

## Enhancing Employee Resilience Among Private Hospital Healthcare Practitioners (HCPs) in Malaysia: What Factors Matter?

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**Abstract:** The demanding nature of the healthcare industry created a challenging work environment for healthcare practitioners. Such challenges include emotional fatigue, long working hours, rapid decision-making under pressure, and working with critically ill patients, all of which have been exacerbated by the COVID-19 pandemic. High employee resignation rates, heavy workloads, unpredictable work hours, and regulatory and compliance pressures further complicate this challenging situation. As a result, many healthcare practitioners (HCPs) become disengaged and experience burnout. Thus, being resilient is regarded as imperative in aiding HCPs in navigating the challenging work circumstances described. The fact that HCPs must uphold high standards of care despite the challenges makes building resilience essential. This study aimed to address the factors that influence employee resilience, namely self-efficacy, perceived organizational support (POS), and perceived social support (PSS) from family, friends, and significant others among HCPs at a private hospital in Malaysia. A self-administered online survey was employed to gather data from 175 nurses and allied health professionals utilizing a non-probability purposive sampling technique. The findings of this study revealed that only SE, POS, and PSS from a significant other had a significant relationship with employee resilience among HCWs. Interestingly, the present study revealed contrary findings, indicating that PSS from family and friends did not correlate significantly with employee resilience. Several recommendations were developed for the private hospital to strengthen its talent among HCPs.

**Keywords:** *Employee resilience, self-efficacy, perceived organizational support (POS), perceived social support (PSS), Healthcare practitioners (HCPs)*

### 1. Introduction and Background

Globally, the COVID-19 pandemic has led to intense stress on health, economics, politics, and society. Undeniably, it has painfully resulted in strenuous pressure on the healthcare industry due to the surge in infections, with overall Malaysian hospital and ICU utilization rates at 62.8 percent and 63.1 percent, respectively, in the year 2022 (The Star, 2022). As a result, it has impacted healthcare systems by extending working hours, elevating stress, and shifting operations (Smallwood, Harrex, Rees, Willis & Bennet, 2022). The healthcare industry is also under pressure from the World Health Organization (WHO) to adjust to new challenges while ensuring continued access to essential health services (Ujang, Hamidi, Hamid, Awang, Zulkifli, Supadi, Mohamed & Sooryanarayana, 2023). In facing such a crisis, healthcare practitioners (HCPs) from both public and private healthcare are at the forefront, directly exposed to the physical and mental health impacts of COVID-19.

There are a few challenges faced by the HCPs in Malaysia. Firstly, issues such as burnout, anxiety, depression, suicidal thoughts, and physical health problems are heightened among HCPs due to the multiplied burden and unforeseen circumstances to surmount the challenges even in the post-pandemic era (Ortiz-Calvo, Martínez-Alés, Mediavilla, González-Gómez, Fernández-Jiménez, Bravo-Ortiz & Moreno-Küstner, 2022; Abdul Rahim & Ramdzan, 2023). In all circumstances, HCPs are obligated to maintain a professional standard of care while discharging their legal duties (Abdul Rahim & Ramdzan, 2023).

Secondly, the nature of work presented in the healthcare industry demands high tenacity and flexibility, whereby HCPs often encounter high-pressure situations in their daily responsibilities. Similarly, the HCPs at private hospitals have had to change quickly in terms of new measures and precautions for the sake of the patients at the cost of their health. Given the demands of the challenging environment, HCPs in private hospitals were required to adapt quickly to new protocols, treatments, and technologies while also facing the challenge

of maintaining the quality of patient care. Hence, it becomes imperative for HCPs not only in public but also in private hospitals to exercise resilient practices to cope with stress, rebound from failure, and uphold high levels of patient care in their daily responsibilities. Consequently, these work stressors have added more problems to employee constraints when the healthcare workforce is already stretched (Harun, Mahmood & Md. Som, 2022). This has also resulted in poor healthcare service quality and increased resignations (Lee, Kim & Chun, 2024).

Thirdly, the resignation of HCPs in both public and private healthcare is concerning, and the issue is worrisome despite the lifting of the Movement Control Order (MCO) and restrictions on international borders by the Malaysian government (Hospital Management Asia, 2023). Specifically, approximately 6,926 medical consultants, 352 nurses, and 1,651 allied health professionals have resigned from the Ministry of Health (MOH) Malaysia between 2018 and 2023 (News Straits Times, 2023; Galen Centre Organization, 2024). Additionally, the percentage of Malaysian contract doctors leaving their jobs has increased by 1,131 percent in 2022 (The Straits Times, 2023), and the number keeps increasing to date. Malaysia's Health Minister, Datuk Seri Dr Dzulkefly Ahmad, estimated that the shortage of HCWs would be nearly 60 percent by 2030, and 113,472 nurses would be needed by 2025 (News Straits Times, 2024; News Straits Times, 2023). A similar view was reported by WHO (2024), which projected a shortage of 4.5 million HCPs worldwide by 2030. Based on the statistics highlighted, the healthcare workforce shortage keeps growing, and the healthcare industry is struggling to keep its scarce skilled HCWs (Sija, 2022).

In this regard, Mendoza Bernal, Sánchez-Teruel, Robles-Bello, Sarhani-Robles, and Sarhani-Robles (2023) assert that the healthcare industry must not neglect to build resilience as a protective factor in human capital against adverse situations. Ho, Sosina, DePierro, Perez, Khan, Starkweather, Marin, Sharma, Ripp, Peccoralo, and Charney (2024) added that employee resilience protects HCPs' mental health in managing such circumstances and their challenges. Indeed, resilience in HCPs can shield them against psychological distress and foster adaptability in crises. (Simões de Almeida, Costa, Teixeira, Dorez & Marques, 2023). Alternatively, Azridin, Ahmad, Haron, Kalilah Zaghlool, and Tuan Kub (2024) demonstrated that employee resilience enhances HCPs' capacity to maintain their positions by effectively managing stress, reducing burnout, and cultivating a strong attachment to their workplace. It also enhances job satisfaction and maintains job retention among HCPs (Chidi, Adeniyi, Okolo, Babawarun & Arowoogun, 2024). This emphasizes the importance of employee resilience in the post-pandemic context to enhance workforce retention and address the healthcare shortage (Ho et al, 2024).

However, there are limited studies conducted on employee resilience in the Malaysian private healthcare industry. Hence, recognizing the factors that influence employee resilience among HCWs is essential for the private healthcare industry to develop strategies that would improve the welfare of the employees, reduce turnover, and ensure that patients can be treated well despite unparalleled demands. It is vital to recognize the pivotal role of employee resilience in ensuring optimum patient care within a highly volatile and demanding operational environment. By pinpointing factors of employee resilience, the study aims to contribute a positive stride towards facilitating the formulation of policies and structures that can foster a resilient workforce geared towards providing quality healthcare services even in challenging circumstances. Therefore, this study aimed to: (i) determine the relationship between self-efficacy and employee resilience; (ii) determine the relationship between perceived organizational support (POS) and employee resilience; and (iii) determine the relationship between perceived social support (family, friends, and significant others) and employee resilience.

## 2. Literature Review

**Employee Resilience:** Resilience has been defined as an individual's ability to cope with and recover from adverse events, according to Richardson (2002). In addition, it is described as an individual's ability to swiftly adapt to changing situations and quickly recover from potential stressors and challenges (Thomas & Suresh, 2023). The concept of resilience was later applied in workplace settings and termed "employee resilience" (Yang & Lee, 2023). Kuntz, Connell, and Naswall (2017) defined employee resilience as the behavioral capacity to continuously adapt and respond to workplace demands through the conscious use of available resources and organizational support. It also refers to an employee's ability to recover and deal with the uncertainties arising from work-related activities and disruptions (Yang & Lee, 2023; Caniels & Baaten, 2019; Klein et al, 2003).

The early conceptualization of resilience describes it as a personal trait to rebound from adversity. However, Näswall, Malinen, Kuntz, and Hodlife (2019) and Yang and Lee (2023) shared a common notion that employee resilience is the ability to use resources for continuous adaptation and growth at work despite challenges and can be strengthened through external support. Furthermore, Kuntz et al. (2017) also extended the concept of employee resilience to encompass crisis management, proactive action, adaptive learning, and support-seeking. The significance of fostering resilience in the workplace has been emphasized by numerous scholars. Näswall et al. (2019) stated that resilience in employees equips them to adjust and deal with ever-changing work environments. Additionally, understanding how employees are struggling helps shape focused resilience interventions that mitigate the risk of burnout and emotional distress (Chidi et al., 2024). Thus, employee resilience has emerged as a key factor in the survival of employees in the industry (Yang & Lee, 2023).

Literature highlighted the criticality of employee resilience across various industries. Similarly, this study recognizes the imperative nature of resilience as a vital attribute among the workforce at the private healthcare institution. HCPs are contending with escalated job demands, heightened stress levels, and worries about their well-being and job security (Ortiz-Calvo et al., 2022). Therefore, the strategic approach to building employee resilience is crucial for preserving the workforce's well-being and safeguarding the delivery of high-quality patient care amid persistent stressors within the healthcare industry.

**Self-efficacy:** Self-efficacy, as conceptualized by psychologist Albert Bandura in 1977, is an individual's belief in their ability to influence outcomes and take control of their actions. According to Padmashree and Ayudajammal (2023), self-efficacy denotes one's belief in successfully executing tasks, overcoming challenges, and attaining goals within a working context. In healthcare work environments, Mendoza Bernal et al. (2023) characterized self-efficacy as an innate quality that reduces emotional impacts during challenging conditions, thereby enhancing resilience in medical professionals.

Earlier research has constantly emphasized the significance of self-efficacy in workplace settings. Alshammari and Alenezi (2023) identified self-efficacy as a source of motivation and resilience among nursing professionals. Notably, HCPs with high self-efficacy exhibit greater motivation, problem-solving abilities, and resilience in dynamic work environments. A study conducted by Mendoza Bernal et al. (2023) revealed that self-efficacy reduces the emotional effects of adverse situations and that self-efficacy has the strongest influence on employee resilience. At the same time, Baluszek et al. (2023) suggested training program initiatives to improve employees' skills and ability to oversee complex tasks. The training programs not only boost individual performance but also strengthen the total resilience of healthcare teams, which is critical for navigating disasters and ensuring the best patient care.

In the healthcare field, empirical studies indicate that self-efficacy serves as a substantial predictor of employee resilience among healthcare professionals. The study of Ghasempour, Abbasi, Basirinezhad, Dagari, and Ebrahimi (2024) indicated a significant correlation between self-efficacy and resilience among Iranian nurses. The study concluded that people with high self-efficacy tend to be more confident about their problem-solving capacity and exhibit more emotional control. An investigation was also conducted into predictors of employee resilience in HCPs during the COVID-19 pandemic (Mendoza Bernal et al., 2023). The study revealed that self-efficacy appeared to be a key component in coping with COVID-19 since it helps HCPs realize that they can manage some of the challenges they face and take precautions to stay safe from infections. A recent study conducted by Hosseini-nezhad, Saadat, Pourramzani, Zhaleparvar, Jafroudi, and Sheikholesmi (2024) has also demonstrated similar findings. The study provided empirical evidence to support the idea that a nurse's capacity to bounce back from stress and hardship during the COVID-19 pandemic is directly correlated with their level of self-efficacy. The study also established that self-efficacy significantly mediates the relationship between social support and resilience, suggesting that higher self-efficacy levels correlate with greater resilience. Thus, this study formulated the following hypothesis to examine the relationship between self-efficacy and employee resilience.

**H1:** *There is a relationship between self-efficacy and employee resilience among HCWs*

**Perceived organizational support (POS):** Eisenberger et al. (2020) coined the term 'perceived organizational support' (POS) in 1986. They defined POS as employee perceptions of the organization-related support and concern they receive for their contributions and well-being. The organizational support theory proposed by

Kurtessis, Eisenberger, Ford, Buffardi, Stewart, and Adis (2017) suggested that POS is defined as the employee's perception regarding the degree to which the organization cares about their well-being and appreciates their contributions. POS includes fairness of treatment (Sihag & Dhoopar, 2023), receipt of praise, and approval by the organization at the workplace (Eisenberger et al., 1986).

Undoubtedly, the crisis of the COVID-19 pandemic has created unprecedented challenges affecting almost all industries globally and employees from different work backgrounds and positions. Georgiadou et al. (2024) proclaimed that POS acts as a protective factor or buffer amidst the challenges posed by the COVID-19 pandemic. Moreover, extensive research has consistently emphasized the significance of POS in shaping employee resilience (Raj Arokiasamy & Krishnaswamy, 2021; Jin & Tang, 2021; Sihag & Dhoopar, 2023; Haider & Abid, 2017). In the context of the healthcare industry, POS is a critical factor that defines employee resilience. Prakosa et al. (2019) argued that organizations can help HCPs by addressing their emotional needs. This enhances performance-reward expectations and creates an organizational environment with job security, accessible support, and autonomy provision.

Huang et al. (2024) conducted a study to examine the relationship between POS and employee resilience among emergency nurses in tertiary hospitals in China. Their findings indicated that POS and employee resilience are positively related. This plays a huge role in employee resilience, creating a positive workplace culture that makes nurses feel secure and valued in their professional environment. Similarly, the findings of the study are consistent with Li, Jameel, Ma, Sun, Hussein, and Mubeen (2022) and Jin and Tang (2021), who both mentioned that organizational support can help HCPs maintain well-being while exhibiting resilience to the stressors and demands of their jobs. Thus, based on the reviewed literature, the subsequent hypothesis was formulated to ascertain the relationship between POS and employee resilience.

**H2:** *There is a relationship between perceived organizational support (POS) and employee resilience*

**Perceived social support (PSS):** Zimet et al. conceptualized the theory of Perceived Social Support (PSS) in 1988, along with the Multidimensional Scale of Perceived Social Support (MSPSS). PSS is defined as an individual's subjective appraisal of the assistance and resources available from their social connections, upon which they rely for value, affection, and care (Cooke, Rossmann, McCubbin, & Patterson, 1988; Sarason, Levine, & Basham, 1983, p. 127). Vadivel et al. (2022) also described PSS as the interaction and support a person requires to feel important and responsible for their actions in difficult times. The MPSS scale, developed by Zimet et al. (1988), measured PSS from three unique sources: family, friends, and significant others. Perceived family support is essential as it shapes the feelings of love, care, and respect, allowing them to provide help and assistance in times of need. Meanwhile, perceived friend support pertains to the personal evaluation of the instrumental, emotional, and informational assistance that they believe they receive from their friends. (van der Mey-Baijens, Buil, Vuijk, Bul, Branje, Meeus & van Lier, 2023). Furthermore, perceived support from a significant other refers to the instrumental and emotional support that an individual believes they receive from an important person. This includes a romantic partner or someone with whom they have a committed relationship (Halbesleben & Rotondo, 2007).

Previous studies have primarily investigated PSS as a single entity, and according to Zimet et al. (1988), providing support from three separate entities: family, friends, and a significant other. Each dimension of PSS contributes significantly to the support systems for HCPs, thereby enhancing employee resilience (Siswadi et al., 2022). Studies by Labrague (2020) and Yilmaz, Yiğitoğlu, and Yilmaz (2022) stated that HCPs' mental and psychological resilience is positively impacted by PSS. Koamesah et al. (2022) highlighted the significance of forming supportive relationships in the workplace and personal life as an essential approach. This enables HCWs to cope with emotional stressors and reinforce resilience in challenging work environments. Meanwhile, Yilmaz et al. (2022) identified that healthcare professionals perceive a high level of multidimensional social support, especially from family, friends, and significant others, as crucial for building their resilience. Likewise, Moisoglou, Katsiroumpa, Malliarou, Papathanasiou, Gallos, and Galanis (2024) suggested that social support may contribute to helping nurses practice their resilience through positive actions, self-care, and personal growth. Cao, Liu, Yan, Xiong, Wen, Chen, Zhang, Tao, Zhang, Wang, Zou, and Fu's (2024) findings indicated that enhancing PSS increases medical staff resilience in Hubei, China. The authors mentioned that strengthening PSS is important in high-stress healthcare environments, such as during public health crises, where coping and bouncing back effectively is crucial.

Nevertheless, limited prior research explored the relationship between various aspects of PSS from family, friends, and a significant other and employee resilience. A study by Procidano and Heller (1983) reported that family support is more effective at reducing distress and enhancing resilience, while support from friends is more closely linked to social skills. Note that both forms of support play distinct yet complementary roles in improving overall well-being and coping. However, Mirchandani (2021) claimed that family support could become less dominant when compared to someone's particular trait of self-efficacy. This is especially true for individuals with high self-efficacy since they avoid relying on the feedback of their families. Accordingly, support from friends has been reported to significantly enhance overall well-being, which is closely linked to social skills (Procidano & Heller, 1983). Conversely, research conducted by Wang, Tao, Bowers, Brown, and Zhang (2018) revealed that psychological and emotional support from friends does not directly influence resilience. However, it enhances self-efficacy in individuals, which in turn indirectly influences their resilience. This is primarily due to the possibility that friends may not fully comprehend the nature of the work, as their connections are often influenced by social status. Additionally, Wohn and Peng (2015) argued that the timing and frequency of communication among friends may significantly influence individual resilience. Few prior studies have revealed a significant relationship between PSS from a significant other and employee resilience. The study revealed a strong connection between spousal support and employee resilience. This suggests that the more support people receive from their spouses, the more they can be resilient since they have a safety net to deal with problems (Acibal, Kaya, Fernández-Batanero, & Çötök, 2023). Thus, by building on extensive research on the relationship between PSS and employee resilience, several hypotheses have been proposed.

**H3:** *There is a relationship between perceived social support and employee resilience.*

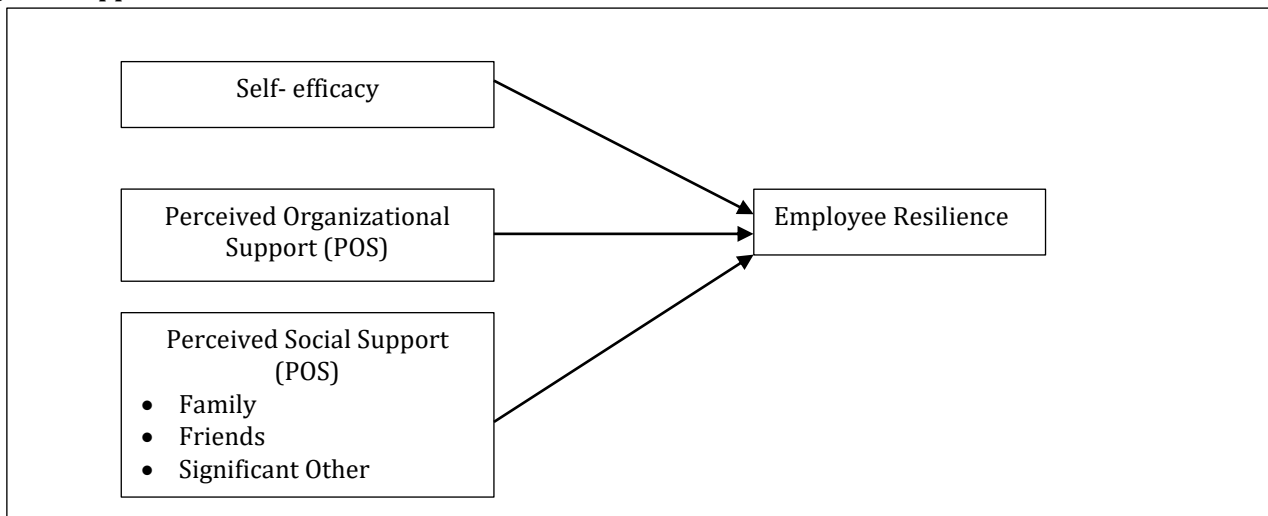
**H3(a):** *There is a relationship between family support and employee*

**H3(b):** *There is a relationship between friends' support and employee resilience*

**H3(c):** *There is a relationship between a significant other's support and employee resilience*

The applied research framework of this study is illustrated in Figure 1.

**Figure 1: Applied Research Framework**



### 3. Research Methodology

This study adopted a cross-sectional design and quantitative research method to examine the factors that influence employee resilience among HCPs at a private hospital in South Malaysia. The population of the study consisted of 523 nurses and allied health professionals. The sample size of 222 HCPs was determined using Krejcie and Morgan's (1970) formula. Responses from HCPs with different professional positions, specialities, departments, and ages were selected purposively for this study. This is attributed to the fact that HCPs have varying levels of resilience, and the reasons for their retention differ as well.

An online self-administered survey was utilized, where the survey was distributed to HCWs using a non-probability purposive sampling technique. An online survey was employed in this study to gather data, considering the varying shifts of HCPs. Prasad Nayak and Narayan (2019) suggested that online surveys help to facilitate easy distribution and are suitable for cross-sectional studies. The questions were uploaded to Google Forms, and the link was initially disseminated to the respective heads of each division within nursing and allied health professionals through social media networks, such as WhatsApp. Each division head subsequently disseminated the link to the Google Form among their respective division members, composed of nurses and allied health professionals.

The instruments used in this study were adopted from valid and reliable sources based on previous studies. Before the data collection, a pilot study was conducted at a sister company of the private hospital that shares similar population demographics and has comparable roles, positions, and work environments to ensure accurate results and minimize the risk of failure. Not only that, but the instruments used were sent to six professional experts possessing expertise in the fields of operations, human resources, nursing, and education to assess the questionnaire regarding its clarity, simplicity, relevance, and potential ambiguity. In this study, the English-Malay back-translation of the questionnaire was developed using the Brislin model (1970). To measure employee resilience, nine items established by Näswall et al. (2019) were utilized. The unidimensionality of the scale has been used to evaluate the capacity of HCPs to adjust to changes and challenges, as well as their ability to cope with and recover from work-related uncertainties and crises. Studies conducted by Ibrahim et al. (2019) and Chen et al. (2001) developed eight items designed to measure the HCPs' self-rated competence and confidence in performing tasks under some conditions. Then, eight items were obtained from the studies by Jin and Tang (2021) and Eisenberger et al. (1986), which aimed at measuring POS.

Meanwhile, the Multidimensional Scale of Perceived Social Support (MSPSS), developed by Zimet et al. (1988), was employed to examine the influence of PSS on employee resilience among HCPs at the private hospital. The MPSS scale was employed in this study to assess HCPs' perceptions of the social support they receive for their psychological well-being, helping them to stay resilient during tough times. For all variables, respondents were asked to indicate the extent to which the statement applies to them using the five-point Likert scale, 1 (strongly disagree) to 5 (strongly agree), except the variable under employee resilience was measured using a rating scale that ranges from 1 (almost never) to 5 (almost always). The survey was divided into two sections, covering all the variables and one section on demographic items. The demographic items in the study addressed the participants' fundamental information, encompassing demographic variables, for instance, age, gender, number of children, marital status, highest education level, tenure within the current organization, department, professional designation, and work hours. IBM SPSS Statistics version 28 was employed to analyze the data collected. Descriptive analysis, reliability analysis, and multiple regression analysis were conducted to analyze the data in achieving the objectives of the study.

#### 4. Results

**Profile of Respondents:** Table 1 displays a summary of the characteristics of the total sample of HCPs who participated in the study. A total of 175 responses were obtained, which were deemed acceptable, with the response rate of 78.83 percent based on various studies conducted in the healthcare settings (Ellis, Pomare, Churruca, Carrigan, Meulenbroeks, Saba & Braithwaite, 2022). The findings revealed that the participants of the study consisted of 146 females (83.4%) and 29 males (16.6%). Additionally, 52 percent (%) of the respondents were born between 1981 and 1996, representing the Generation Y. Following this, 34.3 percent were born from 1997 to 2007, classifying them as Generation Z, while 13.7 percent (%) were born between 1965 and 1980, identifying them as Generation X. The study also found that most HCPs at the private hospital are married (62.3%), while 65 are single (37.1%), and one respondent indicated another status (0.6%). Subsequently, 79 respondents reported having no children, 52 have one or two children, 36 have three or four, and eight have five or more.

Additionally, more than half of the respondents, i.e., 93 respondents, hold a Diploma (53.1%), followed by 33 with Sijil Pelajaran Malaysia (SPM) (18.9%), and 30 respondents with a degree (17.1%). 80 respondents have worked at the private hospital for one to five years (45.7%), while an equal number have been there for six to ten years or less than one year (18.3%). Additionally, 31 respondents have worked at the hospital for eleven to

fifteen years (17.7%). Most respondents of this study earned between RM2,000 and RM4,000, making up 52.6 percent of the total. Following this, 34 respondents fall within the income range of RM4,001 to RM6,000 (19.4%), while 33 respondents earn below RM2,000. Additionally, 11 respondents have an income between RM6,001 and RM8,000 (6.3%), and five earn RM8,001 or more (2.9%). Among the 175 participants, 136 were from the nursing department (77.7%), while 39 were from the allied health department (22.3%). Furthermore, 124 of the respondents work standard office hours (70.9%), 48 are assigned to an eight-hour shift (27.4%), and three are on a twelve-hour shift (1.7%).

**Table 1: Demographic Information of Healthcare Practitioners at a Private Hospital**

| <b>VARIABLE</b>               | <b>FREQUENCY</b> | <b>PERCENTAGE (%)</b> |
|-------------------------------|------------------|-----------------------|
| <b>GENDER</b>                 |                  |                       |
| Male                          | 29               | 16.6                  |
| Female                        | 146              | 83.4                  |
| <b>Total</b>                  | 175              | 100.0                 |
| <b>AGE</b>                    |                  |                       |
| Year 1965-1980 (Gen X)        | 24               | 13.7                  |
| Year 1981- 1996 (Gen Y)       | 91               | 52.0                  |
| Year 1997- 2007 (Gen Z)       | 60               | 34.3                  |
| <b>Total</b>                  | 175              | 100.0                 |
| <b>MARITAL STATUS</b>         |                  |                       |
| Single                        | 65               | 37.1                  |
| Married                       | 109              | 62.3                  |
| Others                        | 1                | 0.6                   |
| <b>Total</b>                  | 175              | 100.0                 |
| <b>NO OF CHILDREN</b>         |                  |                       |
| Not applicable                | 79               | 45.1                  |
| 1-2 children                  | 52               | 29.7                  |
| 3-4 children                  | 36               | 20.6                  |
| 5 or more children            | 8                | 4.6                   |
| <b>Total</b>                  | 175              | 100.0                 |
| <b>EDUCATION LEVEL</b>        |                  |                       |
| SPM                           | 33               | 18.9                  |
| Certificate                   | 8                | 4.6                   |
| Diploma                       | 93               | 53.1                  |
| Degree                        | 30               | 17.1                  |
| Master                        | 10               | 5.7                   |
| PhD                           | 1                | 0.6                   |
| <b>Total</b>                  | 175              | 100.0                 |
| <b>TENURE IN ORGANIZATION</b> |                  |                       |
| Less than 1 year              | 32               | 18.3                  |
| 1-5 years                     | 80               | 45.7                  |
| 6-10 years                    | 32               | 18.3                  |
| 11-15 years                   | 31               | 17.7                  |
| <b>Total</b>                  | 175              | 100.0                 |
| <b>INCOME RANGE</b>           |                  |                       |
| Below RM2,000                 | 33               | 18.9                  |
| RM2,000- RM4,000              | 92               | 52.6                  |
| RM4,001- RM6,000              | 34               | 19.4                  |
| RM6,001- RM8,000              | 11               | 6.3                   |
| RM8,001 and above             | 5                | 2.9                   |
| <b>Total</b>                  | 175              | 100.0                 |
| <b>DEPARTMENT</b>             |                  |                       |
| Nursing                       | 136              | 77.7                  |
| Allied health department      | 39               | 22.3                  |
| <b>Total</b>                  | 175              | 100.0                 |

#### WORKING TIME

|                    |            |              |
|--------------------|------------|--------------|
| Office hour        | 124        | 70.9         |
| 8-hour shift duty  | 48         | 27.4         |
| 12-hour shift duty | 3          | 1.7          |
| <b>Total</b>       | <b>175</b> | <b>100.0</b> |

**Descriptive Analysis:** Descriptive analysis was performed to check central tendency and dispersion for each variable. The descriptive analysis displayed in Table 2 shows that the variable's mean scores ranged from 3.63 to 4.12. Perceived social support (PSS) from family scored the greatest mean value of 4.12 (SD= 0.70). Next, PSS from a significant other (M= 4.06, SD= 0.63), employee resilience (M= 3.93, SD= 0.47), and perceived organizational support (POS) (M= 3.63, SD= 0.57) were recorded. Finally, the variable with the lowest mean score in the study was self-efficacy, with a mean value of 3.40 (SD= 0.42).

**Reliability Analysis:** The Cronbach's alpha values for all variables, as in Table 2, were in the range of acceptable between 0.81 and 0.92, indicating good quality of all variables. The reliability of all items used in the study was above the acceptable value of 0.70, according to Sekaran and Bougie (2016). Findings from previous researchers were consistent with the results of reliability analysis (Näswall et al., 2019; Eisenberger et al., 1986; Entrata & Nicomedes, 2024; and Labrague and De Los Santos, 2020). Hence, all the variables used were reliable, and thus, credible results could be produced for this study.

**Table 2: Descriptive Analysis and Reliability Analysis**

| Variables                        | N   | Mean | Std. Dev. | Cronbach's Alpha, $\alpha$ |
|----------------------------------|-----|------|-----------|----------------------------|
| Employee resilience              | 175 | 3.93 | 0.47      | 0.81                       |
| Self-efficacy                    | 175 | 3.40 | 0.42      | 0.87                       |
| Perceived Organizational Support | 175 | 3.63 | 0.57      | 0.92                       |
| Perceived Social Support:        |     |      |           |                            |
| i) Family                        | 175 | 4.12 | 0.70      | 0.91                       |
| ii) Friends                      | 175 | 3.84 | 0.61      | 0.83                       |
| iii) Significant other           | 175 | 4.06 | 0.63      | 0.86                       |

**Multiple Regression Analysis:** The multiple regression analysis was conducted to develop a model that explains the relationship between self-efficacy, POS, PSS from family, friends, and a significant other, and employee resilience. The findings of the study revealed that the coefficient of determination ( $R^2$ ) of the studied variables was equal to 0.29, as shown in Table 3. This means that 29 percent of the variance for employee resilience is accounted for by the independent variables self-efficacy, POS, and PSS obtained from families, friends, and a significant other. Specifically, only self-efficacy, POS, and PSS from a significant other were significantly related to employee resilience. The results specifically revealed that self-efficacy contributed the most significantly to employee resilience ( $\beta=.40, p< 0.01$ ). It showed that the higher the self-efficacy of HCPs, the more likely they are to demonstrate employee resilience. Thus, Hypothesis 1 was accepted. Then, the results showed that POS significantly impacted employee resilience ( $\beta=.16, p< 0.05$ ). This suggests that HCPs who feel they receive organizational support are likely to demonstrate employee resilience. Therefore, Hypothesis 2 was supported.

Interestingly, this study found that among the dimensions of PSS, only the support received from a significant other was significantly related to employee resilience ( $\beta=.17, p< 0.05$ ). The findings indicated that support from family and friends had no significant impact and was not linked to employee resilience among HCPs at the private hospital. Thus, Hypothesis 3(a) and Hypothesis 3(b) were not supported, while only Hypothesis 3(c) was supported.

**Table 3: Multiple Regression Analysis**

| Independent Variables   | Dependent variable<br>Employee Resilience ( $\beta$ ) |
|-------------------------|-------------------------------------------------------|
| Self-efficacy           | 0.40**                                                |
| POS                     | 0.16*                                                 |
| PSS (Family)            | 0.03                                                  |
| PSS (Friends)           | -0.10                                                 |
| PSS (Significant other) | 0.17*                                                 |
| F Value                 | 13.56**                                               |
| R <sup>2</sup>          | 0.29                                                  |
| Adjusted R <sup>2</sup> | 0.27                                                  |

\*\*p < 0.01 level, \*p < 0.05 level

### Discussion

The findings of the study revealed a few important results. Firstly, this study supported that self-efficacy has a positive relationship with employee resilience amongst the HCPs. This was in support of Bandura's (1977) self-efficacy theory, which stated that people with a belief in their capacity will be able to change events and dictate the course of their behavior. Other previous investigations also pointed out a strong correlation between self-efficacy and employee resilience (e.g., Mendoza Bernal et al., 2023; Yang and Lee, 2023; Naswall et al., 2019; Hosseinezhad et al., 2024), proving that self-efficacy helps to cope with emotional demands, reducing HCPs' stress and burnout, and requiring continuous and constant professional commitment. Maiketso, Wolvaardt and Grobler (2023) also mentioned that the HCPs who fully believe in their capacity to address tasks and embrace the content knowledge to frame concerns into triumphs are more likely to have mental toughness in critical periods. This is so because self-efficacy enables individuals in the management of their emotions, motivation, and enhanced problem-solving skills (Alshammari & Alenezi, 2023). Zamani-Alavijeh et al. (2019) suggested that people should update their knowledge, as such knowledge would otherwise dent confidence, particularly when dealing with informed patients.

Secondly, the study revealed a significant relationship between POS and employee resilience among HCPs in the private healthcare sector. The findings indicate that those who feel supported and recognized that the organization values their goals become more motivated to tackle workplace challenges. These findings align with the theory proposed by Eisenberger et al. (1986), who posit that when individuals feel appreciated by their organization and believe it cares about their well-being, they are better equipped to manage work-related stress and bolster their resilience. A study conducted by Pham et al. (2024) found that those organizational members who reported a need for and received help from the organization during the difficult period also reported higher levels of workplace resilience and well-being. A prior study by Huang et al. (2024) also pointed out that POS directly affects employee resilience through the company's policies, resources, training, and support for employees' well-being, which makes the nurses feel appreciated and protected.

Finally, this study has uncovered a partial relationship between PSS and employee resilience among HCPs. It underlines the cardinal areas of PSS relevant to enhancing employees' resilience. As conceptualized by Zimet et al. (1988), PSS includes support from three sources: friends, family, and a significant other. According to the theory, all three sources of support are essential. Previous studies suggest that every sub-construct, such as family and friends or even a partner, is important for the support system of the healthcare workforce that helps them to feel secure (Yilmaz et al., 2022), and all the sub-dimensions increase the overall employee resilience (Siswadi et al., 2022). However, this study revealed that only PSS attained from a significant other was positively linked with the HCP's resilience. PSS received from family and friends did not have any effect on employee resilience in the examined HCPs of the private hospital. The possible explanations for these findings can be explained through three possible factors. Firstly, the timing of interactions, communication frequency, and the mode of communication may determine the extent to which HCPs feel supported by family and friends (Wohn & Peng, 2015). The effectiveness of each support source can also differ based on an individual's unique stressors and situations (Zimet et al., 1988). Although family and friends can support HCPs, they may lack the specialized knowledge to address these professionals' unique job-related stressors and uncertain work conditions. As such, their capacity to completely increase the resilience of employees in the health sector becomes constrained.

Secondly, the Bowen Family Systems Theory, developed by Murray Bowen in 1978, can also supplement the substantiation of these results. The Bowen family systems theory describes how family systems function. Elements of interest to this research include self-differentiation and emotional cutoff, both of which imprint resilient human functioning (Brown & Errington, 2024). The justification for this proposition is that self-differentiation indices can significantly help a person to stay free of the family members' responses and pressures and be autonomous to some degree. This probably explains why PSS from family may not influence the HCPs with a higher degree of differentiation because they use personal, autonomous thinking and problem solving with set goals of achieving individual and family goals. Moreover, as Bowen (1978) described, the emotional cut-off in the family system happens when individuals physically or emotionally distance themselves and grow apart from their families to pursue independent goals. This aligns with the findings of Wang et al. (2018), which suggest that family support might decrease during specific life stages following adolescence. It can also happen when individuals distance themselves from family relationships to cope with anxiety and unresolved conflicts, which undermines their ability to handle challenges and affects their resilience (Brown & Errington, 2024).

Thirdly, despite the differences, this finding was consistent with the earlier study conducted by Wang et al. (2018). The study found that PSS from friends does not directly relate to employee resilience among early-career registered nurses. Wang et al. (2018) revealed that there is little evidence to show that support from friends enhances resilience in dealing with work-related challenges because they are oblivious to the healthcare setting. Then, the timing and frequency of social support from friends also influence the resilience of HCPs (Wohn & Peng, 2015). In this context, HCPs at the private hospital typically work with different coworkers on each shift. This explains why support from friends often does not match the critical stress periods faced at work, to help them bounce back from challenges. Previous research suggested that educational programs aimed at instructing spouses in the art of sharing experiences and actively engaging them in activities that foster stronger emotional connections, ultimately leading to enhanced spousal support. Rahmadian and Ediaty (2022) also proposed that programs increasing the spouses' knowledge of how they can support their patients can be helpful, as well as promoting that HCPs take vacations and participate in activities enhancing their stress coping mechanisms.

## 5. Managerial Implications and Recommendations

The result of this study underscores the necessity of increasing self-efficacy interventions of the HCWs at the private hospital. These findings posed practical implications that can increase self-efficacy through motivational programs that reward employee accomplishments (Núñez Cabreram, Cajachagua Castro & Huancahuire-Vega, 2023). Zamani-Alavijeh et al. (2019) suggested enhancing employee resilience among healthcare professionals through training programs, such as hands-on simulations and skill workshops, to enhance self-efficacy to increase personal growth. Training HCPs to enhance their self-efficacy can help them create fast decision-making abilities and improve confidence in managing emotions. Handling crises or making difficult decisions to be made. Additionally, programs concentrating on resilience and coping skills should be initiated to improve psychological preparedness (Gandhi, Sahu, Govindan, Nattala, Gandhi, Sudhir, & Balacahandran, 2021).

The present study also echoes prior research in the healthcare context that highlights the role of POS in building resilience among employees. A few of the ways that the private hospital can improve the HCPs' emotional well-being include creating mental health and well-being services, counselling services for the HCPs, and having stress-related resources, including Employee Assistance Program (EAP), on-site counselling, and stress relief activities. Furthermore, establishing peer support networks within the hospital can enhance emotional resilience by offering HCPs a platform to share experiences and coping strategies to support one another. Moreover, resilience training should be incorporated into the hospital's professional development programs to equip HCPs with the skills needed to handle challenging situations. These measures align with Sihag and Dhoopar (2023), who highlighted the importance of organizational support in bolstering employee resilience. Prakosa et al. (2019) suggested that organizations can meet the emotional needs of HCPs by providing autonomy, job security, performance-reward expectations, and accessible support. Sihag and Dhoopar (2023) also recommended that the organization be able to offer support through resources, training, and equitable communication. Moreover, Gallagher, Glaser, Faller, Wasiura, Crabtree-Ide, and Case (2024) emphasize that

resilience programs encompass individual-facilitated, individual-self-directed, group-facilitated, and group-self-directed approaches aimed at helping HCPs build resilience in the workplace.

Another strategic recommendation to strengthen the resilience of HCPs is to implement a Spousal Engagement Program designed to enhance PSS from their partners. PSS from a significant other can be boosted by creating opportunities for spouses to participate in wellness programs or mental health initiatives, such as stress-relief workshops or couple-focused counselling, as suggested by Acibal et al. (2023). The Spousal Engagement Program could be further enriched by introducing wellness retreats for couples. The objective is to establish an annual retreat where HCWs and their spouses can unwind and attend educational sessions together. These retreats could feature stress management workshops, resilience-building activities, and group discussions to promote engagement and mutual support.

## Conclusion

This study concentrated on the factors influencing employee resilience among HCPs at the private hospital. The findings revealed that individual, social, and environmental factors, specifically self-efficacy, POS, and PSS from a significant other, impacted employee resilience. Contrary to expectations, the study highlighted that PSS from family and friends did not influence employee resilience. The result of this study provides the top management and the talent division with empirical evidence as a basis for making decisions on implementing talent strategies to strengthen employees' resilience. In addition, the management can take concrete steps to improve employee well-being, decrease burnout, and enhance productivity by understanding the factors contributing to resilience. Ultimately, it is important to invest in the study of employee resilience to maintain resilient HCPs who can deliver high-quality services in highly demanding environments. Future research could investigate how employee resilience among HCPs varies across different healthcare facilities. A comparative study between private and public healthcare organizations may offer a more comprehensive perspective on the factors influencing employee resilience. It is also suggested that future studies utilize a longitudinal approach. A longitudinal approach can offer researchers a detailed understanding of the factors influencing employee resilience during the hospital's peak demand periods and vulnerable seasons. This approach could reveal the resilience levels of HCPs and their patterns in maintaining resilience over time during high-stress healthcare environments. In addition, future research could delve deeper into the role of the organization, particularly the leader and their leadership styles, which could influence resilience in HCPs. Finally, it may be beneficial to incorporate other individual characteristics, such as emotional intelligence, as a coping strategy to examine its impact on employee resilience.

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