healthcare business, work exhaustion has worsened because of a manpower shortage, which is a significant problem. The majority of nursing homes and assisted living facilities (ALFs) surveyed by the American Health Care Association and the National Center for Assisted Living (AHCA/NCAL) in 2021 said that their personnel situation had worsened (Bailey, V., 2021). Given that the "Level of Care," which may range from 5.7% to 95.6%, is exceeded by the frequency with which patients attend the Department of Emergency and Trauma (ETD), ETD often has a shortage of healthcare professionals (Muhammad Nur, A. & Anuar, H.S., 2020). Malaysia is experiencing a nursing shortage, which must be handled swiftly to avoid a future disaster. Government hospitals and clinics have reported a lack of nurses, according to (Health Minister Khairy Jamaluddin, 2022). According to some of the interviews with physicians who work in government hospitals and clinics, being short-staffed is an understatement, and others are struggling with the high quantity of job load. Another medical officer stated that the present patient-to-nurse ratio has considerably beyond the World Health Organization's standard, as several clinical staff and nurses have to work overtime working hours due to a shortage of personnel, exacerbating burnout among medical staff and jeopardizing medical care (Kanyakumari, D. 2019).

In addition, burnout is associated with work-family conflict when individuals cannot manage dual duties at work and home. Arguments or misunderstandings in relationships, insufficient time spent at home, and an increase in work tasks are just a few instances of how work-family difficulties may lead to emotions of exhaustion and unhappiness (Rubab, 2017). However, during the pandemic Covid-19, healthcare workers also worry about spreading the virus to their families as they are under the risk of infection category (Shanmugam *et al.*, 2020). Therefore, to achieve the research objectives the level of work-family conflict, job demands, resilience and job burnout in nurses in Selangor. Consequently, the

significant relationship between work-family conflict, job demands, and resilience toward job burnout in the healthcare industry in Selangor.

The study discusses the relationship between work-family conflict, job demands and resilience to job burnout among nurses in Selangor. This study will be conducted among nurses that work in hospitals in Selangor. The survey for this research will be disseminated through social media platforms, and responses will be gathered using a Google Forms survey with prepared questions. Then, data will be analyzed by using SPSS statistical software.

This research study reveals that situational influences and healthcare well-being significantly affect healthcare employees. The Malaysian Ministry of Health is pursuing this opportunity by analyzing the study's findings and data to identify the reason for job burnout among healthcare staff. Furthermore, the results of this research will be used by the Malaysian Ministry of Health professionals in Malaysia need further research on the causes of and solutions for burnout in the healthcare industry. This research helps to create awareness for the public about the problems or challenges in the healthcare sector. In addition, this research also implements public be more cherish to the healthcare sector that provides their best services to the public.

2. Literature Review

2.1 Job Burnout

Being emotionally exhausted, cynical, and believing that one's efforts at work will yield no positive outcomes are job burnout effects (Maslach & Jackson, 1981).

(a) Definition of job burnout

Maslach and Goldberg (1998) defined burnout as "a psychological condition of emotional weariness, depersonalization, and reduction in personal success" based on a multi-dimensional model. Emotional tiredness, dissociation, and a reduction in self-development are the three symptoms of burnout syndrome (Freudenberger, 1974; Jackson, 1997). Stress builds up because of life's bad or hard occurrences, and it may cause us to be emotionally exhausted and depleted.

According to research by Duarte *et al.* (2020), most healthcare employees reported burnout last 2years due to the COVID-19 pandemic. Global healthcare personnel's physical and psychological well-being is severely affected by the unanticipated COVID-19 pandemic. Thus, the pressure on healthcare workers has grown because of the COVID-19 pandemic since they deal with higher workloads daily.

While in Malaysia, pandemic weariness has gripped the public, particularly healthcare staff who have been dedicated to their jobs and working long hours since early 2020. Instead, the standard of procedure (SOP) that must be obeyed has also increased the stress level of healthcare workers. Thus, most medical frontline workers, especially nurses, are already burnt out, and their "voices of fatigue" have recently been louder on social media.

2.2 Work-Family Conflict

Work-family conflict occurs when: (a) time are not well allocated and causes individual cannot to fulfill the needs of one another; (b) parts of involvement that cause an individual hard to balance the needs of another (c) it is tough to satisfy the standards of one function because of activities required by another.

(a) Definition of work-family conflict

The term "work-family conflict" was used by Kahn *et al.* (1964) to describe a specific sort of "Interpol conflict" in which responsibilities in the professional and personal spheres clash. Individuals are hard to participate in both parts, such as work and family. As mentioned above, the primary forms of work-family conflict are time-based, strain-based and behavior-based.

When it comes to the time and strain-based tensions between the workplace and home life, shift work is a major contributor (Greenhaus & Beutell, 1985). Earlier research has shown that this concurs typically occurs in nurses who work shifts compared to non-shift employees (Grzywacz *et al.*, 2006; Mauno *et al.*, 2015).

The working environment has a big impact on the tension among Malaysian nurses. According to recent qualitative research by (Sabil *et al.*, 2016), work-family conflict among hospital nurses is exacerbated by shift work. In a recent study by Nurumal *et al.* (2017) nurses' work-life balance suffers significantly when they are required to perform fixed shifts rather than rotating or multiple shifts. The restricted time allocated to family time and their me-time might be the weakness of shift work on work-family relationships (Rosiello & Mills, 2015).

2.3 Job Demand

According to Rodell and Judge (2009), job demands may be classified as hindrances or demands. Both types of job demands are considered stresses that can impact employee well-being and behavior.

(a) Definition of job demand

Job expectations that hinder personal advancement and interfere with or obstruct one's capacity to attain cherished goals are known as hindrances to job demands. Job demands also can become job stressors if they involve much effort and are associated with high expenses, which can lead to negative emotions, including anxiety, sadness, and even burnout (Rodell & Judge, 2009; Schaufeli & Bakker, 2004).

As a result, healthcare employees are exposed to various psychosocial risks arising from job expectations and circumstances while providing their service (International Labour Organization, 2000; National Institute for Occupational Safety and Health, 2017). When the job's criteria do not match the worker's abilities, resources, or demands, these threats become much more hazardous (The National Institute for Occupational Safety and Health, 1999). This is because healthcare workers have a great deal of responsibility, since their jobs need them to put in a lot of time and effort, both physically and mentally, to meet the high expectations of their patients and their communities. Thus, Job demands are linked to physiological and psychological costs in employees when personal action is high (leading to overtaxing and emotional tiredness) (Maslach *et al.*, 1996).

2.4 Resilience

While the Brief Resilience Scale – high reliability and validity were established by B. W. Smith *et al.* (2008). According to Agnes (2007), this test is used to determine how fast an individual can recover when he/she is handling stress and difficult situations.

(a) Definition of resilience

The ability to release stress and return in good condition, without any negative thoughts, avoid loss despite considerable hardship, and perform well when dealing with stress is characterized as resilience (B. W. Smith *et al.*, 2008). The COVID-19 pandemic significantly strained physician institutions and employees worldwide as the infection rates have risen, personal protective equipment is insufficient, and hospital beds are few (Firew *et al.*, 2020). Poor mental health among healthcare personnel has been noted before to the COVID-19 outbreak (National Academies of Sciences, Engineering, 2019).

"When tension outweighs resilience, performance deteriorates" (National Academies of Sciences, Engineering, 2019). Due to the issue that occurred during the pandemic and their impact on the healthcare sector must grasp the present condition of healthcare worker resilience and burnout. Understanding the pandemic's broad wide spectrum of repercussions can help leaders plan for assisting healthcare workers with current and future issues.

2.5 Underlying Theory

(a) *Job demand-resource model (JD-R model)*

The JD-R model, along with the Work Demands Control (WD-C) and Effort Reward Imbalance (ERI) models, can be categorized as the best job stress model and was developed by (Demerouti *et al.*, 2001). A stress theory that responds to a mismatch between employee demands and available resources. Job expectations are the first type of working circumstance, and they consist of high work pressure and an uncomfortable work environment that requires physical or emotional effort. The second group of working circumstances is job resources. It will help employees deal with work-related stress and may even encourage them.

According to the research, job and personal resources were crucial in the JD-R model (Mayerl *et al.*, 2016). Work demands, health concerns, mental strain, and job burnout are all negatively connected with job expectations, personal resources, and job burnout. JD-R Model (Bakker *et al.*, 2005) anticipated high job demands and low job resources. As a result, people experience job burnout because of excessive task demands, time constraints, and an unbalanced work-life balance. Employees may strongly desire to leave their jobs because of unreasonable job expectations and limited resources (Q. Hu *et al.*, 2001).

(b) *The conservations of resources (COR) theory model*

COR theory views stress as the outcome of a danger or a lack of resources rather than direct damage or harm to the individual. According to the COR hypothesis, physiological and psychological stress reactions are founded on an inborn survival response that mobilizes the person to act to reclaim lost or diminished resources. According to Hobfoll (2001), a more significant stress model might provide a beneficial basis for future work-family conflict investigations. The Conservation of Resources (COR) model incorporates several stress theories. According to the Conservation of Resources (COR) paradigm people actively work to preserve available resources. For example, when resources are threatened, lost, or there is no expectation of gaining more, this may lead to stress. Goods, environment, personal traits, and energy are examples of resources.

Besides that, COR models account for both intra-role and inter-role stress. Employees who are coping with work-family conflicts, such as, may assume or realize that they cannot do their jobs effectively (Hagger, 2015). Employees will feel pushed to devote more time to their tasks because of the threat of losing their employment.

3. Research Methodology

The research methodology data collection methods were adopted to estimate the study's outcomes. The data collection method of this study was distributed by Google Forms through the internet. Research design, population and sampling, research instrument and the data analysis method are the subjects that were covered in this chapter.

3.1 Research Design

In this project, the researcher applied the quantitative methodology to evaluate the relationship between work-family conflict, job demands and resilience toward job burnout among employees in the healthcare industry in Selangor. The data was collected through a questionnaire survey. At the same

time, the existing questions for work-family conflict were adopted from Netemeyer *et al.*(1996), questions of job demands were adopted from Rodell & Judge (2009), the questions for resilience were adopted from Smith *et al.*, (2008), while the question of job burnout was adopted from Maslach & Jackson (1981). The quantitative methodology and survey method are also used in this research. Based on the issue, the data and resources must be sought and searched for. Then decide on a technique for doing the research. The method was applied after the selection researcher finished the study. Finally, the result and conclusion should be carried out last and based on the analytical data.

3.2 Respondent

(a) Target population

In this research, the target population was fall in the group of nurses in the healthcare industry who work in Selangor, 9,200 people in government hospitals, and 9,228 people in private hospitals, which is a total of 18428 nurses in Selangor. According to the earlier studies, the research was primarily focused on the public hospital, as we now are just focused on the Selangor due, one of the TOP 5 highest numbers of hospitals in Malaysia.

(b) Sampling technique

For the study, a non-probability sampling approach was used due to the uncertainty of demography. As a result, the non-probability snowball sampling approach was adopted since the information being given by a respondent is in a good manner. The researchers will contact one or more respondents from acquaintances who work in hospitals. The poll was then shared with their co-workers to get more replies. This allowed people to submit honest comments using the google form link anonymously.

(c) Sampling size

The Sample size is estimated to be 30% responses based on the Krejcie and Morgan table produced in 1970 according to the population size Krejcie and Morgan's (1970). As a result, the desired number of nurses is 377 respondents.

3.3 Data Collection

(a) Primary data

This research has obtained primary data by distributing Google Forms through WhatsApp and Telegram to the target respondent in Selangor.

(b) Secondary data

Secondary data, such as reference books, scientific periodicals, journals, online material, and papers, may be accessed quickly and simply in libraries or on the internet. Secondary data was gathered by studying existing studies on the subject issue.

3.4 Instrument

The questionnaire employed in this study, was the essential instrument, Section A demographic Section B job demands, Section C work-family conflict, Section D resilience and Section E job burnout. The questionnaire was obtained from earlier research, while a five-point Likert scale has been employed for those 4 variables in this study.

The general rule of thumb for conducting a pilot test is between 12 and 50 respondents. Before the questionnaire was finished, thirty sets of questionnaires were delivered to respondents for a pilot test study. Some changes were made to the questionnaire questions based on respondents input on comments. The researcher makes the questions clearer and more precise, and the respondents provide

their answers as promptly as possible. The researcher clarifies the unclear and confusing questions and makes the respondent's answer more accessible.

3.5 Data Analysis

Data were acquired and analyzed using the Statistical Package for the Social Sciences (SPSS) application version 25 after the pilot test. Which conduct 30 data in this pilot test. The reliability and validity of a study's findings are crucial because it shows a clearer sample and prevents the results from being tainted.

(a) Descriptive analysis & correlation analysis

The data from the questionnaire on the association between work-family conflict, job demand, and resilience to job burnout among nurses in Selangor was analyzed using the SPSS statistical tool. This study used the statistics of mean, standard deviation, frequency and percentage to determine the results of this study. In this study, descriptive and correlation analysis are the two types of analysis methods used. The mean, standard deviation, frequency and percentage of the data gathered from the respondents were described using descriptive analysis. This study investigates the correlation analysis to determine the relationship between the independent variable (work-family conflict, job demands and resilience) and the dependent variable (job burnout). The association between nurses' well-being and job burnout is highlighted in this study.

4. Data Analysis and Findings

Data analysis is a tool that helps to transform collected data into usable information that can then be used to guide decision-making. While data collection is the methodical collection of sample data in the survey and study with the objective of this research.

The IBM SPSS 26 Statistics program was implemented to interpret the results. Descriptive analysis is applied to acquire data on demographics, work-family conflict, job demand, resilience and job burnout among nurses in Selangor. The information was examined using statistical tools such as the mean, standard deviation, frequency, and percentage.

Correlation analysis is adapted to identify the relationship between work-family conflict, job demand and resilience toward job burnout among nurses in Selangor. Studies of demographics, reliability, normality, description, and correlation were discussed. The non-normality hypothesis is tested using Spearman's correlation coefficient to verify whether the data follow a normal distribution.

4.1 Results

According to Krejcie and Morgan's (1970) sample size table, 377 nurses have been chosen as the sample size for this research. This researcher successfully collected 210 questionnaires filled out by nurses working in Selangor.

(a) Response rate and demographic information

According to table 1, among the 1000 surveys administered, 21% means 210 surveys were completed, and all of the questions were valid. According to the time constraints, the outcome is moderate. The response rate from the questionnaires gathered is based on table 1.

Table 1: Response rate

Item	Description
Population	18,428
Sample Size	377
Questionnaires distributed	1000
Questionnaires collected	210

Usable respondent	210
Percentage	21%

Table 2 shows that the male percentage is 39.5%, with 83 respondents and 60.5% female, including 127 respondents. A respondent who is 25 and below 25 respondents (11.9%), a respondent 26 – 35 years old, 83 respondents (39.5%), a respondent 36 – 45 years old, 73 respondents (34.8%), a respondent 46 – 55 years old, 25 respondents (11.9%) and 56 – 65 years old are four respondents (1.9%).

The Malay respondents contained 90 respondents (42.9%), the Indian respondents 36 respondents (17.1%), and the Chinese respondents 84 respondents (40%). Of the respondents who graduated with Diploma, 27 (12.9%), 142 respondents (67.6%) graduated with a degree, 37 respondents (17.6%) graduated with a Master, and 4 respondents (1.9%) graduated with a PhD.

In addition, among 210 respondents, 149 of respondents are married, with a percentage of 71%, and 61 are single, which is 29%. The frequency of the number of 0 children is 63 respondents (30%), 68 respondents (32.4%) have 1 – 2 children, 70 respondents (33.3%) have 3 – 4 children, and nine respondents (4.3%) have 5 and above several children.

The respondents who work 6 hours and above per day, 12 respondents (5.7%), respondents who work 7 to 9 hours per day, 106 respondents (50.5%), respondents who work 10 to 12 hours per day 81 respondents (38.6%) and respondents who work 12 hours and above is 11 respondents (5.2%). The frequency of less than one year working as a nurse is 18 respondents (8.6%), working as a nurse in 1 – 5 years is 106 respondents (50.5%), 5 – 10 years working as a nurse is 76 respondents (36.2%) and more than ten years working as a nurse is 10 respondents (4.8%).

Table 2: Summary of respondent demographic

Item	Details	Frequency	Percentage
Gender	Male	83	39.5
	Female	127	60.5
Age	25 and below	25	11.9
	26 – 35	83	39.5
	36 – 45	73	34.8
	46 – 55	25	11.9
	56 – 65	4	1.9
Race	Malay	90	42.9
	India	36	17.1
	Chinese	84	40
Education Level	Diploma	27	12.9
	Degree	142	67.6
	Master	37	17.6
	PhD	4	1.9
Marital Status	Married	149	71
	Single	61	29
Number of children	0	63	30
	1 – 2	68	32.4
	3 – 4	70	33.3
	5 and above	9	4.3
Working hours per day	6 hours and above	12	5.7
	7 to 9 hours	106	50.5
	10 to 12 hours	81	38.6
	12 hours and above	11	5.2

Number of years working as a nurse	Less than one year	18	8.6
	1 – 5 years	106	50.5
	5 – 10 years	76	36.2
	More than 10 years	10	4.8

(b) Reliability analysis

As the rule of thumb to conduct a pilot test is between 12 to 50 respondents (Sheatsley, 1983). In this study, a total of 30 questionnaires were included and randomly distributed from the sample population. The reliability of Cronbach’s Alpha for Job Burnout was 0.968, work-family conflict was 0.773, job demand was 0.810, and resilience was 0.786. While according to Bryman, A. and Bell (2007) a construct or variable is reliable if the Cronbach Alpha is more than 0.6. In addition, the reliability test results showed that it was a good reliability and validity scale as all the results were between 0.7 to 0.9. At the same time, with a value of greater than 0.9, job burnout exhibited exceptional reliability and validity scale.

The actual study started right after the pilot analysis, showing that the questionnaires were reliable and valid. A total number of 210 nurses have given their responses. The reliability of Cronbach’s Alpha for Job Burnout was 0.968, work-family conflict was 0.822, job demand was 0.864, and resilience was 0.869. In addition, the test of the actual study showed that it was a good reliability and validity scale as all the results were the between 0.8 to 0.9. At the same time, with a value of greater than 0.9, job burnout exhibited exceptional reliability and validity scale.

Table 3: Reliability of actual test

Variables	N of items	Cronbach’s Alpha of Pilot Test (N=30)	Cronbach’s Alpha of Actual Test (N=210)
Dependent variable			
Job Burnout	21	0.968	0.968
Independent variable			
Work-family Conflict	5	0.773	0.822
Job Demand	8	0.810	0.864
Resilience	6	0.786	0.869

(c) Descriptive analysis

Based on table 4, the comprehensive descriptive analysis data is shown in Table 4.8. Based on the table below, the overall value of job burnout's mean and standard deviation is 3.7544 and 0.90480. The central tendency level of employees is high. This means that job burnout is high when perceived job burnout is high among nurses in Selangor. Moreover, the value of work-family conflict (M=3.8124, SD=0.87498), job demand (M=3.8810, SD=0.79479) and resilience (M=3.9175, SD=0.85859). The overall central tendency level of all items is high. These results show that respondents were affected when the level of perceived work-family conflict, job demand and resilience was high.

Table 4: The overall descriptive analysis data

	Statistics			
	Job Burnout	Work-family Conflict	Job Demand	Resilience
Valid	210	210	210	210
Missing	0	0	0	0
Mean (M)	3.7544	3.8124	3.8810	3.9175
Std. Deviation (SD)	0.90480	0.87498	0.79479	0.85859
Minimum	1.00	1.00	1.00	1.00
Maximum	5.00	5.00	5.00	5.00

(d) Normality test

Table 5 shows that Kolmogorov-Smirnov will be used in this normality test because the respondent is more than 50. If the probability in the data is more significant than 0.05 ($p > 0.05$), but in this probability that been shown below was less than 0.05 ($p < 0.05$) thus, it is not normally distributed. Since the data is not standard, this study will use a non-parametric test, Spearman correlation analysis.

Table 5: Result of normality test for job burnout

	Kolmogorov-Smirnov			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Job burnout	0.174	210	0.000	0.933	210	0.000

(e) Correlation analysis

Table 6 shows a strong, positive correlation between job burnout and work-family conflict, which was statistically significant (correlation coefficient = 0.840, $P = 0.000$). Moreover, there was a strong, positive correlation between job burnout and job demand too, which was statistically significant (correlation coefficient = 0.873, $P = 0.000$), and there was a strong, positive correlation between job burnout and resilience, which was statistically significant (correlation coefficient = 0.754, $P = 0.000$).

Table 6: Result of correlation analysis

Variables	Spearman's rho	
	Job burnout	Significant value (P)
Work-family conflict	0.840**	0.000
Job Demand	0.873**	0.000
Resilience	0.754**	0.000

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

4.2 Results of Hypothesis

The results of correlation analysis show that there has a strong correlation coefficient. This indicates that has a relationship between job burnout and work-family conflict. So, the hypothesis of H_1 is supported, and it is found that there is a positive relationship between work-family conflict and job burnout. Moreover, the correlation analysis result shows that there is a strong correlation coefficient, which means a relationship between job burnout and work-family conflict. So, the hypothesis of H_2 is also supported, and it is found that there is a positive relationship between job demand and job burnout. The correlation analysis results also show a strong correlation coefficient. It defines that have a connection between job burnout and resilience. So, the hypothesis of H_3 is supported, and it is found that there is a positive relationship between resilience and job burnout.

5. Discussion and Conclusion

5.1 Discussion of objective 1:

In this section, the objective is to determine the level of work-family conflict, job demands and resilience among nurses in Selangor. According to the result of descriptive analysis, the overall mean level of work-family conflict, job demands and resilience is high. This indicates that nurses in Selangor influenced by work-family conflict, job demands and resilience. This is because family plays the most important role in work-family conflict when there is an argument and misunderstanding it will cause nurses to be more stressed and unhappy. While in the study by Sari *et al.* (2021) found that work-family conflict is a moderate level among nurses. The results showed that it is a negative relationship between

work-family conflict and resilience among nurses who work in six public hospitals in Selangor (Saleh *et al.*, 2016).

Moreover, there are around 42.9% of nurses in Selangor are facing poor meal-taking behavior and facing weight problems among the nurses in Selangor due to the overload in job demand to achieve their job expectations (Hussin, 2021). Which they have no time for their meals and rest. Thus, high job demand has indicated poor health mental. Besides that, Sari *et al.*, (2021) also define that there is a strong relationship between the level of resilience towards those newly graduated nurses in UITM, Selangor. It was challenging for nurses in Selangor to maintain a healthy work-life balance without neglecting their personal lives as public health care (PHC) health professionals especially nurses often work 47.5-hour weeks. While workers at PHCs with split shifts work a total of 49 hours each week (Yunus *et al.*, 2017). Which exceed the working hour stated by our Malaysia Labour Law. The overall discussion shows that the level of work-family conflict, job demand and resilience is high among nurses in Selangor.

5.2 Discussion of objective 2:

In this section, the objective is to identify the level of job burnout among nurses in Selangor. According to the result of descriptive analysis, the overall mean level of job burnout is high. This indicates that nurses in Selangor were facing job burnout. The result of this study was similar to earlier research, among four of the nurses there was one nurse was facing job burnout, especially those younger nurses (Zakaria *et al.*, 2022). The younger nurses had a low ability to handle their job because there are new to it and not comfortable with what they are doing. Permarupan *et al.* (2020) also define that a lot of Malaysian nurses were facing job burnout while they were facing stress and high expectations of work.

In addition, more than half of the Malaysian Healthcare workers which is 72.7% are facing job burnout, especially among those nurses (Roslan *et al.*, 2021). For example, our healthcare has faced job burnout and the “voice of fatigue” on social media. The result was similar to the previous research in the UK which obtained 79% of job burnout among healthcare workers (Ferry *et al.*, 2021). While by adopting the Maslach Burnout Inventory it shows that Romanian also obtained a high rate of job burnout which is 76% (Dimitriu *et al.*, 2020). Overall, the discussion shows that the level of job burnout was high among nurses in Selangor.

5.3 Discussion of objective 3:

In this section, the objective is to determine the level of work-family conflict, job demands and resilience among nurses in Selangor. According to the result of descriptive analysis, the overall mean level of work-family conflict, job demands and resilience is high. This indicates that nurses in Selangor were influenced by work-family conflict, job demands and resilience. The result of this study was similar to earlier research by Zakaria *et al.* (2022), in which married nurses reported a higher rate of job burnout compared to single nurses caused by their spouses and children. This is because they need to handle many roles as a mother, spouses, and a child of their parents. The result that was run by Blanco-Donoso *et al.* (2021) also mentions 44 that work-family conflict was the most significant problem for nurses and causes burnout.

Moreover, an overload in job demand had increased the risk of job burnout, especially among those nurses that work in emergency care (Huhtala *et al.*, 2021). The rate of burnout among nurses who work shifted was 1.6 times higher while for those working more than 6 night shifted was 1.5 times higher (Zakaria *et al.*, 2022).

The findings of Ferreira & Gomes (2021) mention that, resilience such as emotional exhaustion and depersonalization among nurses were exposed during the pandemic of Covid-19 and caused high levels of job burnout. Overall, the discussion shows that the level of work-family conflict, job demands and resilience toward job burnout was high among nurses in Selangor.

5.4 Discussion of the hypothesis:

H1: There is a significant relationship between work-family conflict towards job burnout among nurses. H2: There is a significant relationship between job demands towards job burnout among nurses. H3 There is a significant relationship between resilience towards job burnout among nurses. Based on the finding, the alternative hypothesis was accepted as well as there is a positive relationship between workfamily conflict and job burnout, job demand and job burnout, resilience and job burnout, and work-family conflict, job demands, resilience and job burnout.

The research of Maglalang *et al.* (2021) found that healthcare workers who are married, active in work and with high stress were in a high rate of job burnout. Due to the nature of their job, healthcare professionals are on call around the clock, which means that those with heavy workloads may have little say over their work schedules. According to the previous study, the alternative hypothesis is supported, and there is a positive relationship between work-family conflict and job demand and job burnout, resilience and job burnout and work-family conflict, job demands, resilience and job burnout.

5.5 Conclusion

Some limitations can investigate when conducting the research. Researchers study the examination in a very narrow scope with a lot of restrictions in this study, which was only completed in Selangor, Malaysia. Moreover, the research could only manage to collect 21% of the data which is 210 respondents out of 1000 respondents because the respondents that have been chosen in this result are from one of the busiest sectors in Malaysia. Moreover, this research was conducted with limited available information resources and discussion. In addition, respondents had trouble understanding due to language problems, which may have contributed to hazy or incomplete responses.

Given the research's findings, several ideas for future research should be improved. Future studies should use focus on a more significant population and all of Malaysia. As a result, the study's scope should be enlarged to include more sites to eliminate bias in the results and increase the data's accuracy and dependability. Secondly, researchers should conduct a bilingual which is English and Malay, since many respondents are Malay. Future research may consider conducting qualitative interviews with respondents to obtain deeper insights into data rather than an online survey. As a result, the prospective study can maintain a crucial beneficial technique to collect more accurate information and references from the respondents. Lastly, researchers may use simple words rather than bombastic words when creating the questionnaires to make them easier to understand for the respondents.

According to the discussion in the previous section of the study, the findings show the level of work-family conflict, job demand, resilience, the level of job burnout, the level of work-family conflict, job demand, and resilience toward job burnout in nurses in Selangor. Besides, the alternative hypothesis is supported based on the results of the data analysis. Based on the findings, there is a positive relationship between work-family conflict and job burnout, job demand and job burnout, resilience and job burnout and work-family conflict, job demands, resilience and job burnout, as well as job burnout and work-family conflict, job demands, resilience are related to job burnout.

Moreover, this study can help to determine the relationship between work-family conflict, job demands and resilience toward job burnout among nurses in Selangor. Nursing staff scarcity and turnover in Selangor have plagued the healthcare industry and its executives, leaders, and organizations for some time, and they are only anticipated to worsen soon (Yunus *et al.*, 2017). Thus, nurses as one of the most crucial parts of healthcare by understanding the source that causes job burnout can reduce the shortage of nurses in Selangor.

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