INFLUENCE OF PSYCHOLOGICAL CONTRACT ELEMENTS ON NURSES' PSYCHOLOGICAL WELLBEING IN PRIVATE HOSPITALS IN KLANG VALLEY

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DECLARATION

I hereby declare that:

(1) This postgraduate project/case is the end result of our own work and that due acknowledgement has been given in the references to ALL sources of information be they printed, electronic, or personal.

(2) No portion of this research project/case analysis has been submitted in support of any application for any other degree or qualification of this or any other university, or other institutes of learning

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DEDICATION

This dissertation is dedicated to:

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Dr Charles Ramendran a/l SPR

Subramaniam

CO-Supervisor,

Dr Ramesh Kumar a/l Moona Haji Mohamed

For guided us throughout the completion of this research study.

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LIST OF ABBREVIATIONS

AC	Autonomy and Control
OB	Organizational Benefit
OR	Organizational Rewards
GD	Growth and Development
MO	Motivation
JS	Job Satisfaction
PW	Psychological Well-being
SET	Social Exchange Theory
DASS-21	Depression, Anxiety, and Stress Scale-21
PC	Psychological Contract
PLS-SEM	Partial Least Squares Structural Equation Modeling
SPSS	Statistical Package for the Social Sciences
HTMT	Heterotrait-Monotrait Ratio of Correlations
VIF	Variance Inflation Factor

ICN	International Council of Nurses
CMB	Common method bias

ABSTRACT

The psychological contract (PC), which refers to employees' perceptions of mutual expectations and obligations between themselves and their organizations, has attracted growing interest due to its impact on work attitudes and well-being. In healthcare environments, where job demands are high and stress levels are often elevated, examining how PC fulfilment relates to psychological well-being (PW) is particularly important. This quantitative study examines the relationships among PC dimensions, job satisfaction (JS), and the PW of nurses working in private hospitals in Klang Valley, Malaysia. A cross-sectional survey design was employed, and data were obtained from 301 nurses using standardized and validated instruments. Structural equation modelling (SEM) with SmartPLS was used to evaluate the hypothesized relationships among the study variables. The results indicate that autonomy and control (AC), organizational benefits (OB), and opportunities for growth and development (GD) have significant positive effects on nurses' JS. In turn, JS was found to be a significant predictor of PW. However, organizational rewards (OR) did not demonstrate a significant direct influence on either JS or PW. Mediation analysis confirmed that JS mediates the relationships between AC, OB, and GD with PW, but not for OR. Additionally, employee motivation (MO) was found to significantly moderate the relationship between JS and PW. Grounded in Social exchange theory (SET), this research provides empirical evidence on the critical role of PC fulfilment in fostering nurses' JS and well-being. The results provide policymakers and hospital management with insightful information. emphasizing the need to enhance autonomy, benefits, and growth opportunities to support nurses' psychological health. Targeted organizational interventions that align employer-employee expectations can lead to improved JS, increased MO, and better workforce retention in private healthcare settings.

Keywords:

psychological contract; job satisfaction; psychological wellbeing; nurses; private hospitals; Malaysia; structural equation modelling.

Subject Area:

HF5549 Personnel management.

CHAPTER 1

INTRODUCTION

1.1 Introduction

This chapter provides an overview of the study, which aims to examine the influence of psychological contract (PC) elements on the psychological well-being (PW) of nurses in private hospitals in Klang Valley, Malaysia. It covers the research background, outlines the problem statement, and presents the research questions and objectives. The significance of the study is also discussed, highlighting its academic and practical contributions.

1.2 Research Background

The PW of nurses is a significant issue that has received more attention since PC, which define the obligations, responsibilities, and expectations between employers and employees, have been discovered to be a key component in nurses' PW. The way PC are handled and used can either positively or negatively impact nurses' psychological health. For example, a healthcare institution that encourages open communication, values nurses' contributions, and offers possibilities for advancement and the organization routinely follows through on its commitments regarding workload, assistance, and professional development. Consequently, nurses perceive appreciated, respected, and supported in their responsibilities (Rodwell & Ellershaw, 2024). On other hand Healthcare organization with a lack of communication, frequent policy changes, and few possibilities for promotion. The PC between the organization and its nurses is inadequately managed, resulting in unmet expectations and feelings of disillusionment among nurses. They feel unappreciated, disengaged, and demotivated in their jobs (Gulzar et al., 2024). Understanding how PC dimensions relate to nurses’ psychological health is important for informing efforts to support

their well-being. Within this context, private hospitals represent a key setting for examining these relationships. Private hospitals play a pivotal role in the healthcare landscape, offering specialized services and contributing significantly to the overall well-being of communities. However, within the key corridors of these private healthcare institutions, there exists a complex tapestry of challenges that impact the daily lives and professional experiences of nurses. Dahie (2023) found one of the primary stressors for nurses in private hospitals is the often-overwhelming workload and inadequate nurse-to-patient ratios (Dahie, 2023). Figure 1.2.1 shown below highlights the number of private and public hospitals in Malaysia during the period 2017-2021. Both private and public hospitals have increased in number in 2021 in comparison to 2017. With the increasing number of hospitals, it can be asserted that the need for quality and talented nurses would also increase.

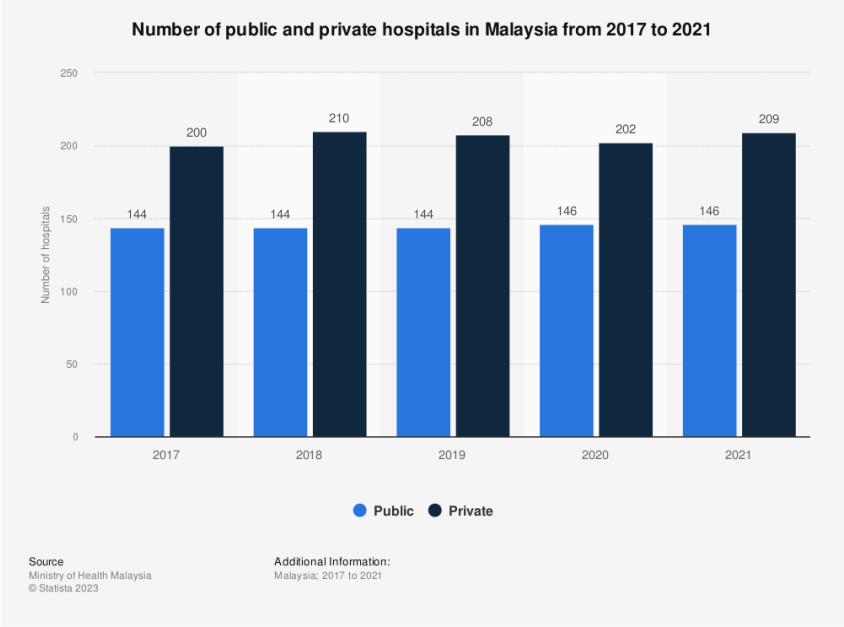

Figure 1.2.1. Number of private and public hospitals in Malaysia. Source, Statista (2023)

In an environment focused on efficiency and cost-effectiveness, nurses frequently find themselves stretched thin, juggling multiple responsibilities, and compromising the quality of Patient care (PC). This constant pressure contributes to elevated stress levels and the potential for burnout among nursing staff (Daud, 2021; Hamid & Hee, 2024). The rigorous demands of private hospital nursing frequently result in a poor work-life balance, Long and inconsistent workdays combined with little time for relaxation and recovery can be detrimental to nurses' PW (Almeida et al., 2024; Li et al., 2021). The nursing role entails continuous work pressures, such as prolonged shifts, intensive PC tasks, and frequent exposure to emotionally challenging situations. The nature of the job, combined with a rapidly evolving healthcare landscape, contributes significantly to the stress experienced by nurses. The implications of chronic stress are not only detrimental to the psychological and emotional well-being of nurses but may also manifest physically, affecting their overall health. Malaysia's nursing shortage causes tension among nurses since they feel like they must shoulder more work. Because it is challenging to assess whether expectations are being fulfilled, ambiguity in the workplace causes an unnecessary amount of labor to be done (Samuel et al., 2021). As stress and burnout escalate, nurses may develop intentions to quit their profession or current workplace. The stability of the nursing workforce is seriously threatened by this intention to leave, which could result in shortages and a subsequent drop in the standard of PC. The psychological health of nurses is paramount to their capacity to deliver high-quality treatment. Prolonged exposure to stress and burnout can compromise the overall health status of nurses. Physical symptoms such as fatigue, headaches, and musculoskeletal issues may emerge, while psychological health concerns, including anxiety and depression, can also become prevalent. Comprehension the holistic effect of stress and burnout on nurses' health is crucial for devising effective interventions. According to a study, PC have a positive correlation with the PW of nurses.

In addition to improving organizational trust, dedication, and work satisfaction, strong PC can also improve psychological health outcomes. (Collins & Beauregard, 2020). Additionally, PC may negatively affect nurses' psychological health. (Asante et al., 2023). For instance according to a study, PC are linked to high levels of occupational pressure, that may have a unfavorable effect on PW outcomes (Denning et al., 2021). Previous research indicates an association between PC factors and elevated burnout (Griep et al., 2021). This highlights the need to examine how PC affect nurses' psychological health to produce better results. Therefore, improving nurses' psychological welfare may be facilitated by knowing how to better fulfil PC.

1.3 Problem Statement

A rapidly expanding and strategically important sector in every nation or area is the health sector. In this sense, nurses are among the most important workers in the health sector, serving patients who could become clients. They serve as frontline staff and patients' representatives for hospital services. The effectiveness of the healthcare system is directly impacted by nurses' increased productivity and well-being. This suggests that identifying and enhancing nurses' well-being is crucial. PC violations are one of the main reasons why nurses perform poorly. It makes reference to a subjective experience in which employees believe that a company has not fulfilled any of its responsibilities under the PC (Rodwell & Johnson, 2022). It has been demonstrated that PC violations lead to a decrease in work engagement, dedication, and satisfaction. Permarupan et al. 2020, finds that Malaysian nurses are greater likelihood of exhaustion. and it said that approximately 49.3% of Malaysian nurses report feeling a lot of stress at work (Permarupan et al., 2020). The nursing staff's level of effort at work decreases due to burnout, and they exhibit emotional detachment in their profession. Burnout is a problem for nurses in Malaysia. Therefore, it's crucial for managers in the healthcare sector to comprehend and successfully handle burnout

among staff nurses in Malaysia. According to a study, burnout is very common among Malaysian nurses, affecting four out of ten, three out of ten who experience job-related burnout, and seven out of ten who experience patient-related burnout (Ching et al., 2023). To reduce the risk of burnout, healthcare systems need to address the physical and mental tiredness of healthcare workers. The demanding nature of the work places a great deal of stress on Malaysia's nursing workforce, and burnout is becoming more common (Permarupan et al., 2020). By implementing the necessary procedures, the health sector's management team can lessen the effects of burnout while simultaneously enhancing the productivity and well-being of the medical personnel. An additional factor contributing to this stress is Malaysia's growing medical tourism industry. As a prominent destination for international medical travellers, Malaysia attracts patients from across the globe seeking high-quality, affordable healthcare services in private hospitals. According to Shahril (2021), medical tourism in Malaysia has seen exponential growth, with patients arriving from countries such as Indonesia, Thailand, the Middle East, and even Western countries like the UK and Australia (Shahril et al., 2021). This influx has placed immense pressure on healthcare providers to maintain world-class care standards. Nurses, as the primary caregivers in these hospitals, are expected to meet the increasing demands of medical tourists while managing longer working hours, adapting to evolving healthcare technologies, and dealing with complex medical cases. This results in heightened stress and an increased likelihood of burnout among nurses, which can compromise PC and decrease job satisfaction (JS) (Yew et al., 2020). The International Council of Nurses (ICN) has stressed the importance of coping strategies, reporting that the global nursing shortage, which also affects Malaysia, is a major challenge for healthcare systems worldwide (ICN, 2023). Regarding this, (Permarupan et al., 2020) emphasised that the Malaysian health system is suffering greatly as a result of the nursing shortage. The PC between a private hospital and nurses

may be impacted by the frenetic and demanding nature of the workplace. Employees at private hospitals must be ready for lengthy hours and erratic shifts, especially night shifts, which frequently come with little notice. This could lead to stress and fatigue. This may potentially influence the standard of care provided to patients (Akbar et al., 2023). The primary caregivers for patients are nurses. Nevertheless, to remain informed about recent developments, nurses now need to attend training sessions and courses brought about by the advent of new medical technologies. Courses on electronic medical records, telemedicine, and other technology are among the many types of training that nurses must complete. Nurses must also take classes to stay current on new procedures and treatments (Mlambo et al., 2021). This has occurred as a result of the rising demand for the superior services provided by private hospitals. Nurses are under increased stress because people have higher expectations, and private hospitals provide superior healthcare services. Nurses at private hospitals also experience immense pressure to deliver optimal care to patients. This stress and anxiety can negatively impact their overall well-being, both physically and emotionally. Their PC should be met in these with the aim of enhancing performance (Yuwanich et al., 2017). Research examining the link between PC fulfillment and PW remains relatively sparse, especially in relation to nurses working in private hospitals in Malaysia. Relatively few studies have examined this issue. One such study by Abd Majid, Abd Hamid, Alwi, and Sulaiman (2019) documented psychological health concerns among nurses in Malaysian private hospitals through an assessment using the Depression, Anxiety, and Stress Scale (DASS-21). The results depicted the unsatisfactory factors for all items indicating the frequency of PW problems in the nurses (Abd Majid et al., 2019). Thus, the study of nurses in private hospitals in Klang Valley Malaysia has been the focus of this research project as there is a pressing need to put the PC study into practice (Narayanan & Lai, 2021). Thus, there is a need to conduct a detailed study about the effect of PC

on the PW of nurses in the private hospital of Klang Valley Malaysia to help improve both the quality and quantity of nursing staff.

1.4 Definitions of Key Terms

1.4.1 Psychological Contract

PC describes the implicit and largely unwritten set of mutual expectations and obligations perceived to exist between employees and their organizations (Rousseau, 1995).

1.4.2 Autonomy and Control

AC are related ideas that describe the balance of independence and authority within a particular context. Autonomy is the capacity and freedom of a person or entity to make independent decisions and act according to their own judgment, while control involves the authority, power, or influence exerted by individuals, organizations, or systems to manage, direct, or regulate actions and outcomes. The interplay between AC is crucial in determining how decisions are made and how actions are executed in each situation (Grimwood, 2019).

1.4.3 Organizational Rewards

Organizational Rewards (OR) in nursing refer to the tangible and intangible benefits provided by healthcare institutions to recognize and motivate nursing staff. These rewards encompass competitive pay structures, incentive-linked bonuses, opportunities for professional growth, and acknowledgment of employee contributions. The aim is to acknowledge and incentivize the valuable contributions of nurses, fostering a positive work atmosphere and increase overall JS (Negussie, 2012).

1.4.4 Organizational Benefits

OB, refers to "employee benefits," means array of rewards, services, and offerings that organizations provide to their employees as part of their overall compensation package beyond their base salaries. These benefits are designed to improve health and job happiness, and overall quality of life of workers. OB can take various forms and typically include Health Benefits, Retirement Benefit, Paid Time Off, Life and Disability Insurance, Educational Assistance, Transportation Benefits (Ong et al., 2019).

1.4.5 Growth and Development

Growth relates to the advancement in one's career in terms of position, responsibilities, and often, income. It typically involves climbing the career ladder, getting promoted to higher roles, and taking on more significant duties and development focuses on the development of skills, knowledge, and competencies within a professional role. Professional development can occur through formal education, workshops, training programs, certifications, mentoring, self-study, and on-the-job experiences (Ong et al., 2019).

1.4.6 Job Satisfaction

JS represents the extent of favorable or unfavorable judgments about many aspects of their job: the task, the work environment, the interpersonal relationships that develop, and feelings about the job in general (Lee et al., 2022) .

1.4.7 Work Motivation

Work motivation refers to the dynamic set of internal and external influences that prompt individuals to take proactive action, persist in, and invest effort into work-related tasks and goals. It encompasses both the factors that trigger engagement and those that support continued commitment over time. In organizational contexts, work motivation reflects the psychological

mechanisms and incentives that stimulate, guide, and maintain behavior directed toward achieving desired professional outcomes (Ye et al., 2024)

1.4.8 Psychological Well-being

PW can be understood as a person's overall mental and emotional functioning and reflects both how people feel and how they evaluate their lives. It encompasses positive emotional experiences, a sense of life satisfaction and meaning, ongoing personal development, and the capacity to cope with stress and maintain supportive interpersonal relationships. In occupational contexts, PW is particularly important because it influences employees' motivation, resilience, and ability to function effectively under demanding conditions (Chaurasia, 2024).

1.4.9 Nursing

Nursing is a profession and a field of healthcare that focuses on providing care, support, and medical attention to individuals of all ages who are experiencing illness, injury, or other health-related conditions. Nurses play a central role in supporting patients' health and well-being. Their professional roles extend across multiple healthcare contexts, such as acute care hospitals, outpatient facilities, long-term residential care centers, and community or home-based healthcare services (Henderson, 1978).

1.4.10 Klang Valley

Klang Valley serves as a key economic hub in Malaysia, encompassing Kuala Lumpur, Putrajaya, and several surrounding cities and towns in Selangor, including Petaling Jaya, Shah Alam, Klang, Gombak, Hulu Langat, and Sepang (Makmom Abdullah et al., 2012).

1.5 Research Objectives

1.5.1 General Objectives

This research is designed to examine to recognize and comprehend the influence of PC elements on PW of nurses in private hospital of Klang Valley Malaysia.

1.5.2 Specific Objectives

1a. To investigate whether AC has significant impact on PW of the nurses.

1b. To investigate whether OR has significant impact on PW of the nurses.

1c. To investigate whether OB has significant impact on PW of the nurses.

1d. To investigate whether GD has significant impact on PW of the nurses.

2a. To investigate whether AC has significant positive influence on JS of the nurses.

2b. To investigate whether OR has significant positive influence on JS of the nurses.

2c. To investigate whether OB has significant positive influence on JS of the nurses.

2d. To investigate whether GD has significant positive influence on JS of the nurses.

3. To determine whether JS has a significant effect on PW among nurses.

4a. To investigate whether JS mediates between AC and PW of the nurses.

4b. To investigate whether JS mediates between OR and PW of the nurses.

4c. To investigate whether JS mediates between OB and PW of the nurses.

4d. To investigate whether JS mediates GD and PW of the nurses.

5. To investigate whether Employee MO moderates the relationship between JS and PW.

1.6 Research Questions

The following research questions guide the study.

1a. Does AC have significant impact on PW of nurses?

1b. Does OR have significant impact on PW of the nurses?

1c. Does OB have significant impact on PW of the nurses?

1d. Does GD have significant impact on PW of the nurses?

2a. Does AC have a significant positive impact on JS of the nurses?

2b. Does OR have significant positive impact on JS of the nurses?

2c. Does OB have significant positive impact on JS of the nurses?

2d. Does GD have significant positive impact on JS of the nurses?

3. Does JS have a significant impact on the PW of the nurses?

4a. Does JS mediate between AC and PW of the nurses?

4b. Does JS mediate between OR and PW of the nurses?

4c. Does JS mediate between OB and PW of the nurses?

4d. Does JS mediate between GD and PW of the nurses?

5. Does employee MO moderate the relationship of JS and PW of the nurses.

1.7 Significance Of Study

This study contributes insight into how nurses' perceived control is related to their perceptions of workload in private hospitals in Klang Valley, Malaysia. Considering growing concerns around staff burnout, turnover, and job dissatisfaction, this study identifies how core PC elements such as OR, benefits, autonomy, and opportunities for growth impact nurses' overall well-being. These insights are not only relevant to hospital administrators, HR managers, and nursing supervisors but are also crucial for the Ministry of Health (MOH) and healthcare policymakers who are responsible for regulating standards in both public and private healthcare sectors. This study explores how PC fulfillment relates to PW through an examination of JS as a mediating process and motivational orientation as a moderating influence. The findings provide useful guidance for refining human resource management strategies, informing evidence-informed policy development, and shaping training initiatives aimed at improving nurse retention and care standards. More broadly, the results contribute to ongoing efforts to promote a more sustainable, resilient, and psychologically supportive nursing workforce within Malaysia's private healthcare sector.

1.8 Chapter Layout

1.8.1 Chapter 1 Introduction

Chapter 1 introduces the study by outlining its background, identifying the research problem, and stating the research objectives and questions. It also discusses the relevance of the study, describes the organization of the thesis, and provides a brief overview of the chapter content.

1.8.2 Chapter 2 Literature Review

Chapter 2 reviews relevant academic literature presents the conceptual framework, highlights gaps in existing research, and summarizes prior findings that inform the development of the study's hypotheses.

1.8.3 Chapter 2 Methodology

Chapter 3 describes the methodological design of the research, including the research approach, data collection procedures, sampling strategy, analytical framework, and the techniques used for data analysis.

1.8.4 Chapter 4 Research Result

Chapter 4 presents and analyzes the empirical findings of the study. The data are examined using SmartPLS 4.0 for structural equation modeling and Statistical Package for the Social Sciences (SPSS) for descriptive statistics, reliability testing (including Cronbach's alpha), and regression-related analyses.

1.8.5 Chapter 5 Discussion and Conclusion

Chapter 5 discusses the results in relation to research questions and existing literature, outlines the theoretical and practical implications of the findings, acknowledges the study's limitations, and offers recommendations for future research.

1.9 Conclusion

This chapter has established the context and direction of the present research by describing the study setting, identifying the central problem, and clarifying the research objectives and questions. It has explained why examining PC and nurses' PW in private hospitals in Klang Valley is both theoretically relevant and practically important. The chapter has also specified how JS is expected to function as an intervening process and how motivational orientation may condition this

relationship. These clarifications prepare the ground for the remainder of the thesis, beginning with a detailed examination of prior research, together with an overview of the research design and procedures, and concluding with an analysis of the empirical findings.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter examines existing research related to the main variables of the study. It concludes by introducing the conceptual framework utilized, followed by the development of hypotheses.

2.2 Social Exchange Theory

Social exchange theory (SET) states that adherence to specific exchange standards is a requirement for the growth of favorable work connections (Zhao et al., 2020). If workers perceive that the outcomes they receive are lower than what they were promised, they may respond negatively by withdrawing from others or engaging in destructive behavior to regain balance, especially if they feel that they are contributing more to the organization than they are receiving (Pattnaik, 2018). Social exchange involves vague responsibilities, and each side must have faith in the other that the benefits received will be returned. Benefits are reciprocated to build trust, which makes it easier to grant advantages and fulfil responsibilities over the long term. In essence, SET explores how "personal commitments, appreciation, and trust" shape social exchange interactions (Stafford & Kuiper, 2021). As one party's activities depend on the other's responses, the interchange of economic and socioemotional resources and adherence to the reciprocity rule are essential (Freiha & Sassine, 2023). According to the SET, people act in ways that benefit them to get rewards from others. This means that employees may be more inclined to act in ways that are advantageous to their employers if they think they will be rewarded in return, which is relevant to PC breach. For instance, if an employee thinks he will be rewarded with job stability, recognition, and other perks, he may exhibit stronger work motivation and show loyalty to his employer. When workers believe

that their PC are being honored and fulfilled, they may be more willing to engage in actions that are advantageous to their employers (Hayes & Keyser, 2022). The principle of social exchange has been applied to describe how people behave after a PC has been broken. According to the SET, issues would occur if the effort put forth was not reciprocated and the cost of the relationship was more than the advantages gained (Ahmad et al., 2023). SET conceptualizes PC as reciprocal relationships between employers and employees. When organizations offer equitable rewards, developmental opportunities, and a degree of autonomy and control (AC) at work, employees are more likely to perceive acknowledgment and appreciation for their contributions. This perception strengthens the PC, as employees feel obligated to reciprocate with loyalty, commitment, and high performance. Elements like OR, personal development, and workplace autonomy are seen as part of this exchange, and when fulfilled, they promote positive employee attitudes and behaviors. Figure 2.2.1 illustrates the application of SET in the context of the PC and its influence on employee outcomes.

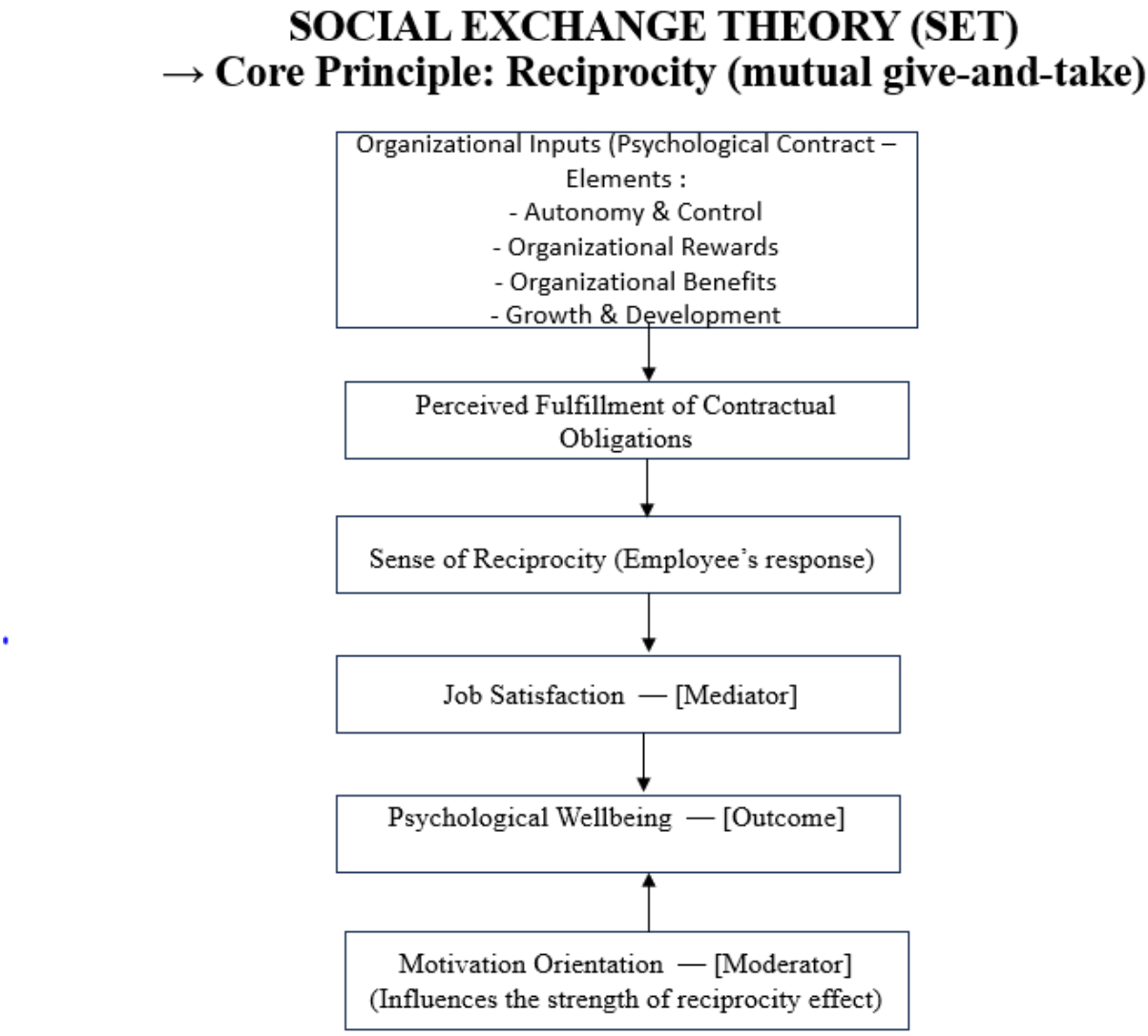

Figure 2.2.1. Conceptual framework of the study grounded in social exchange theory (SET)

In short, there should be equality in an exchange. According to research, people will carry out actions if they are compensated for doing so. This has to do with the idea of reinforcement. People will be compelled to take particular acts by associating them with certain benefits (Stafford & Kuiper, 2021). Therefore, if these rewards are not supplied, the exchange would become unfair, which would cause behavioral change. This also generates an environment of interconnection where one party's activities are dependent on the behavior of the other. To start the ongoing circle

of reciprocation, the process must start with one party's action (Mohammad et al., 2021) . As a result, this encourages behavioral responses to PC. One way to relate the PC to SET is by considering the concept of reciprocity. SET suggests that people feel bound to show reciprocation when they receive benefits or favors from other (Flynn & Yu, 2021). Similarly, in the PC, employees may develop a greater sense of ownership and accountability to fulfill their obligations and meet the expectations of their employers when they receive certain benefits or rewards (Hoye & Kappelides, 2021). Mutual exchange between employees and organizations is central to both PC theory and SET. In summary, the PC and SET are closely related concepts. Both emphasize the significance of mutually beneficial relationships, trust, and the exchange of positive aspects and responsibilities shared by both employers and staff members. A theoretical framework to comprehend the PC dynamic and the way it affects employee attitudes and behavior is provided by the SET. SET gives a useful lens for explaining how ongoing interactions between employees and organizations shape work-related attitudes and behaviors. From this perspective, PC emerge as a result of perceived mutual expectations, in which individuals contribute their time, skills, and effort in anticipation of tangible and intangible returns such as compensation, recognition, and avenue for professional progression (Herrera & De Las Heras-Rosas, 2021). A core assumption of SET is that these exchanges are evaluated in terms of fairness and balance. When employees come to believe that their contributions are treated fairly and that organizational commitments are honored, they tend to exhibit more favorable work-related attitudes, loyalty, and fulfillment of their own psychological obligations toward the organization. In contrast, perceptions of inequity or unmet expectations can undermine the PC and give rise to unfavorable outcomes, including reduced commitment and lower job satisfaction (Hoye & Kappelides, 2021). SET therefore highlights the role of trust, reciprocity, and commitment in sustaining stable and productive

employment relationships. Within the context of PC, this implies that confidence in organizational promises is central to maintaining positive employee attitudes and behaviors.

2.3 Psychological Well-being

PW refers to a condition in which an individual recognizes his potential, effectively manages everyday stress, performs work efficiently, and makes meaningful contributions to his community (Kundi et al., 2021). Anxiety and depression disorders, workplace violence, stress, and burnout are common psychological problems that have been reported in previous research on nursing work-related wellness (Kundi et al., 2021). Nursing is a very demanding job that entails heavy physical and emotional loads; it also has a high risk for the development of stress, anxiety, and depression (Santos et al., 2021). (Wu et al., 2021) reported that extrinsic effort, excessive work commitment, and elevated job demands were related to high anxiety and depressive symptoms. In contrast, higher levels of social support, perceived rewards, and skill recognition were associated with fewer psychological health difficulties. PC fulfilment and improved psychological wellness have been associated with lower levels of emotional tiredness. These relationships may be accounted for by the feelings of control and predictability process, that holds that fulfilled commitments reduce employee uncertainty, which in turn reduces stress and enhances well-being (Dobešová Cakirpaloglu et al., 2024). PC violations have been recognized as significant contributors to reduced PW (Rodwell & Ellershaw, 2024). Burnout is a psychiatric disorder that can emerge from repeated stressful events and is distinguished by mental fatigue, and decreased levels of performance (Rodwell & Johnson, 2022). Psychological distress has been largely connected to job dissatisfaction, burnout, and the urge to quit (Stefanovska-Petkovska et al., 2021). Inadequate psychological health has an impact on nurses' JS, and it can be lessened and treated with early detection. This condition may be associated with changes in the standard of PC provided by nurses

in both their personal and professional life (Cranage & Foster, 2022). A person's whole mental condition, including emotions of joy, contentment with life, and constructive functioning is referred to as PW. It is a complicated idea with social, psychological, and emotional elements (Dhanabhakyam & Sarath, 2023). Maintaining PW is essential for nurses since they deal within a work environment characterized by multiple stressors, such as prolonged working hours, high patient volumes, and substantial emotional demands (Soomro et al., 2023). Nurses' PW can be positively impacted when they perceive that their employers are fulfilling their PC (Lu et al., 2023). Higher levels of JS and PW are a result of an encouraging workplace acknowledgement of their input and availability of tools that help them execute their work (Xue et al., 2024). Conversely, nurses may experience detrimental effects on their psychological health if they witness a violation of their PC, including unmet expectations or a lack of assistance, job uncertainty and feelings of betrayal (Knapps, 2022). The PW of nurses is significantly influenced by organizational assistance, particularly assistance from supervisors and organizational regulations that promote the welfare of employees (Bartholomew, 2023) Better psychological health outcomes and increased JS can result from a favorable PC in which nurses experience a sense of professional value and encouragement (Atan & Obeng, 2024). A dynamic and ever-changing concept, PW can be impacted by a range of internal and external elements, such as life experiences, individual values, coping mechanisms, and the satisfaction of psychological requirements. It is an essential component of an individual 's general well-being and greatly influences how one experiences and deals with the joys and hardships of life (Kozusznik et al., 2023). Workload and PC responsibilities have also been identified as primary stressors among nurses (Ali & Gir, 2025). The correlation between heavy workloads and increased stress levels is evident in various studies. Additionally, the common, irregular work shift contributes to disrupted sleep patterns, leading to psychological

distress(Alghamdi & Bahari, 2025). Interpersonal relationships and workplace culture also play an essential role in nurse satisfaction and overall health (Nemati-Vakilabad et al., 2025). According to research, nursing practitioners' PW may influence patient outcomes and satisfaction. emphasizing the interconnectedness of healthcare providers' well-being and the overall healthcare experience (Nemati-Vakilabad et al., 2025). Interventions in the aspects of Mental health support, stress management , and work-life balance have been observed to be highly effective in diminishing the psychological pressure of healthcare staff (Emmanuel & Nwuzor, 2021). Understanding and evaluating nurses' PW can offer important insights into how their perceptions of the PC may affect their psychological health in light of the studies examining the connection between psychological health and the PC.

2.4 Job Satisfaction

JS is defined as the positive emotion one has when one's needs or aspirations in the workplace are realized (Ackah et al., 2025). An organization's ability to attract and retain staff may be improved by raising JS in the organization (Younis & Shabaan, 2025). Job discontent has a negative impact on productivity, creativity, and longevity at work and is linked to employee disengagement, intention to leave, and burnout (Ronyak, 2025). It has been discovered that JS is related to how people feel about their work and tasks (Naseem et al., 2025). Most research on nurses JS have concentrated on ways to attract and keep nurses by fostering an atmosphere that motivates them to continue in the field. Higher JS boosts nurses' dedication and morale, which increases the likelihood that they will stay in the profession (Campa, 2025). One of the most significant factors impacting the caliber of nurses' performance in an organization has been recognized as job happiness. The degree of harmony between a job's personnel expectations and its attributes is a frequent definition of JS (Gautam et al., 2025) Since nurse satisfaction has a direct

effect on the standard of PC, this subject is still intensely debated and highly regarded (Whitehead et al., 2023). In a study conducted by (Ingsih et al., 2021), it is found that both the physical and social characteristics of the work environment such as safety, cleanliness, and quality of professional relationships with colleagues and supervisors are associated with JS. Jobs that provide meaningful and fulfilling tasks tend to lead to higher JS: the perks and pay package, which include medical coverage, incentives, and salary, and other perks, play a significant role in an persons 's overall job contentment (Mabaso & Dlamini, 2021). These indicate that JS depends on striking an appropriate equilibrium between obligations to one's private life and work obligations. Higher JS is typically seen in positions that provide flexibility and support for work-life balance (Rashmi & Kataria, 2023). The availability of career development opportunities and the potential for advancement within the organization have an impact on JS among nurses (Contreras et al., 2021). Moreover, job happiness depends on feeling respected and appreciated for one's contributions and efforts at work (Jha et al., 2024; Wong, 2024). The perception of job stability and security can influence how satisfied individuals are with their jobs (Bolatito & Mohamoud, 2024). Excessive workload and job-related stress can negatively affect JS in nursing profession (Abo Elmagd et al., 2024). Employees with higher JS are more likely to be devoted to their job and demonstrate higher degrees of dedication to their organizations (Babapour et al., 2022). Understanding their degree of pleasure at work is crucial as it may influence their psychological health and overall well-being. For example, it is more probable for nurses who are happy in their positions to experience decreased levels of stress and burnout, which can have favorable effects on their PW. Conversely, nurses who are unhappy in their positions might face an increased likelihood of encountering PW challenges and reduced overall life satisfaction (Rahmi & Meilani, 2023). Empirical evidence indicates that nurses' JS is highly influenced by their work atmosphere (Alzadjali & Ahmad, 2024).

Effective leadership and management styles are crucial in shaping nurses' JS. Studies indicate that supportive leadership positively correlates with increased JS (Villegas-Puyod et al., 2024). Hence, JS is closely associated with workload and staffing conditions, with higher nurse-to-patient ratios and excessive work demands commonly linked to lower levels of satisfaction. JS is also a critical predictor of nurse retention, as higher satisfaction levels are associated with a greater intention to remain in one's current position, thereby contributing to lower turnover rate (Laws, 2024). Moreover, JS among nurses has meaningful implications for the standard of patient care, since greater satisfaction is linked with more constructive care behaviors and improved patient experiences (Bardhia et al., 2025). In contrast, reduced levels of JS are associated with elevated risks of professional burnout. Recognizing this relationship is important in designing effective strategies to mitigate burnout within the nursing workforce (Cao et al., 2024). Organizational support mechanisms, such as access to training and career development pathways, have been found to strengthen JS. Nurses who perceive encouragement for their professional growth are more likely to report higher satisfaction with their roles (Salleh et al., 2024) . In a similar way, acknowledgment and appreciation of employees' contributions are linked to more positive work-related attitudes, as regular recognition enhances feelings of value and fulfillment (Celestin et al., 2024). Flexible work arrangements also appear to contribute positively to JS by facilitating improved integration of professional and personal responsibilities. Maintaining harmony between work and personal life has been associated with better overall well-being among healthcare professionals (Rotea et al., 2023).

2.5 Psychological Contract

PC refers to employees' subjective understandings of the mutual obligations that exist between themselves and their organization. Once an employee thinks he must provide to the employer while

anticipating rewards from that employer, those beliefs will transform into contracts (Rousseau, 1990). PC is also defined as a collection of concepts that both sides agree to give and take into account contributions of both parties (Morrison & Robinson, 1997). For a PC to take place, someone must initially recognize that the two parties have a reciprocal connection: on the other hand, it is unilateral and does not make the other person accountable if the contract's terms are breached (Rousseau, 1989). Employee beliefs may be seen as an incentive to work and contribute if companies (employees) consistently satisfy the employees' assumptions. Employees have expectations regarding what they will receive from the organization in terms of rewards, opportunities, and support, while organizations have expectations regarding employees' performance, loyalty, and commitment and these mutual expectations are key components of PC. Both employees and organizations have to feel responsible to accomplish their perceived promises and commitments. In return, employees are motivated to devote time, effort, and competencies to the organization for the realization of anticipated rewards and avenues (Herrera & De Las Heras-Rosas, 2021). Two essential components of the PC are fairness and trust. While organizations trust that employees will carry out their responsibilities diligently and respect organizational value, employees trust that the organization will keep its commitments and treat them fairly (Lambert et al., 2020). Employee attitudes, actions, and results relating to their jobs are shaped by the PC. Workers feel valuable, dedicated, and try to engage in their work when they believe that the organization keeps its commitments and pledges. On the other hand, PC violations or breaches can result in feelings of distrust, animosity, and a decline in motivation (Botha & Steyn, 2020). Due to interactions and experiences between employees and the organization, the PC is dynamic and changes over time. Changes in organizational culture, leadership, working conditions, and outside variables can all affect how people view the PC (Bankins et al., 2020). Hence, this study

incorporates Kickul and Lester's four-factor model, which includes AC, OR, OB, and GD (Kickul & Lester, 2001). Literature frequently identifies these four elements as essential elements of the PC that exists between workers and their employers. They represent fundamental aspects of the employment relationship that have been consistently linked to employee attitudes, behaviors, and outcomes. Numerous studies have been carried out and they have determined that factors such as high income, progress and promotions, balancing work and life , stability at work , and many more are aspects of the PC (Robinson et al., 1994). However, this study uses four-factor model as suggested by (Kickul & Lester, 2001).

2.6 Autonomy and Control

In the nursing profession, AC are essential concepts because they have a direct impact on nurses' psychological health, job happiness, and overall performance. (Iturriaga, 2024) stated that the degree of control over decisions workers may make while performing their jobs could be defined as autonomy. Autonomy is now understood to include the need to control one's own experiences and activities. The conventional view that autonomy means independence is thought to be considerably different from the new mindset. In essence, autonomy can be found in many different areas of work and is primarily classified into two types: "occupation control" and "timetable control." Occupational control describes the extent to which employees can exercise discretion over their tasks and work-related behaviors, whereas schedule-related control refers to the degree of flexibility workers have in organizing their working time, including decisions about when and where work is carried out. Together, these dimensions reflect the level of autonomy that employees may be granted within their roles, as well as how individuals manage decisions related to the integration of work and personal life. Employees who are afforded greater autonomy are often willing to invest additional time and effort in their work, as autonomy tends to enhance the

perceived meaningfulness and safety of their roles. From an organizational perspective, these arrangements are intended to reduce staff turnover by enriching job design and increasing the challenge and responsibility associated with work tasks (Shahzad et al., 2018). Prior research indicates that higher levels of job autonomy, including greater discretion over work settings and scheduling, are associated with increased job satisfaction. The degree of employee autonomy and JS have been shown to be directly correlated. The amount of JS increases with increased autonomy (Hinojosa-López, 2022). In contrast, research suggests that medical professionals have less autonomy at work, which lowers their level of happiness because they are expected to be on standby and perform advanced decisions ("Advanced decisions") in the context of medical professionals refer to the ability or expectation for these professionals to make complex or high-level decisions in their practice. In this statement, the reference to advanced decisions highlights the challenging and critical nature of the choices that medical professionals are required to make in their roles or practices (Mücke, 2024). Additionally, the degree of autonomy that a person needs to meet their innate psychological needs might have an impact on their motivation and behavior depending on how strongly different people need autonomy. The ability to make decisions and the flexibility to select courses of action that align with one's knowledge base are characteristics of autonomy. The capacity to effectively utilize one’s professional knowledge and offer healthcare services within the scope of one's profession as defined by organizational and professional norms is known as nursing professional autonomy (Rouhi Balasi et al., 2024). The degree of flexibility and independence granted to an individual to effectively accomplish his work is known as work autonomy. Such autonomy is essential for the field of nursing to develop into a thriving, healthy profession. Nurses cannot perform their duties effectively if they are unaware that they work in a setting that is independent and self-sufficient. In clinical practice, autonomy is seen by nursing

professionals as a source of power and an essential component of their professional identities. Nurse supervisors are primarily accountable for encouraging the independence of nursing staff members. Therefore, they ought to be equipped with the information, abilities, and protocols that allow staff nurses to maintain their autonomy (Naseem et al., 2018). According to the study, nearly fifty percent of nurses on staff considered their level of specialized nursing autonomy to be average. Even if the lowest percentage had high levels, these levels were found in the lowest %. However, this can be attributed to staff nurses taking responsibility for their conduct. As a result, insufficient organizational support can adversely affect nurses' professional development by limiting their autonomy, reducing their involvement in decision-making processes, and restricting their participation in specialized teams responsible for establishing PC protocols and standards (Saeed Ahmed Abd-Elrhaman et al., 2023). Designing productive workplaces requires an understanding of the complexities of professional autonomy. Incorporating nurses into decision-making procedures and improving nursing through shared leadership are crucial for increasing the hiring and continued retention of qualified professionals (Pursio et al., 2021). Nursing should be a job that provides independence and authority, the chance to acquire new abilities and adequate resources and liabilities to complete the mission, expanding work duties, and getting involved in making decisions (Khoshnaw & Alavi, 2020). Autonomy refers to how independent and powerful nurses are in making choices and performing their responsibilities as professionals. Contrarily, control denotes the degree to which nurses are able to exercise discretion over their workplace and PC (Alruwaili & Abuadas, 2023). The literature suggests that nurses experience higher JS when they are afforded increased independence and discretion in managing their work responsibilities. Furthermore, nurses who are willing to actively participate in decision-making processes typically exhibit greater MO to deliver high-quality PC and improved morale (Alsaqqaf, 2023). Nurses'

psychological health is directly impacted by their degree of autonomy. According to a study, nurses who had more autonomy reported feeling less burned out and emotionally spent. Nurses who have autonomy are better able to prioritize tasks, manage their workload, and take breaks, when necessary, which lowers stress and enhances PW. Nevertheless, the lack of professional autonomy may contribute to increased feelings of frustration among nurses, helplessness, and stress on an emotional level : all of which can have a detrimental effect on nurses' general well-being (Alruwaili & Abuadas, 2023). Additionally, autonomy is linked to successful healthcare results. More autonomy gives nurses the ability to better customize PC plans, manage resources efficiently, and act quickly in emergency situations. Studies found that nurses were more probable to use evidence-based procedures and provide patient-focused care when they had more autonomy. Better clinical results and patient satisfaction follow from this (Pursio et al., 2021). Although autonomy is necessary for nurses' well-being and contentment at work, the degree of autonomy they feel might vary depending on several circumstances. Healthcare legislation, leadership philosophies, and organizational culture all have a big impact on how autonomous nurses are. More autonomy among nurses is typically fostered by hospitals that place a high priority on an empowering and supportive culture (Labrague et al., 2019). On the other hand, top-down decision-making and bureaucratic settings may restrict nurses' autonomy, which could result in more burnout and worse JS. Healthcare organizations must create a collaborative and encouraging work atmosphere, enable teams to make decisions together, and offer chances for career advancement if they want to support nurses' autonomy. A more contented, driven, and psychologically sound nursing staff in hospitals can result from highlighting AC as crucial aspects of the nursing career (Molina-Mula & Gallo-Estrada, 2020). According to other research, autonomy is a fundamental need and requirement of

a person's cognitive and psychological needs and is crucial for creating intrinsic motivation in workers' thoughts.

2.7 Organizational Rewards

OR can be defined as the range of tangible and intangible rewards given by an organization to employees in return for their contributions, which are perceived as valuable, desirable, and motivating (Alvanoudi et al., 2023). Offering rewards that include a range of benefits to employees as part of a PC is one of the things that organization must consider assisting employees in achieving effective performance. Rewards serve not only as a form of compensation but also serve as a key driver of employee motivation to put in greater effort. One effective approach to continuously improving employee performance is to implement an incentive, a framework that acknowledges both material and non-material contributions and compensates staff based on the level of achievement required. Meeting employee needs may be a top priority for organizational entities to improve operation. Giving out awards is essential to encouraging employees to put in more effort in addition to acting as a form of remuneration. Adopting incentive programs that compensate staff members for both tangible and intangible accomplishments, is required for employees' well-being. The significance of implementing a reward system is that it is an essential part of organization that depends on when, where, for whom, and on what basis they are provided as incentives can take many different forms (Mokorimban et al., 2023). OR and nurses' JS have been linked in studies. Nurses generally experience greater JS when they believe that their contributions and efforts are sufficiently valued and acknowledged (Vinitha, 2022). In other words, OR can help employees feel valued and accomplished at work. When nurses are acknowledged and appreciated for their contributions, they are more likely to feel respected, leading to greater JS and stronger commitment to the organization(Morton et al., 2020). Nurses' MO and involvement in their jobs are directly

impacted by rewards, which means nurses are highly motivated to perform at their highest level by financial incentives, performance-based bonuses, and career progression chances. When nurses are willing to go above and beyond PC and feel that their work will be acknowledged and recognized, they are more inclined to exhibit tenacity, devotion, and commitment. In contrast, a lack of rewards and recognition might cause people to feel less engaged, demotivated, and committed to the organization (Ge et al., 2021). Financial rewards are a fundamental aspect of organizational compensation. Studies suggest that competitive salary structures, bonuses, and other financial incentives positively influence nurse retention and JS. Financial rewards not only recognize the value of nurses' contributions but also serve as a motivational factor (Moon, 2023). Non-monetary benefits like acknowledgement, gratitude, and chances for professional growth are crucial in addition to monetary pay. Research by (Krishnamoorthy et al., 2020) indicates that nurses highly value acknowledgment of their efforts. Programs that highlight achievements and provide avenues for professional growth contribute significantly to JS. OR can be broadly grouped into intrinsic and extrinsic forms. Intrinsic rewards are non-financial in nature and arise from the work itself, including opportunities for personal development, a sense of accomplishment, recognition, and engagement in meaningful activities. These internal rewards strengthen self-motivation and are closely associated with employees' PW. Extrinsic rewards, by contrast, refer to tangible benefits supplied by the organization, such as wages, bonuses, allowances, promotions, and other material incentives. These external rewards are intended to address practical needs and often contribute to improvements in job satisfaction and work performance. Both forms of rewards play an important role in shaping employee attitudes, behaviour, and well-being, particularly in demanding work settings such as healthcare. Achieving an appropriate balance between intrinsic and extrinsic rewards is therefore important for the design of effective human resource practices

that support nurses' PW (Manzoor et al., 2021). A carefully designed reward structure can enhance both JS and PW, especially when it integrates intrinsic elements (e.g. recognition, autonomy, and personal development) with extrinsic incentives (e.g., salary and bonuses). This sense of appreciation increases JS, fosters a positive work environment, and reduces stress levels, all of which support PW. For nurses in particular, consistent recognition and fair compensation can strengthen their commitment and emotional resilience, leading to better performance and improved PC (Hoxha et al., 2024) The differences between personal expectations and the rewards provided by the organization can significantly impact how OR are perceived. When employees, such as nurses, expect certain forms of recognition, compensation, or development opportunities and these are not met, they may feel undervalued or dissatisfied. This gap between what is expected and what is received can lead to decreased JS and lower PW. Over time, this mismatch may also affect motivation, increase turnover intention, and reduce overall performance. Therefore, aligning OR with employee expectations is essential to maintain satisfaction and well-being (Chowdhury et al., 2022). The effect of reward distribution on nurses' JS is mostly dependent on how fair it is. Nurses are more likely to feel driven to achieve their goals and be satisfied with their careers if they think that awards are given out equitably, based on their performance and contributions (Ćulafić et al., 2021). Nurses may experience sentiments of resentment and decreased JS because of unfair or biased award distribution (Campbell, 2023). Overall, a comprehensive approach to OR positively correlates with nurse JS and retention. When nurses feel valued, supported, and adequately rewarded, they are more inclined to stick with their jobs, reducing turnover rates and enhancing the overall quality of PC (Pahlevan Sharif et al., 2023). The MO, contentment, and general health of nurses are significantly influenced by OR. When nurses receive proper recognition and awards

for their work, they are more likely to be happy in their career and exhibit greater levels of MO and loyalty to their organizations.

2.8 Organizational Benefits

PC is built upon the reward-benefit exchange notion ,Both have a similar expectation from this PC and will be advantaged by the two just as every single one of each type of employee will have individualistic expectations around working and its context, then also so has business with reference to productivity and usefulness of the employees (Kraak et al., 2024). Wherever there is a situation where the employee believes that he or she has worked on behalf of the company and there has not been due recognition of the need to compensate that value, there has been a breach of PC (Sylvia et al., 2024). Benefits like increased performance, organizational commitment and JS are attainable subsequent to comprehending the states, events and employee responses that lead to awareness of the work environment (Shayan et al., 2025). Healthcare benefits, retirement benefits, vacation benefits, and tuition reimbursement are examples of organizational benefits that help organizations fulfil the PC (H. Zhao et al., 2024). A complete compensation package for nurses must include organizational benefits like paid time off, retirement plans, healthcare coverage, and other perks. These perks are essential for staff retention and greatly enhance nurses' general job happiness (Samuel & Haozhen, 2024). Comprehensive benefits that foster nurses' general well-being and feeling of security include health insurance, dental care, and retirement plans. With all these, nurses are more inclined to feel valued and cared for by their employer. Nurses develop high JS levels when they are provided with benefits that meet their needs (Asare, 2019). On the other hand, inadequate perks could cause nurses to feel dissatisfied and less devoted to their work. Nurse retention is significantly impacted by organizational benefits. According to a study, nurses who thought their benefits package was adequate and worthwhile were more likely

to stay in their current positions and show loyalty to their company (Moortezagholli, 2020) . However, at private hospitals, a lack of alluring incentives could be a factor in employee turnover and nursing shortages. The degree to which OR are customized to the specific needs of individual nurses determines the extent to which they impact JS and retention. Healthcare organizations that provide customizable employee benefits that allow nurses to select rewards that are appropriate for their situation are prone to achieve higher levels of satisfaction with work and engagement (Edwards-Dandridge, 2019). Additionally, organizations can also become responsive to changing needs by monitoring the needs and desires for benefits of the nurses on an ongoing basis. Organization benefits of the type such as paid leaves and family-support policies have great bearings on nursing professionals' work-life balance. By offering substantial amounts of paid holidays and leeway for attending family and personal matters, the employees are well-enabled to be successful in ensuring an optimal balance of work life as a result, there is higher JS. and less burnout (Ahmad, 2022). One of the major drivers that encourage the workers to work with greater enthusiasm and lower employee turnover in any firm are benefits. Providing comprehensive health insurance coverage and wellness programs relates to increased JS and retention in nurses. Access to healthcare benefits not only addresses the healthcare needs of nurses but also contributes to a sense of security and support (Al Zamel et al., 2020).

2.9 Growth and Development

To encourage GD, the following activities are carried out: employment counselling, career advice, new opportunities for personal development, and continuous professional training (Cabaya, 2023). In terms of improving nurses' abilities and delivering optimal treatment to the patient in their clinical practice, nurses must have access to professional development opportunities. Therefore, learning and instruction are crucial components of any retention technique. Nurses need to be

provided with the best possible medical care while upholding their professional standards. Therefore, it is believed that education and training are crucial components of any retention strategy. They can be better equipped to deal with the realities of life, such as increase in patients and clinical responsibilities, by getting more training and orientation. Since developing specialized training programs for nurses in hospitals requires a great deal of commitment, the knowledge and skills gained are not transportable. Several businesses have demonstrated that those who received training experienced more at ease, more efficient, and eventually demonstrated a strong commitment to the organization (Vázquez-Calatayud et al., 2021). By putting in place a range of training and development initiatives, organizations may provide their employees with the necessary knowledge, abilities, experiences, and skills while keeping them abreast of the most recent advancements. However, some companies decline to provide training programs because they see them as a financial and organizational burden. Notwithstanding this perspective, training is acknowledged as an essential human resource tactic that benefits the company and its employees (Rawashdeh & Tamimi, 2020). Opportunities for professional growth, such as workshops, certifications, and continuing education courses, significantly improve nurses' JS. Nurses feel respected and encouraged by their organization when they are given the opportunity to advance their skills and knowledge (Sesen & Ertan, 2022) Additionally, nurses who acquire new competencies have higher self-esteem, more JS, and confidence in their ability to carry out their duties. A key factor in nurse retention is the availability of advancement opportunities. The availability of clear opportunities for career progression increases the likelihood that nurses will continue in their current roles and have access to growth opportunities (Marufu et al., 2021). These options could be research project participation, mentorship programs, or job growth. When nurses perceive that their organization supports their long-term career goals, they are less inclined to seek

employment elsewhere. Nurses' sense of fulfilment and commitment to their organization are influenced by professional development programs, well-defined career progression pathways, and a learning culture. This leads to further increase in JS i and turnover rates are decreased when supportive leadership promotes and supports nurses' professional development. Continuous professional development through continuous education programs, workshops, and further academic qualifications is essential. This allows nurses to stay current on technological developments and implement best practices, ensuring quality care for patients (Mlambo et al., 2021). Obtaining certifications and specializing in a particular area of nursing is another significant aspect of nurses' professional growth. Specialization not only enhances a nurse's knowledge but also offers opportunities for career advancement (Halm, 2021). For personal development, optimal work-life equilibrium is essential. Adaptable scheduling, family-friendly policies, and a supportive work environment can help nurses achieve this balance (Dousin et al., 2021). Private hospitals must invest in offering complete growth opportunities that complement nurses' particular career goals in order to retain qualified nursing staff (Jeffries, 2022).

2.10 Work Motivation

Workplace MO can be the conscious or unconscious result of someone's desire to take action towards a particular objective. MO may make any task easier and faster, It could have an important effect on an individual's lifestyle, job, or educational path. Job MO is a critical component that influences the quality and extent of work-related outcomes in the healthcare sector (Ayub & Rafif, 2011). The process that causes someone to voluntarily put forth effort in his profession is known as work MO (Nehra et al., 2023). While a sense of accomplishment is an intangible aspect that influences MO at work, money is one of the tangible factors that encourage individuals in an organization. Only when there is MO in an organization can goal-directed performance be

maintained. Employees who are motivated to apply their knowledge and abilities put forth mental effort. MO is the driving force that shifts us from boredom to engagement. It directs our behaviors similarly to how an automobile's steering wheel does. The power that gives behavior, vitality and direction and supports the inclination to persevere is called MO. The above definition emphasizes that people need to be tremendously motivated and enthusiastic, have a keen concentration on what needs to be done, and have the capacity to offer their complete attention for long enough to accomplish their purpose and fulfil their goals (Arun, 2022). The basic framework of human MO's results also demonstrated that although individuals could feel pleasure in receiving rewards from others, like completing an action or receiving intrinsic rewards, others could find fulfilment in rewards from themselves, like receiving a promotion from a manage (Kiplimo, 2023). When people are motivated, their performance improves. The results indicate that MO is crucial for performance improvement in both public and commercial organizations. Empirical study indicates that performance is immediately impacted by MO. This is based on the connection between performance and MO. The results of this study align with previous research indicating that MO significantly influences employee performance, both directly and indirectly (Kuswati, 2020). Employee MO can also improve the performance of the organization. People who are driven will be happy in their positions. JS will therefore have an impact on performance, enabling it to contribute as best it can to the organization (Ali & Anwar, 2021). The level of productivity of a worker may be impacted by a low level of MO. The workers must labor to meet expectations such as a decent wage or salary, stable employment, respect and integrity, pay-based treatment, departmental rewards and performance-based promotion, a good working environment, and promotion. Internal desires that motivate people to engage in a task due to its rewards and sense of fulfilment are referred to as intrinsic MO. Intrinsically motivated nurses are enthusiastic about

what they do and believe that their work has intrinsic value (Matahela & van Rensburg, 2022). These nurses are more likely to report higher levels of JS since their line of work itself provides them with a sense of fulfilment and purpose. Rewards from outside sources, like pay, bonuses, or recognition, are the source of extrinsic MO. Although nurses' job performance may be impacted by extrinsic rewards, long-term job happiness is not always a result of these benefits (Thwin et al., 2023). Financial incentives, for example, may improve nurses' performance at first, but this effect may not last long if there is no intrinsic MO or JS. Thus, maintaining nurses' performance and JS requires a mix of extrinsic and intrinsic motivators. Nurses' MO levels are significantly impacted by their workplace environment. When nurses work in an environment that is encouraging, supporting, and growth-oriented, they are more motivated and content with their professions (Ghazawy et al., 2021). Conversely, a demanding or unsupportive workplace may cause nurses to become demotivated, have lower levels of JS, or even burn out. Well-crafted nursing positions that offer independence, diversity, and chances to use skills can enhance nurses' MO and JS. Nurses are naturally driven to perform effectively when they believe their work has purpose and is in line with their interests and abilities. Higher work performance, improved PC, and higher retention rates in private hospitals can all result from an understanding of and attention to the elements that drive nurses (Mohamed et al., 2024). The PC describes the set of unwritten, perceived expectations and obligations that guide the relationship between employees and organizations. When workers perceive that the organization lives up to its promises regarding job security, career development opportunities, fairness, and appreciation, they are more likely to feel an increase in motivation to perform effectively. Meeting these expectations fosters a supportive work environment where employees feel appreciated, resulting in increased intrinsic MO (Dhanpat, 2021). Trust plays an essential role in the PC, as employees who believe that the organization will honor its commitments

are more likely to stay dedicated to its goals and values. This feeling of dedication acts as a strong motivator, encouraging staff members to devote their time and energy to accomplishing company goals (Gulzar et al., 2024). The PC encompasses employees' perceptions of equity and fairness in their relationship with the organization. Perceived equitable treatment encourages employees to maintain motivation and continue investing effort in their roles. Conversely, perceived unfairness or inequity can lead to feelings of resentment and demotivation (Bolatito & Mohamoud, 2024). When organizational commitments are not upheld or breaches the PC through actions such as layoffs or downsizing, employees may perceive inequitable treatment or insufficient support, which can give rise to feelings of betrayal, anger, and disillusionment. This breach of trust and unmet expectations can severely damage employees' drive and dedication to the company, leading to lower performance and higher resignation intentions (Karatepe et al., 2021).

2.11 Justification For Variable Selection: Psychological Contract Elements, Mediator, And Moderator

This study focuses on four PC elements: OR benefits, GD, and AC. These elements were chosen because they play a central role in shaping employees' perceptions of their relationship with the organization (Kickul & Lester, 2001). They also affect JS and PW, especially for nurses in high-stress environments like private hospitals. JS is used as a mediator because it reflects how the fulfillment or breach of the PC impacts well-being. Work motivation is used as a moderator because it may intensify or diminish the relationship between PC and PW. Additionally past studies have not fully explored these four elements together or how JS and motivation affect this relationship, especially in the Malaysian healthcare setting. This study helps to fill that gap.

2.12 Research Gap

While PW among nurses has been extensively explored in healthcare literature, particularly concerning stress, burnout, and JS (Bamforth et al., 2023). there remains a notable lack of focus on the role of PC elements in influencing PW, especially within Malaysia's private hospital sector. Studies such as Almeida (2024) have investigated general determinants of nurse well-being, including workload, leadership styles, and organizational culture. However, these studies often overlook the PC framework, which encompasses employees' perceptions of mutual obligations between themselves and their employers (Almeida et al., 2024) . More specifically, dimensions of the PC, such as organizational rewards (OR), organizational benefits (OB), autonomy and control (AC), and opportunities for growth and development (GD), are critical factors that shape employee attitudes, yet their influence on nurses' PW remains underexplored. Although earlier studies have explored the effects of PC breaches, including their impact on employee behavior and attitudes, the specific dimensions of the PC have received comparatively little scholarly attention and how these elements specifically influence PW. Most existing studies, including those like (Aqil et al., 2023) have centered on PC breaches within public sector contexts. There is relatively little empirical evidence on how individual PC components positively affect nurses' PW, especially within the private hospital setting in Klang Valley, where organizational dynamics and expectations differ significantly, thereby limiting insight into these dynamics. This gap is particularly significant when viewed through the lens of SET, which posits that the employment relationship is built on reciprocal exchanges; thus, when nurses perceive that their PC are fulfilled through OR, benefits, autonomy, and growth opportunities they are more likely to reciprocate with enhanced PW (Ahmad et al., 2023). Additionally, the current literature does not sufficiently examine how JS may function as a mediating variable between PC elements and PW. For instance,

Qaiser and Abid (2022) investigated the impact of PC breach on happiness at work in the healthcare sector, identifying colleague support and deviant workplace behaviour as mediators in this relationship (Qaiser & Abid, 2022). However, their study did not consider JS as a mediating variable. This highlights a notable gap in the existing literature, as the mediating function of job satisfaction in the relationship between psychological contract elements and psychological well-being has received limited empirical attention. Examining this mechanism may offer a more nuanced understanding of the factors shaping nurses' well-being within Malaysia's private healthcare context. Moreover, although prior research has considered certain moderating influences in the relationship between PC breach and its outcomes, such as national culture, these factors remain insufficiently examined in relation to the present study's framework (Jayaweera et al., 2021), the moderating effect of motivation remains underexamined and showed that cultural contexts shape the relationship between PC breach, job performance, and employee turnover. However, the role of individual-level factors like motivation as potential moderators in the relationship between PC elements and PW has not been sufficiently addressed. This underscores the need for research that investigates motivation as a moderating variable in this context. By addressing these overlooked areas, this study aims to contribute to a more comprehensive and empirically grounded understanding of the factors that promote PW among nurses in Malaysia's private healthcare sector.

2.13 Proposed Theoretical /Conceptual Framework

The conceptual framework that is offered is founded on the historical and previous theoretical frameworks that have been reviewed. It is formed by independent variables, dependent variable mediated by JS and moderator by wok MO. Even though there have been numerous studies or research on this link in online hiring in the past, study of it is still limited. For this connection to

be established, more analysis, research, and analysis were required.

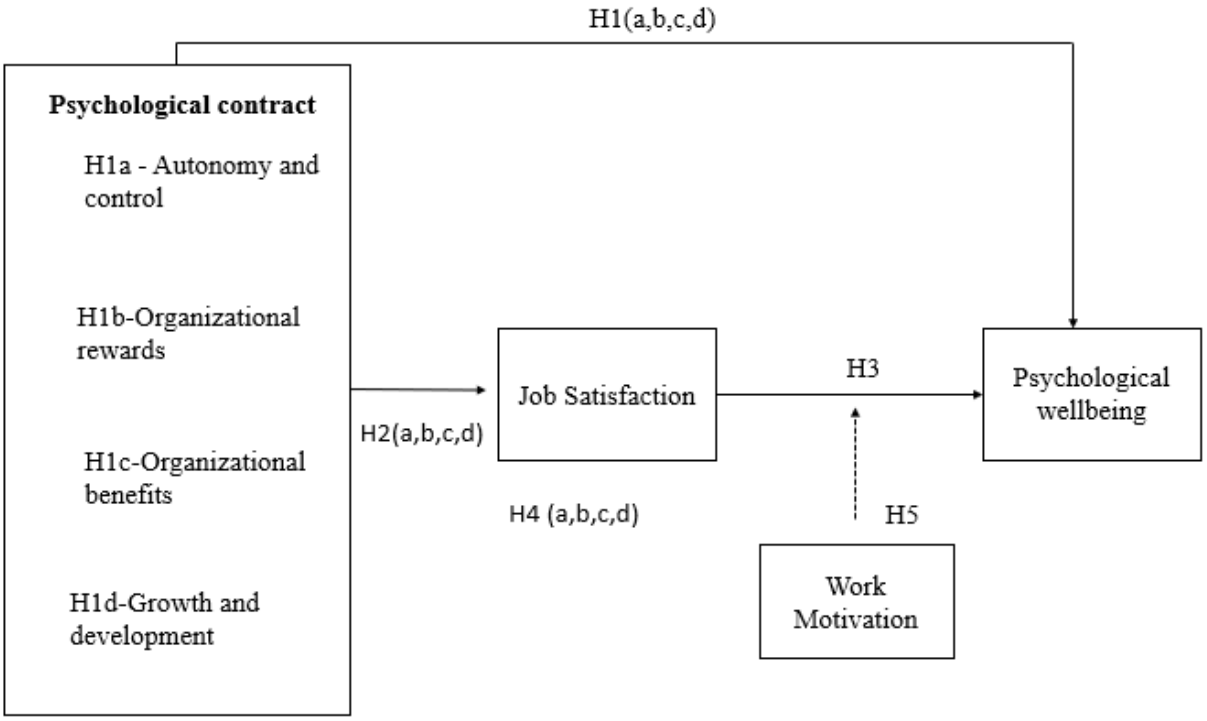

Figure 2.13.1. Conceptual Framework.

This framework is based on SET, which explains how relationships at work are built through mutual give-and-take. When nurses feel that the hospital is meeting its promises like giving rewards, growth opportunities, and autonomy, they are more likely to respond positively.

- PC (which includes autonomy, rewards, benefits, and growth) is the starting point. These are the things that the organization is expected to provide, so they are placed as independent variables.
- These factors influence JS, which acts as a mediator. This means that how satisfied nurses feel can help explain how the PC affects their PW.

- PW is the final result or dependent variable. It shows how mentally and emotionally healthy the nurses feel at work.
- Work motivation is added as a moderator, which means it affects how strongly JS impacts PW. For example, when motivation is high, the effect of JS on well-being becomes stronger.

The arrows in the diagram show the flow of influence from what the organization provides, to how the nurses feel, to their overall well-being with JS and motivation helping to shape the outcome.

2.14 Hypothesis Development

2.14.1 The Relationship Between Autonomy and Control and Psychological Well-being

Studies have found a strong connection between autonomy and PW (van Zoonen et al., 2023). Research has demonstrated that having autonomy at work can enhance JS, job performance, PW, and overall quality of life. Because individuals may manage stress associated with work better when they have more autonomy at work, job independence is regarded to be important for employee well-being. Autonomy in the nursing profession refers to the degree of independence and decision-making authority granted to nurses in their roles. Several studies highlight the positive impact of autonomy on JS and overall job-related well-being among nurses (Hall, 2021). Control within the nursing context involves the ability to manage work processes and make decisions regarding PC. Research by Misiak 2020 suggests that nurses who perceive a higher level of control in their work environment experience lower levels of burnout and greater PW (Misiak et al., 2020). Autonomy, control, and nurses' PW are positively correlated, according to the literature. Establishing supportive work environments that enhance the general well-being and

psychological health of nursing professionals requires an understanding of the significance of these elements.

- **H0** AC does not have significant impact on PW of nurses.
- **H1** AC have significant impact on PW of nurses.

2.14.2 The Relationship Between Organizational Rewards and Psychological Well-being

The findings from the reviewed studies suggest that OR can have a favorable impact on psychological health (Ilyas et al., 2023). An efficient incentive strategy is established in alignment with the goals and objectives of the organization. This may help organizations compete and achieve their business goals while maintaining overall PW. Reward system always has a positive impact on employ.ee work and PW (Alkandi et al., 2023). OR in nursing encompass a range of factors, including salary, benefits, recognition, Avenues for career advancement. These incentives are important determinants of the workplace environment of nurses (Moon, 2023). Numerous studies have highlighted the link between OR and JS among nurses. Positive JS is often associated with enhanced PW, contributing to more positive work experience for nurses. Recognition and appreciation, integral components of OR, are particularly important for nurses. Research shows that nurses who feel appreciated and recognized have greater levels of JS and PW (Malik & Shankar, 2023). The perception of Equitable allocation of rewards is crucial. When nurses perceive organizational reward systems as fair, it positively influences their JS and PW (Briganti et al., 2023).

- **H0** OR does not have significant impact on PW of nurses.
- **H1** OR have a significant impact on the PW of nurses.

2.14.3 The Relationship Between Organizational Benefits and Psychological Well-being

OB and PW are closely related. Studies have shown that organizations that offer better benefits to their employees tend to have increased levels of employee JS and engagement, which can lead to enhance psychological health (Clausen et al., 2022). Furthermore, organizations that offer better benefits tend to have decreased levels of job stress, which can lead improved PW. Therefore, offering better benefits to employees can help to improve their PW. OB for nurses encompasses a variety of offerings, including health insurance, wellness programs, flexible work schedules, and professional development opportunities. These benefits are designed to support nurses both personally and professionally (Campbell, 2023). OB related to Career growth opportunities, including ongoing education programs and career advancement opportunities, are linked to enhanced PW among nurses. Feeling supported in career growth contributes to JS (King et al., 2021). Financial benefits, including competitive salaries and performance bonuses, are crucial for the PW of nurses. Adequate financial rewards contribute to job security and overall life satisfaction (Mabaso & Dlamini, 2021). The PW of nurses is positively impacted by organizational perks that promote balance between work and life, such as childcare assistance and parental time off. For general welfare, striking a balance between one's personal and work lives is essential (Dousin et al., 2021).

- **H0** OB does NOT significantly impact on PW of nurses.
- **H1** OB has significant impact on the PW of nurses.

2.14.4 The Relationship Between Growth and Development and Psychological Well-being

GD are important components of PW. GD refers to the process of becoming more self-aware and developing healthier habits and behaviors. They also refer to the process of developing new skills and abilities. GD can help individuals become more confident, independent, and capable of

achieving their goals (Park, 2021). PW, on the other hand, is the state of being mentally and emotionally healthy. It includes feeling content, having positive relationships and meaningful experiences, and being able to cope with life's stressors (Palumbo & Galderisi, 2020). PW is enhanced when individuals engage in GD activities. Engaging in activities that promote GD helps individuals build self-efficacy, self-esteem, and confidence, all of which can lead to improved PW. Professional GD in nursing involve continuous learning, skill enhancement, and career progression. Studies emphasize the positive impact of ongoing professional development on nurses' JS and PW (King et al., 2021). Opportunities for learning and skill acquisition contribute significantly to the PW of nurses. According to research, nurses report better levels of well-being when they believe their workplaces foster lifelong learning (Jarden et al., 2019).

- **H0** There is NO significant relationship between GD and PW.
- **H1** There is significant relationship between GD and PW.

2.14.5 The Relationship Between the Autonomy and Control and Job Satisfaction of Nurses

Work autonomy is a essential job resource that is determined by how much freedom employees have in how they organize their time and execute their tasks. The relationship between AC and JS of nurses is closely linked. According to studies, nurses who have more AC over their work tend to be more satisfied with their jobs. The success of an organization is considered as being dependent on job autonomy. because having more freedom to establish one's own pace and schedule at work is regarded to lead to improved JS (Arıbaş & Özşahin, 2021). Among nursing professionals, job autonomy has been identified as the most important component of a job and The most essential factor influencing their JS (Rashmi & Kataria, 2023). Thus, giving nurses greater freedom and authority over their work can enhance their job happiness.

- **HO** AC have NO significant positive impact on JS of nurses.
- **H1** AC have significant positive impact on JS of nurses.

2.14.6 The Relationship Between Employee Motivation, Job Satisfaction and Psychological Well-Being of Nurses

Employee MO, JS, and PW are all closely linked. Employee MO is a key factor in JS, as employees who are motivated to do their best will be more content with their position. JS, subsequently, can result in improved PW, as feeling satisfied with one's job can lead to greater emotional and PW (Endeshaw, 2023). The PW of nurses is particularly important, as they provide essential care and support to patients. As such, employers should strive to foster an atmosphere that encourages employee engagement and fulfillment in work to promote the PW of their nursing staff. MO serves as a driving force in nurses' engagement with their work. Studies such as that by Hayati emphasize the importance of MO in influencing employees' behavior and attitudes. Motivated nurses show enthusiasm and commitment in their work responsibilities. Leadership support and organizational facilitation remain critical determinants of both employee MO and JS. Research evidences supportive leadership as a significant facilitator of MO and satisfaction for nursing professionals (O'Donovan et al., 2021). Interventions aimed at improving MO and JS have shown promise in enhancing PW. initiatives focusing on skill development, recognition programs, and creating a positive work culture contribute to the overall JS and PW of nurses. Recognizing and handling the elements that influence satisfaction with work and MO can have a major impact on nurses' PW, resulting in a healthier and more engaged staff (Fox et al., 2022).

- **H0** Employee MO does NOT moderate the relationship of JS and PW of nurses.
- **H1** Employee MO moderates the relationship of JS and PW of nurses.

2.14.7 The Relationship Between Organizational Rewards and Job Satisfaction of Nurses

The investigation established that the employees would be satisfied while being equitably rewarded and thus be able to put more effort into performance. Recent evidence from research would suggest that satisfaction does not invariably enhance individual performance; however, it does contribute to improvements in departmental and organizational performance. Employee unhappiness at work is influenced by those who do not obtain rewards as they ought to. A situation like this needs to be foreseen as soon as possible since if an employee is unhappy, they will be less enthusiastic, lethargic, slow, and even prone to making a lot of mistakes, in addition to other detrimental things like absenteeism, being late for work, and other (Siregar et al., 2023). To encourage improved employee performance, it is necessary to motivate employees, and one method of MO is to provide adequate rewards (Wijayathunga & Rathish, 2023).

- **H0** OR have NO significant positive impact on JS of nurses.
- **H1** OR have a significant positive impact on JS of nurses.

2.14.8 The Relationship Between Organizational Benefits and Job Satisfaction

There is an important relationship between OB and JS. Benefits, such as vacation time, health insurance, and other perks, can help to create a Supportive workplace atmosphere that enhances JS (Yamoah, 2014). When an employee feels that they are not receiving the benefits they were expecting, it can lead to feelings of dissatisfaction and frustration. This can have a detrimental influence on an individual's psychological health, as It may result in emotions of resentment, anger, and frustration (Adamopoulos & Syrou, 2022). By understanding this dynamic, Researchers can have a stronger grasp of the impact that OB can have on an individual's psychological health and can use this knowledge to design interventions that can help to improve psychological health outcomes.

- **H0** OR have no significant positive impact on JS of nurses.
- **H1** OR have a significant positive impact on JS of nurses.

2.14.9 The Relationship Between Growth and Development and Job Satisfaction of Nurses

The relationship between continual professional training and JS of nurses is a positive one. Studies have found that nurses who receive continual professional training JS, enhanced performance, and have a better attitude towards their job (Ma et al., 2023). This is probably because ongoing professional development gives nurses the chance to pick up new skills, stay current with industry developments, and feel like they are growing as professionals. Furthermore, obtaining professional training can boost JS by giving nurses a sense of respect and acknowledgement for their diligence and hard work (Bădileanu et al., 2022). Studies have found that when individuals have access to opportunities for personal growth, they tend to experience higher levels of PW and satisfaction with life (Montayre et al., 2023).

- **H0** There is no significant relationship between GD and JS.
- **H1** There is a significant relationship between GD and JS.

2.14.10 The Relationship Between Job Satisfaction and Psychological Well-being of Nurses

JS and PW among nurses are closely connected. Nurses who report higher levels of JS also tend to experience better PW, characterized by lower levels of stress, anxiety, and emotional distress. In contrast, dissatisfaction at work is often associated with poorer psychological outcomes, including increased feelings of strain and emotional exhaustion. Previous research has shown that factors such as the quality of nurse–patient interactions, characteristics of the work environment, and the balance between professional and personal life play important roles in shaping both JS and PW (Koen et al., 2020). Empirical evidence suggests that nurses who are more satisfied with their

work generally report more positive psychological outcomes, including reduced stress and depressive symptoms (Tahara et al., 2021). Supportive work environments, positive interpersonal relationships, and manageable work life boundaries contribute to higher JS, which in turn supports PW. Conversely, negative workplace relationships, unsupportive organizational climates, and poor work life balance are associated with lower JS and poorer PW (Singh et al., 2021). Higher job satisfaction has also been linked to lower reported levels of stress, anxiety, and burnout among nurses. Organizational support, effective leadership, manageable workloads, and access to adequate resources have been identified as important contributors to job satisfaction in healthcare settings (Al-Hakim et al., 2022). A clear understanding of these factors is essential for developing interventions aimed at enhancing job fulfillment and psychological health. The relationship between JS and PW appears to be reciprocal. While JS contributes to improved PW, individuals with higher levels of PW are also more likely to experience satisfaction in their work roles (W. Zhao et al., 2024).

- **H0** JS has NO significant impact on the PW of nurses.
- **H1** JS has a significant impact on PW of nurses.

2.14.11 Job Satisfaction Mediates Between Organizational Benefits and Psychological Well-being of The Nurses

The OB are positively associated with JS, which in turn is linked to nurses' PW. It proposes that OB play a essential role in enhancing JS, which consequently leads to improved PW among nurses (Alkhraishi et al., 2023). JS is influenced by the perceived adequacy and fairness of OB. When employees feel that they are rewarded and recognized appropriately, it contributes to their overall JS. PW encompasses factors such as stress levels, emotional health, and overall psychological health. JS is recognized to have a major impact on PW. Satisfied employees often feel lower levels

of stress and better levels of PW (Lee & Kim, 2023). Employees who perceive favorable OB are inclined to feel more content with their jobs (Wei et al., 2023). Higher JS, in turn is linked to improved PW.

- **H0** JS does NOT mediate between OB and PW of the nurses.
- **H1** JS mediates between OB and PW of the nurses.

2.14.12 Job Satisfaction Mediates Between Autonomy and Control and Psychological Well-being of The Nurses

JS mediates the relationship between AC and nurses' PW. AC refers to the degree to which nurses can make judgements and have influence over their job. The term PW describes the nurses' general emotional and psychological health (Foster et al., 2020). The level of AC experienced by nurses will have an indirect effect on their PW through the mediating factor of JS. Higher degrees of AC among nurses are associated with greater JS, which in turn promotes psychological health (Almeida et al., 2024). The AC continuum is often associated with empowerment with the sense of having control and influence over one's work. Empowered Nurses have the potential to experience contentment in their roles, leading to increased JS. Healthcare organizations should consider implementing practices that enhance AC while ensuring that nurses feel supported in their roles. Training programs, mentorship, and participative decision-making processes are potential avenues for empowering nurses (Dousin et al., 2021).

- **H0** JS does NOT mediate between AC and PW of the nurses.
- **H1** JS mediates between AC and PW of the nurses.

2.14.13 Job Satisfaction Mediates Between Organizational Rewards, and Psychological Well-being of The Nurses

The impact of OR on PW is partially mediated by JS. It proposes that OR positively influences JS, which in turn affects the level of PW experienced by nurses. In this mediation model, JS acts as an intermediate mechanism through which OR indirectly impact PW (Chang et al., 2021). Positive JS resulting from OR has a direct effect on nurses' psychological health. A satisfied workforce is more likely to experience lower stress levels, decreased burnout, and higher overall mental health. Beyond material rewards, the recognition and support embedded in organizational reward systems contribute significantly to JS. Acknowledgment for hard work and dedication fosters a positive work environment and reinforces the link between rewards, JS, and PW. The perception of fairness in the distribution of OR is crucial. Fairness contributes to JS, and employees who perceive fairness are more likely to experience positive psychological outcomes (Lee & Rhee, 2023).OR encompass various elements such as financial incentives, recognition, career development opportunities, and other forms of acknowledgment. These rewards are designed to motivate and engage employees in their work, emphasize the importance of rewards in enhancing job performance and satisfaction (Wei et al., 2023).

- **H0** JS does NOT mediate between OR and PW of the nurses.
- **H1** JS mediates between OR and PW of the nurses.

2.14.14 Job Satisfaction Mediate Between Growth and Development and Psychological Well-being of The Nurses

GD opportunities positively influence JS, which in turn affects the level of PW experienced by nurses. It proposes that when nurses have access to GD opportunities, such as training, professional development, and career advancement, it enhances their JS. This increased JS, in turn, positively

impacts their PW (Ge et al., 2021). If JS is discovered to mediate the association between GD possibilities and PW, it emphasizes the necessity of offering nurses with possibilities for career development and growth. By facilitating nurses' access to training programs, mentorship, and career advancement pathways, organizations can enhance JS, leading to improved PW among nurses. The availability of GD opportunities can significantly impact JS among nurses. When employees feel that they have chances for education, development, and professional advancement, it often contributes positively to their overall JS (Zhang et al., 2023). Organizations can use this understanding to design and implement strategies that promote GD for nurses, this can therefore improve job happiness. and contribute to their PW.

- **HO** JS does NOT mediate between GD and PW of the nurses.
- **H1** JS mediate between GD and PW of the nurses.

2.15 Hypothesis of the Study

H1a: AC have significant impact on PW of Nurses.

H1b: OR have a significant impact on the PW of nurses.

H1c: OB have a significant impact on the PW of nurses.

H1d: GD have significant impact on PW of nurses**.**

H2a: AC have significant positive impact on JS of nurses.

H2b: OR have a significant positive impact on JS of nurses.

H2c: OB have a significant positive impact on JS of nurses.

H2d: GD have significant positive impact on JS of nurses.

H3: JS has a significant impact on the PW of nurses.

H4a: JS mediates between AC and PW of the nurses.

H4b: JS mediates OR and PW of the nurses.

H4c: JS mediates between OB and PW of the nurse.

H4d: JS mediates between GD and PW of the nurses.

H5: Employee MO moderates the relationship of JS and PW of nurses.

2.16 Conclusion

This chapter reviewed key theories and literature related to PCs, PW, JS, and motivation orientation. The theoretical framework and hypotheses were developed to guide the research, providing a foundation for the methodology discussed in the next chapter.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

In methodology, investigators will talk about way people respond to the survey and collect data. Additionally, the specifics of the sampling design will be examined. In this chapter, investigator will also provide a thorough description of the measurement framework and research instruments.

3.2 Research Design

The framework that determines how study planning and execution will proceed is known as a "research design." This defines planned procedures for data collection and its analysis and follows a line of inquiry (Kothari, 2004). The significance of research method is that it conveys details regarding the research's important functions, such as qualitative, quantitative, and mixed methods (Grønmo, 2019). The goal of the research is to investigate the influence of PC elements on the PW of nurses in a private hospital in Klang Valley Malaysia. Furthermore, this study will employ a quantitative research approach. The method of quantitative study is a type of research that seeks to improve the ability to observe things objectively, repeat findings, and apply discoveries to wider circumstances. The use of tools for data collection, as well as the reliance on chance, are two important aspects of quantitative research. To test statistical hypotheses related to research questions of interest, explanation is provided. The research construct questionnaire will be used in This research will look into the connection between the dimensions of different variables , According to (Langkos, 2014) Throughout the quantitative research method, the data collected was more objective and accurate. This is because the information was gathered using standardized

design that can be emulated. As a result, because the data is numerical and statistical, quantitative data will be more efficient and capable of testing hypotheses.

3.3 Data Collection Method

The technique is used to gain and collect data gathered from participants. As a result, it is one of our research's critical processes. In general, methods used include observation, interviews, and questionnaires. These techniques for gathering data could be used to compile data for more research (Zikmund et al., 2013).

3.3.1 Primary Data

Primary data refer to firsthand information that researchers specifically gather for a particular study to address its unique objectives. Nature provides primary data that is directly related to the research topic. As a result, data accuracy is high. The information was gathered by mean of interviews, questionnaires, and direct observation (Walliman, 2021). However, there are some disadvantages to using primary data, such as time consumption, late responses, and incomplete responses. The time and effort required will be greater because the research involved many people. The primary source of information for this study will be primary data. The questionnaire will be distributed in two ways: via Google Docs and as a nurse handout.

3.4 Ethical Considerations

Ethical approval for both the pilot and main phases of this study was obtained from the Universiti Tunku Abdul Rahman (UTAR) Scientific and Ethical Review Committee prior to data collection. All research procedures were conducted in compliance with UTAR's ethical standards and regulatory requirements. Formal permission to carry out the study was also sought from the Human Resource (HR) departments of the participating private hospitals in the Klang Valley, who supported the distribution of questionnaires to eligible respondents. Participants were clearly

informed about the purpose of the study and were assured that their involvement was entirely voluntary. An informed consent statement was included at the beginning of the questionnaire, outlining participants' rights, including anonymity, confidentiality, and the freedom to withdraw from the study at any time without consequences. Respondents were also notified that the data collected would be used solely for academic purposes. Throughout the research process, ethical principles concerning informed consent, participant privacy, and responsible data handling were strictly observed.

3.5 Sampling Method

A method of gathering data from a representative subset of a population, which is the entire group of individuals under consideration for examination. The results of the sample will be used to estimate the large population and carry out the research. This is due to the researcher's difficulty in collecting information from an extensive number of people. To ensure that the results are accurate, From the sample researchers must choose the right individuals for the target population (Sekaran & Bougie, 2016).

3.5.1 Population Target, Sampling Frame and Location

The people in the group are the target population. who will benefit from the research findings. In this study, the researchers' target population is nurses. A name list that includes everyone in the relevant demographic is the sampling frame (Sekaran & Bougie, 2016). The researcher chose Klang Valley as the sampling location for the research. And the high concentration of the nursing population in Klang Valley can be a valid and practical justification for choosing this region as a study location. According to recent demographic data, (MOH, 2021) the Klang Valley stands out as a hub for healthcare services, housing a significant proportion of the nursing workforce within Klang Valley.

3.5.2 Elements of Sampling

The sample element refers to the group of people who will be involved in the study (Sekaran & Bougie, 2016) .The primary sampling elements in this study were nurses from private hospital of Klang Valley.

3.5.3 Technique of Sampling

Sampling techniques are broadly classified into two groups: probability-based sampling and non-probability-based sampling (PL Barreiro & JP Albandoz, 2001). According to PL Barreiro & coworkers (2001) Probability sampling is a procedure in which each person possess the same probability of being chosen as a sample (P Barreiro & J Albandoz, 2001). Non probability sampling including convenient sampling, judgement sampling ,snowball sampling , and quota sampling (Burger & Silima, 2006). Convenience sampling was chosen for this study due to the ease of access to nurses in private hospitals within Klang Valley. This method was suitable because it allowed timely and cost-effective data collection. It is considered a good choice in this context, as gaining random access to healthcare professionals can be challenging. The approach aligns well with the study's practical limitations and objectives, making it a justifiable and efficient method for gathering relevant data.

3.5.4 Inclusion Criteria

- Registered nurses currently working in private hospitals in the Klang Valley.
- Nurses with at least 6 months of working experience or trainee nurses with at least 6 months of experience.
- Nurses who are willing to participate and submit completed questionnaires during data collection period.

3.5.5 Exclusion Criteria

- Nurses are not currently employed (e.g., on leave or resigned).
- Nurses from public hospitals or other non-private healthcare settings.
- Incomplete or invalid responses.

3.5.6 Sample Size and Population

Krejcie and Morgan (1970) made simpler sample size selection by creating a table that guides researchers through the process. Accordance with the table 3.5.2 the appropriate sample size for this research is 377 nurses from the given anticipated population size of 17684 nurses (MOH, 2021).

Table 3.5.1 Number of Nurses in Private Hospitals by Regions in Klang Valley

Regions	Number of Private Hospital Nurses	Percentage (%)
Selangor	9430	53.33
W.P Kuala Lumpur	8125	45.95
W.P Putrajaya	129	0.729
Total	17684	100

Source: Ministry of health Malaysia (MOH, 2021).

Table 3.5.2. Krejcie And Morgan Table to Determine Sample Size.

N	S	N	S	N	S
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367

130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note: N is population size, S is sample size

Source: Krejcie & Morgan, 1970.

3.5.7 Hospital Selection

The selection of hospitals for this study was based on a non-random, convenient sampling approach. Initially, the researcher used Google Maps to identify private hospitals operating within the Klang Valley region. Hospitals were shortlisted based on their proximity to the researcher's location to facilitate easier access and communication. Some large, well-known hospitals, such as Kuala Lumpur Hospital, Pantai Hospital, and Prince Court Medical Centre, were approached but did not grant permission for data collection, citing their internal policies. Therefore, the final list of hospitals, included those that were approachable and willing to participate in the study is shown in table 3.5.3 below.

Table 3.5.3. Hospital Selection

Region	Hospital names	Total Hospitals
Selangor	Assunta Hospital, An-Nur Specialist Hospital, KPJ Damansara Specialist, Hospital Sungai Long, Sunway Medical Centre, Hospital Islam Azzahrah, Subang Jaya Hospital, and	**8**

Region	Hospital names	Total Hospitals
	Thomson Hospital Kota Damansara.	
Putrajaya	Putrajaya Hospital, and Hospital Azalea Putrajaya.	**2**
Kuala Lumpur	Tung Shin Hospital, Hospital Pakar Al-Islam, and Hospital PUSRAWI.	**3**

3.6 Instrument of Research

Data for this study were collected using a structured questionnaire, which was chosen for its practicality, cost efficiency, and suitability for reaching a large number of respondents within a limited timeframe. This approach also minimizes the burden placed on participants while enabling timely data collection. The questionnaire items were developed in

accordance with the study's underlying theoretical framework to ensure consistency with the research objectives.

3.6.1 Dissemination of the Questionnaire

The questionnaire will be created and administered through the Google Forms platform, and the link will be disseminated through online platforms such as Facebook and LinkedIn to reach a wider audience. Additionally, the questionnaire will be physically distributed to hospitals via their HR departments. This mixed method ensures broader coverage by including both online and offline respondents in the sampling process.

3.6.2 Study Questionnaire

The questionnaire's cover page serves as an introduction, revealing the information about the researchers as well as the significance of the distribution of survey questions. This is being done to ensure that the responses' details remain completely private. This may encourage them to respond honestly and passionately to the questions. Sections A, B, and C make up the three categories that make up the questionnaire. Many demographic questions in Section A, including ones on gender, age, education, and occupation, are included. Moreover, section B combines independent variables with dependent variables. In addition, researchers used a 5-point Likert scale to evaluate respondents' responses in sections B and C. Strongly agree, agree, neutral, disagree, and strongly disagree are the possible responses.

Table 3.6.1. Difference Between Original and Modified Questions of Organizational Rewards.

Original questions	Modified questions
Organizational rewards	
OR1 Salary increase based on performance.	The organization has a clear and transparent process for linking salary increments to nurses' performance.
OR2 Attractive pay package	The organization offers a competitive and attractive overall compensation package
OR3 Fairly paid compared to other colleagues doing similar work	The organization has mechanisms in place to ensure equity in pay among nurses with similar roles
OR4 Recognition for the work performed.	I feel that my contributions and efforts are recognized by the organization.
0R5 Gratuity payment.	I receive gratuity payment

Table 3.6.2. Difference Between Original and Modified Questions of Organizational Benefits.

Original questions	Modified questions
Organizational benefits	
OB1 Holidays and healthcare coverage are incentives that are not monetary.	The organization provides attractive non-monetary benefits, including vacation time and medical insurance.
OB2 Good cooperation with management.	I feel comfortable sharing my ideas and concerns with management.
0B3 Recreation facilities	The organization provides recreational facilities that contribute to employee well-being.
OB4 Good atmosphere at work.	The overall atmosphere at work is positive and conducive to productivity
OB5 Positive relationships between colleagues	Experience positive teamwork and cooperation among colleagues on projects and tasks

Table 3.6.3. Difference Between Original and Modified Questions of Autonomy and Control.

Original questions	Modified questions
Autonomy and control	
AC1 Autonomy to make decisions yourself	I feel empowered to make decisions related to my work without constant supervision.
AC2 Opportunities for flexible working hours are determined by your own requirements.	I have the flexibility to adjust my work hours to accommodate personal needs
AC3 Opportunity to incorporate your own concepts into your job	I am encouraged to contribute my own ideas to improve work processes.
AC4 Taking appropriate action without waiting approval	I feel empowered to take initiative and make decisions without waiting for explicit approval.
AC5 Control over work sequencing	I can adapt the sequencing of tasks based on changing priorities.

Table 3.6.4. Difference Between Original and Modified Questions of Growth and Development.

Original questions	Modified questions
Growth and development	
GD1 Opportunities for promotion	The organization provides opportunities for professional growth and upward mobility. .
GD2 Opportunities for career development	The organization provides ample opportunities for employees to pursue career development.
GD3 Training programs to do the job.	The organization provides comprehensive training programs that adequately prepare nurses for their roles.
GD4 Opportunity to learn through different tasks	I can learn and acquire new skills through a variety of tasks in my role.
GD5 Feedback regarding performance from superior	I receive regular and constructive feedback from my supervisor on my performance.
GD6 Feedback regarding performance from colleagues.	I receive valuable feedback from my colleagues that helps me improve my performance.

Table 3.6.5. Difference Between Original and Modified Questions of Psychological Well-Being.

Original questions	Modified questions
Psychological well-being	
PW1, I lead purposeful and meaningful life	I lead an intentional and satisfying life.
PW2 MY social relationships are supporting an rewarding.	My social connections are sustaining and gratifying.
PW3 I'm engaged and interested in my daily activities	I'm passionate and interested in what I do daily**.**
PW4 I actively contribute to the happiness and well-being of others	I contribute actively to other people's achievements and well-being.
PW5 I am competent and capable in the activities that are important to me	I am capable and competent in the pursuits that are significant to me.
PW6 I'm good person and live a good life	I'm a decent person who has a wonderful life
PW7 I'm optimistic about my future	I have high hopes for the future.
PW8 People respect me	I'm regarded by people

Table 3.6.6. Difference Between Original and Modified Questions of Motivation.

Original questions	Modified questions
Motivation	
M1 My job is so interesting that it is a motivation.	My passion in my work serves as motivation by itself.
M2 The tasks that I do at work represent a driving power in my job.	A driving force behind my work is represented by the duties I complete at my employment.
M3 MY job is meaningful	My work has meaning.
M4, I feel lucky being paid for a job I like this much	Being paid for a profession I enjoy this much makes me feel lucky.
M5 MY job is my hobby.	My work is a passion

Table 3.6.7. Difference Between Original and Modified Questions of Job Satisfaction.

Original questions	Modified questions
Job satisfaction	
J1, I receive recognition for a job well done	I'm acknowledged for a job well done
J2, I feel secure about my job	I'm confident in my job.
J3 All of my talents and skills are used at work	My abilities and skills are use at work.
J4, I get along with my supervisors	I get along well with my supervisors
J5, I feel good about my job	I am happy with my job.

3.7 Pilot Test

Before doing the main research, researchers can evaluate their research strategy with a small sample of respondents by conducting a pilot study (In, 2017) . It is crucial to provide research design careful consideration, test, and improvement For researchers utilizing it to pinpoint the issue, the pilot test is a crucial component. It also applies to the data's validity, correctness, and dependability. For this pilot study, 30 questionnaire sheets have been designed and distributed to the intended respondents, who are nurses from UTAR Hospital. SPSS is used to test the pilot study's findings. This guarantees the validity of the survey.

3.7.1 Results of Pilot Study

The outcomes of the pilot study are displayed in Table 3.7.1. Given that the Cronbach's alpha value is more than 0.7, all the variables from the pilot study exhibit extremely high reliability.

Table 3.7.1. Results of Reliability Analysis (Pilot test).

Constructs	No. of Items	Items	Cronbach's Alp
Autonomy and Control	5	- I feel empowered to make decisions related to my work without constant supervision. - I have the flexibility to adjust my work hours to accommodate personal needs. - I am encouraged to contribute my own ideas to improve work processes. - I feel empowered to take initiative and	0.784

Constructs	No. of Items	Items	Cronbach's Alp
		make decisions without waiting for explicit approval. - I can adapt the sequencing of tasks based on changing priorities.	
Organizational Rewards	5	- The organization has a clear and transparent process for linking salary increments to nurses' performance. - The organization offers a competitive and attractive overall compensation package. - The organization has mechanisms in place to ensure equity in pay among	0.839

Constructs	No. of Items	Items	Cronbach's Alp
		nurses with similar roles.	
		- I feel that my contributions and efforts are recognized by the organization.	
		- I receive gratuity payment.	
Organizational Benefits	5	- The organization provides attractive non-monetary benefits, including vacation time and medical insurance.	0.802
		- I feel comfortable sharing my ideas and concerns with management.	
		- The organization provides recreational facilities that	

Constructs	No. of Items	Items	Cronbach's Alp
		contribute to employee well-being.	
		- The overall atmosphere at work is positive and conducive to productivity.	
		- I experience positive teamwork and cooperation among colleagues on projects and tasks.	
Growth and Development	6	The organization provides opportunities for professional growth and upward mobility.	0.737
		- The organization provides ample opportunities to pursue career	

Constructs	No. of Items	Items	Cronbach's Alp
		development. - The organization provides comprehensive training programs that adequately prepare nurses for their roles. - I can learn and acquire new skills through a variety of tasks in my role. - I receive regular and constructive feedback from my supervisor on my performance. - I receive regular and constructive feedback from my supervisor on my performance.	

Constructs	No. of Items	Items	Cronbach's Alp
Motivation	5	- My passion in my work serves as motivation by itself. - A driving force behind my work is represented by the duties I complete at my employment. - My work has meaning. - Being paid for a profession I enjoy this much makes me feel lucky. - My work is passion.	0.807
Job Satisfaction		- I'm acknowledged for a job well done. - I'm confident in my job. - My abilities and skills are used at work.	0.878

Constructs	No. of Items	Items	Cronbach's Alp
		- I get along well with my supervisors. - I am happy with my job.	
Psychological well-being	8	-I lead an intentional and satisfying life. -My social connections are sustaining and gratifying. -I'm passionate and interested in what I do daily. -I contribute actively to other people's achievements and well-being. -I am capable and competent in the pursuits that are significant to me.	0.878

Constructs	No. of Items	Items	Cronbach's Alp
		-I'm a decent person who has a wonderful life. -I have high hopes for the future. -I am regarded by people.	

Source: Developed for research.

3.8 Validation of Questionnaire

To ensure the validity of the questionnaire developed for this study, a multi-step validation process was undertaken involving experts in psychology, nursing, and English language proficiency.

3.8.1 Content Validity

The initial step involved the submission of the questionnaire to an expert in PC, who possesses extensive knowledge and expertise in the subject matter. The expert was requested to review the questionnaire for its relevance, clarity, and comprehensiveness in capturing the intended constructs. The expert rated the questionnaire using a 5-point Likert scale, where 1 indicates poor and 5 indicates excellent. The feedback provided by the expert was instrumental in refining the questionnaire and enhancing its content validity. The expert rated the questionnaire as 3 out of 5, indicating moderate agreement with its suitability for assessing PC constructs.

3.8.2 Face Validity

The questionnaire was sent to a practicing nurse, representing the target population of the study, to evaluate its clarity and understandability from the perspective of a potential respondent. The nurse was asked to assess whether the questions were clear, unambiguous, and relevant to their understanding of the PC concept. The nurse confirmed understanding of the questionnaire without encountering any significant difficulties or ambiguities, thereby indicating the suitability of the questionnaire for the intended respondents.

3.8.3 English Language Expert Review

To ensure linguistic accuracy and clarity, the questionnaire was further subjected to review by an English language expert. The expert assessed the questionnaire for grammatical correctness, coherence, and appropriateness of language use. Based on the expert's recommendations, minor amendments were made to improve the clarity and readability of certain questions, thereby enhancing the overall quality of the questionnaire.

3.9 Measurement Of Construct

3.9.1 Origin of Construct

The way to categories the variables is the use of measurement scales. The measurement scales in this study were questionnaires. Four different scales are utilized for measurements. Nonetheless, the research used nominal, ordinal, and interval scales as its measurement tools. These kinds of measurement scales will aid in classifying the various respondents' proportions.

Table 3.9.1. Sources of Questions.

Constructs	No. of items	Measurement	sources
Autonomy and control	**5**	I feel empowered to make decisions related to my work without constant supervision.	(De Vos et al., 2003)
		I have the flexibility to adjust my work hours to accommodate personal needs	**(**Güntert, 2015)
		I am encouraged to contribute my own ideas to improve work processes.	
		I feel empowered to take initiative and make decisions without waiting for explicit approval.	(Hong et al., 2012)

Constructs	No. of items	Measurement	sources
		I can adapt the sequencing of tasks based on changing priorities.	(Breaugh, 1999)
organizational rewards	**5**	The organization has a clear and transparent process for linking salary increments to nurses' performance	(De Vos et al., 2003)
		The organization offers a competitive and attractive overall compensation package	
		The organization has mechanisms in place to ensure equity in pay among nurses with similar roles	(Coyle-Shapiro & Kessler, 2000)
		I feel that my contributions and efforts are recognized by the	(Murphy, 2015)

Constructs	No. of items	Measurement	sources
		organization.	
Organizational benefits	**5**	I receive gratuity payment	(Onnis & Onnis, 2019)
		The organization provides attractive non-monetary benefits, including vacation time and medical insurance	(Hong et al., 2012)
		I feel comfortable sharing my ideas and concerns with management.	(De Vos et al., 2003)
		The organization provides recreational facilities that contribute to employee well-being.	(Onnis & Onnis, 2019)
		The overall atmosphere at work is positive and	(De Vos et al., 2003)

Constructs	No. of items	Measurement	sources
		conducive to productivity	
		experience positive teamwork and cooperation among colleagues on projects and tasks	(De Vos et al., 2003)
Growth and development	6	The organization provides opportunities for professional growth and upward mobility	
		The organization provides ample opportunities for employees to pursue career development	(De Vos et al., 2003)
		The organization provides comprehensive training programs that adequately prepare nurses for their roles	(Hui et al., 2004)

Constructs	No. of items	Measurement	sources
		I can learn and acquire new skills through a variety of tasks in my role.	
		I receive regular and constructive feedback from my supervisor on my performance.	(Sims Jr et al., 1976)
		I receive regular and constructive feedback from my supervisor on my performance.	
Motivation	**5**	My passion in my work serves as motivation by itself	(Cameron & Pierce, 1994)
		A driving force behind my work is represented by the duties I complete at my employment.	

Constructs	No. of items	Measurement	sources
Job satisfaction	**6**	My work has meaning. Being paid for a profession I enjoy this much makes me feel lucky. My work is passion. I'm acknowledged for a job well done I'm confident in my job. My abilities and skills are use at work. I get along well with my supervisors I am happy with my job.	(Macdonald & Maclntyre, 1997)

3.10 Scale of Measurements

Simple categorization is a feature of nominal scales. When classifying individuals or things, it will be the most straightforward measurement. The measures known as nominal scale comprise the conversion of observations into qualitatively distinct groups (Beins, 2017).

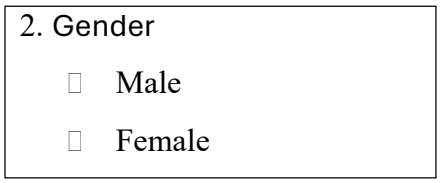

Figure 3.10.1. Example of Nominal Scale

3.10.1 Ordinal Scale

The features of nominal variables apply to ordinal scale (Beins, 2017) . The variances are ordered in a sensible manner by ordinal difference. By using an ordinal scale, the variables are divided into smaller groupings. Ordinal scale has order (Marateb et al., 2014) The ranking of elements on an ordinal scale can be done in order of highest to lowest value. Moreover, the ordinal scale lacks absolute values (Raiphea, 2015).

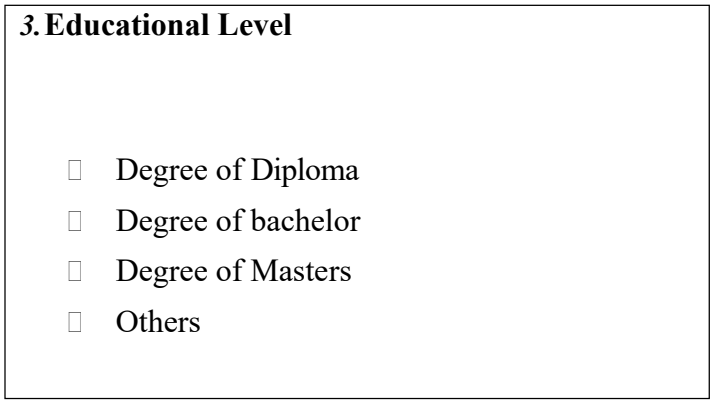

Figure 3.10.2. Ordinal Scale

3.10.2 Scale of Interval

The distance between any two consecutive values on a number line and any other pair of adjacent values in an interval scale measurement is the same (Beins, 2017) It is built on likert scales, as demonstrated by the questionnaire. In surveys, likert scales are frequently used to measure impactful characteristics. (Nemoto & Beglar, 2014), The strength of a participants 's feelings is

measured using Likert scales (Joshi et al., 2015). The questionnaire's responders will categorize their responses into five levels of agreement. From "Strongly Disagree" to "Strongly Agree," there are five levels of agreement. Every query in sections B and C was created using an interval scale.

Table 3.10.1. Example of Interval Scale.

No.	Psychological well-being	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	I am capable and competent in the pursuits that are significant to me	1	2	3	4	5

Source: Develop from research

Table 3.10.2. Example of Interval Scale.

No.	Motivation	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	A driving force behind my work is represented by the duties I complete at my employment.	1	2	3	4	5

Source: Develop from research

3.11 Data Processing

Before analyzing the data, the method of data preparation includes checking, revising, coding, transcribing. Preparation for analysis is known as data processing. For additional analysis, the

researcher will employ SMART PLS 4.0 (equation modelling) and SPSS (reliability and descriptive analysis).

3.11.1 Data Checking

For research, information accuracy is crucial. Following information collection, the information will be entered into a program for statistical analysis. In entering data into the software, inaccuracy can be made. If there is a mistake, the entire research result will be incorrect. Data checking is a technique used to correct errors encountered during human data entry.

3.11.2 Data Editing

Information gathered via a questionnaire could be inaccurate or lacking a value (De Waal et al., 2011). Sometimes, participant may fail to respond to a query or provide inaccurate information (De Waal et al., 2011). The investigator must input the data into the system. Data editing is defined as a method that can be utilized throughout the entire survey processing to compile data, fill in gaps, and resolve conflicts (De Waal et al., 2011).

3.11.3 Coding of Data

The step that comes next. Coding is the process of locating the themes, parallels, and discrepancies revealed in the participant narratives or in the researcher's account. Coding will aid researchers in understanding individuals' perspectives. When attempting to determine the implications of the quantitative data, the researcher will code the data (Blair, 2015). Typically, each piece of data is represented by a symbol or a number by the researcher.

3.11.4 Transcribing of Data

The method of converting information so that it can be used for more study by researchers is known as transcription (Pink, 2016) .The last process data preparation processing is data

transcription. In this study, data will be input into SMART PLS 4.0 and SPSS for further analysis. Making excellent subsequent analyses is crucial for researchers.

3.12 Data Analysis

The process of descriptive analysis involves converting raw data's information into a form that would allow for the description of a situation's various contributing variables (Sekaran & Bougie, 2016) . It also offers an accessible overview of sample data and measurement. The researcher in this research turns data into pertinent demographic information about participation. Also, it is used to produce the figures in section A of our questionnaire, including the age group, gender, and other data. Also, the impacts of the PC on the psychological health of nurses at Klang Valley were investigated using the interval scale. This was used to gather information for the variables segment in Section B as well. To make the data acquired easier to grasp, it will be presented as a pie chart in the appendix.

3.12.1 Measurement Of Scale

3.12.2 Test Reliability

A concept utilized to verify and evaluate quantitative research. (Golafshani, 2003) Once all the study's data has been gathered, the reliability test is conducted. The goal is to guarantee that the population is appropriately reflected in the data and that it remains consistent over time. The reliability test for scale measurement will be conducted. Cronbach's alpha is a statistical indicator of internal consistency, reflecting how well the items in a scale or questionnaire assess the same underlying concept. A value above 0.70 generally signifies strong reliability.

3.13 Conclusion

In conclusion, this section describes how the methodology was carried out using questionnaires, methods for gathering data, sampling design, and the study tool, and the researcher will also use

Krejci and Morgan tables to obtain a valid sample size. In addition, various data interpretations will be done in Chapter 4.

CHAPTER 4

DATA ANALYSIS AND RESULTS

4.1 Introduction

The empirical component of this study is presented in this chapter. The analyses were undertaken to examine the proposed conceptual model and to test the hypotheses derived from the research questions. A combination of statistical techniques was applied, drawing on both descriptive and model-based approaches. Data processing and preliminary analyses were carried out using SPSS, which was used to produce descriptive statistics, demographic profiles, and internal consistency estimates (Cronbach's alpha), as well as to evaluate the potential presence of common method bias through Harman's single-factor procedure. SmartPLS 4.0 was then used to assess the measurement properties of the constructs, including indicator loadings, composite reliability, average variance extracted, and discriminant validity based on cross-loading patterns. The same software was subsequently used to estimate the structural model and to conduct hypothesis testing through bootstrapping, including tests of mediation and moderation effects. The chapter is organized into three main sections. It begins with a description of the sample characteristics, followed by an assessment of the measurement model. The final section reports the results of the structural model and hypothesis tests and closes with a summary of the main empirical outcomes that form the basis for the subsequent discussion.

4.2 Preliminary Analysis

The purpose of the preliminary analysis is to ensure the data is suitable for further statistical analysis and to validate the assumptions underlying the selected methods. This process involves examining the dataset for missing values, and any potential biases, such as common method bias

or non-response bias. These checks are critical to guarantee the accuracy and reliability of the results obtained in this study.

4.2.1 Data Processing

Data processing involves a series of actions to verify, refine, integrate, and extract relevant information for further use. The key phases of data processing include data verification, editing, coding, and handling missing data (Vasuki, 2021)).

1. **Data Verification**

Initially the data processing is verifying the collected data. This step ensures that all participants have completed their questionnaires and that no data is missing or error. The researcher checked for completeness and reviewed the responses for consistency.

2. **Data Editing**

Next, the data was edited for clarity and consistency. Any inconsistencies in the responses were addressed, ensuring that the data was clean, reliable, and ready for further analysis. As noted by (Vasuki, 2021) respondents may occasionally skip questions due to survey fatigue or discomfort, which necessitates careful data checking and editing.

3. **Handling Missing Data**

The researcher employed multiple strategies to address missing data:

- **Listwise Deletion:** This strategy was used to exclude participants with missing data on critical variables, as the sample size was large enough to maintain the integrity of the analysis.
- **Recover the Values:** In some cases, the researcher contacted participants to request completion of the missing responses.

- **Educated Guessing:** Where direct recovery was not possible, educated guesses were applied. These assumed that missing values aligned with the average or most frequent responses based on the participant's pattern an approach supported in the literature for ensuring data completeness when justified (Vasuki, 2021).

4. **Data Coding**

   Once the data was verified and edited, the final phase was data coding. This involved assigning numerical codes to the responses to facilitate structured and accurate data analysis.

4.2.2 Data Collection and Screening

Following data screening procedures, including verification, editing, and the treatment of missing values, the dataset was prepared for analysis. In total, 345 questionnaires were circulated, of which 320 were returned. After removing incomplete or unusable submissions, 301 responses were retained for inclusion in the analysis.

- Total Questionnaires Distributed: 345
- Total Responses Collected: 320 responses

  (This represents the number of completed questionnaires returned by the respondents)
- Total Responses Excluded: 19 responses

  (Reasons for exclusion: incomplete responses, Invalid or Duplicated Responses, etc.)
- Valid Responses Used for Analysis: 301 responses

  (These are the valid responses used after exclusions)

This preliminary analysis ensures that only valid and complete responses are considered in the final analysis, providing a clear view of the data that will be used to address the research objectives.

4.2.3 Common Method Bias

In studies where data for both independent and dependent variables are collected from the same respondents, there is a risk that observed relationships may reflect shared measurement effects rather than true associations between constructs. This phenomenon is commonly referred to as common method bias (CMB) (Podsakoff et al., 2024). To reduce this risk, participants were informed that their responses were anonymous and confidential, and they were reassured that there were no correct or incorrect answers. These steps were intended to minimize evaluation apprehension and promote candid responses. The presence of CMB was assessed empirically using Harman's single-factor approach. All measurement items were entered into an exploratory factor analysis, and the variance explained by the first unrotated factor was examined. If a single factor accounts for a large proportion of the total variance (typically 50% or more), this is taken as evidence of a potential common method problem (Cooper et al., 2020). In the present analysis, the first factor explained 25.37% of the variance (see Appendix A), with the remaining variance distributed across multiple factors. This pattern indicates that no single latent factor dominates the data, suggesting that common method bias is unlikely to pose a serious threat to the validity of the findings.

4.2.4 Non-Responsive Bias

Non-response bias arises when individuals who participate in a study differ systematically from those who do not, in ways that are relevant to the research ("Bias in Survey"). This type of bias

can arise when some individuals are unwilling to participate in a survey. It is commonly observed in mail surveys, where low response rates are often a challenge. Additionally, some respondents may choose not to answer certain questions due to feelings of embarrassment or discomfort. If non-response bias is present, it can compromise the validity and reliability of the survey results. In this study, all respondents were invited to participate via a Google Form or a physical questionnaire, ensuring that they could respond either online or in person. A two-week period was provided for data collection, and all the responses were obtained within this timeframe. Given that there was no significant lack of responses or refusal to participate, I conclude that non-response bias does not pose a threat to the validity of this research study.

4.3 Descriptive Analysis

This section provides an overview of the empirical characteristics of the dataset and highlights general trends observed across the study variables. Descriptive measures and frequency information are used to summarize the data, with the results displayed in tables and figures to support interpretation. The hypothesized relationships specified in the conceptual framework are subsequently examined using SmartPLS 4.0. The results obtained from these analyses serve as the foundation for understanding the empirical patterns observed in the study.

AGE

Table 4.3.1. Distribution of Respondents by Age Group.

Age	Frequency	Percentage (%)
18-20 years old	19	6.31
21-30 years old	128	42.52
31-40 years old	116	38.54
41-50 years old	38	12.62
Total	301	100

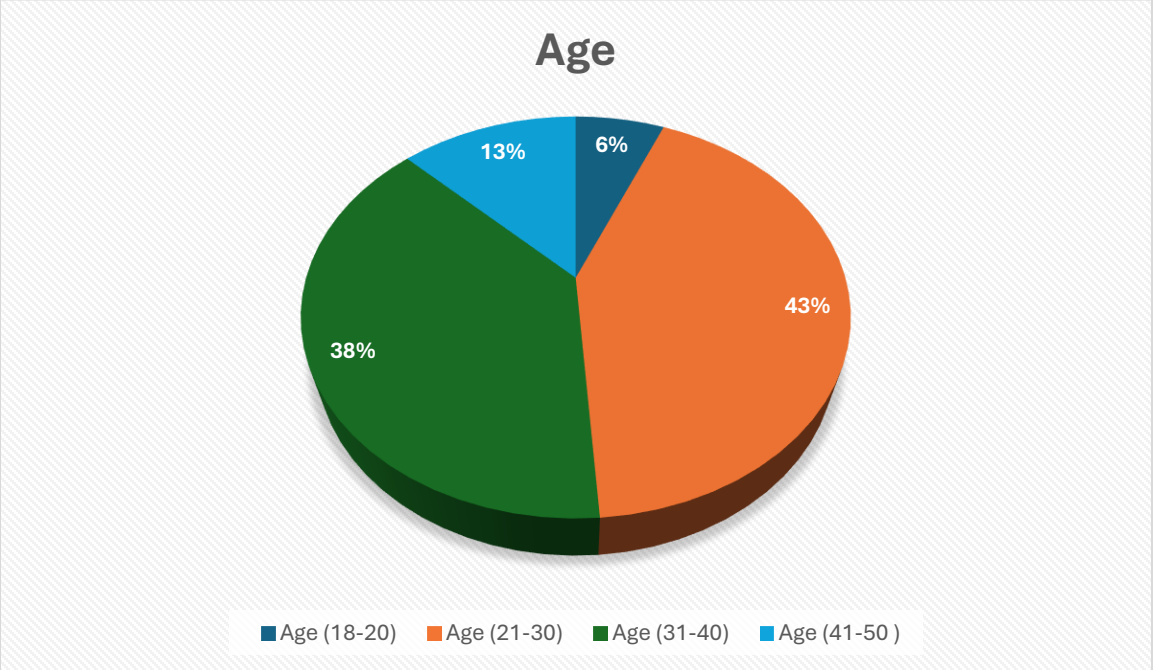

Figure 4.3.1. Distribution of Respondents by Age Group

Figure 4.3.1 categorizes the age of the survey respondents. Based on the responses, most of the respondents are between 21 and 30 years of age, representing the largest age group with 42.5% of the total respondents, accounting for 128 individuals. The next most significant group is aged 31-40, comprising 116 respondents, which makes up 38.5% of the population. Smaller age groups include respondents aged 18-20, who represent 6.3% of the total with 19 individuals, and the 41-50 age group, which accounts for 12.6% of the population with 38 individuals. Overall, the data indicates that younger respondents dominate the sample, with a significant decline in representation as age increases.

GENDER

Table 4.3.2. Gender Distribution of Respondents.

Gender	Frequency	Percentage (%)
Male	20	7**%**
Female	281	93**%**
Total	301	100

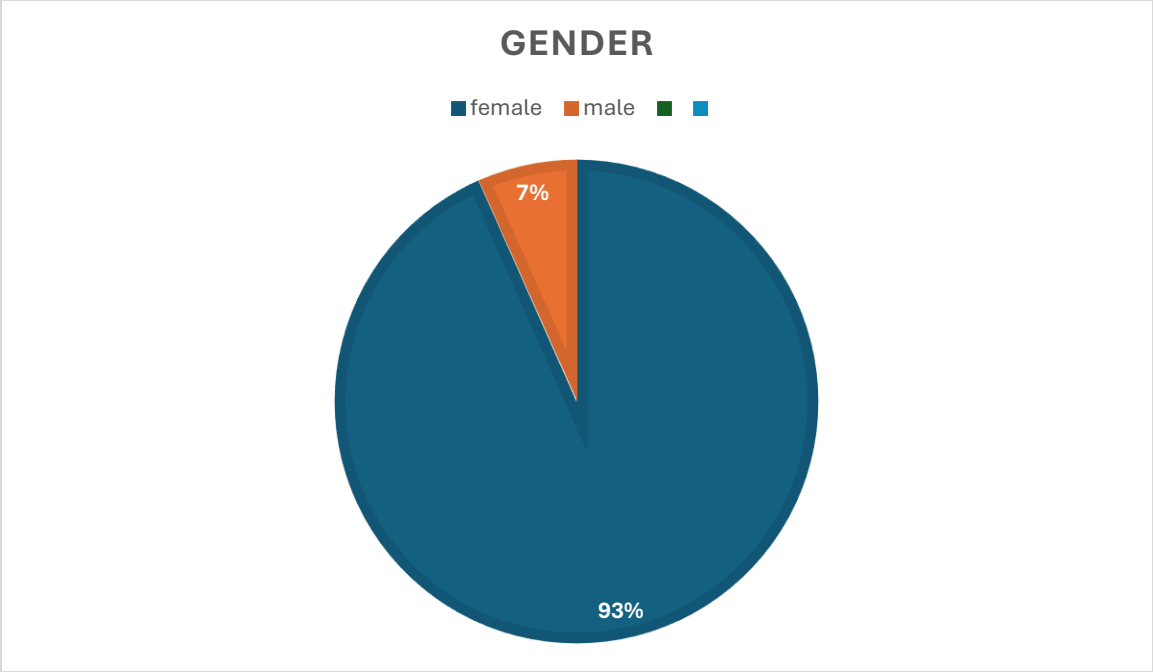

Figure 4.3.2. Working Experience of Respondents

The gender distribution of survey participants is shown in Figure 4.3.2 It is evident that this study has more female respondents than male respondents. Twenty men make up 7% of the population, while 281 females make up 93%. The gender imbalance in respondents is due to the nature of the nursing profession, which is predominantly female. In private hospitals, women constitute the majority of the nursing workforce, aligning with industry trends. Therefore, the higher proportion of female respondents (93%) accurately reflects the demographic composition of nurses.

MARITAL STATUS

Table 4.3.3. Marital Status Distribution of Respondents.

Marital Status	Frequency	Percentage (%)
Married	170	56.5
Single	129	42.9
Widow	2	0.7
Total	301	100

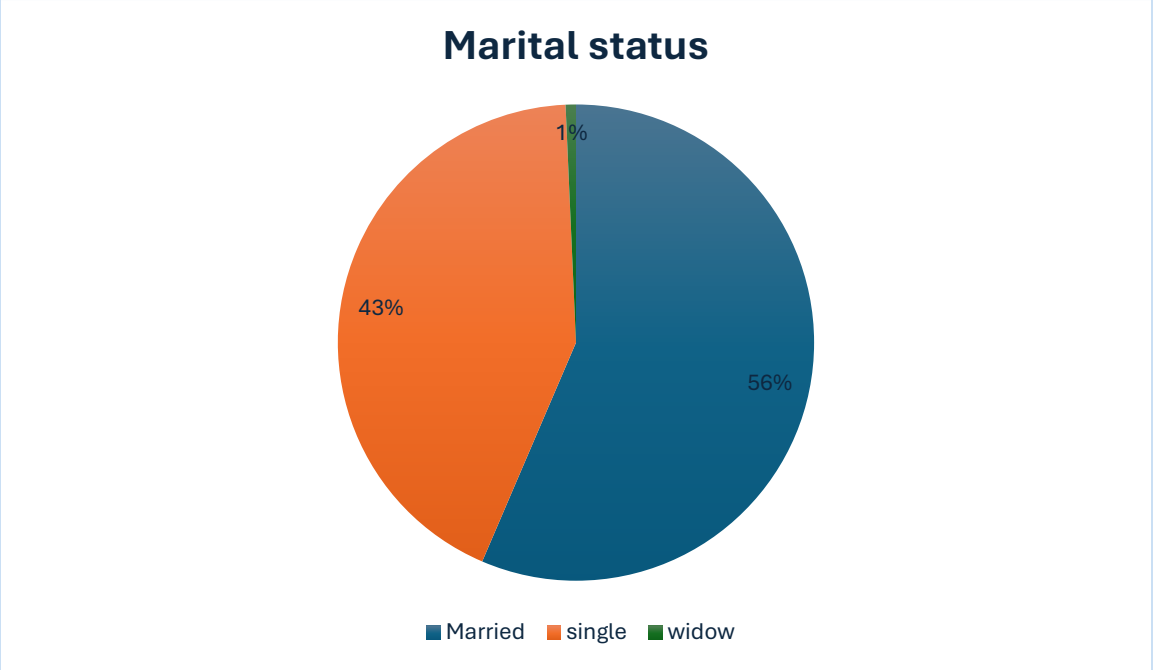

Figure 4.3.3. Marital Status Distribution of Respondents

Figure 4.3.3 depicts the marital status of the respondents. The majority of respondents are married, with 170 making up 56.5% of all respondents. Meanwhile, 129 people (42.9 percent) are single. In this study, two respondents (0.7%), or nearly 1%, identified as widows.

DESIGNATION

Table 4.3.4. Designation Distribution of Respondents.

Designation	Frequency	Percentage (%)
Senior designation	114	37.9
Junior designation	187	61.5
Total	301	100

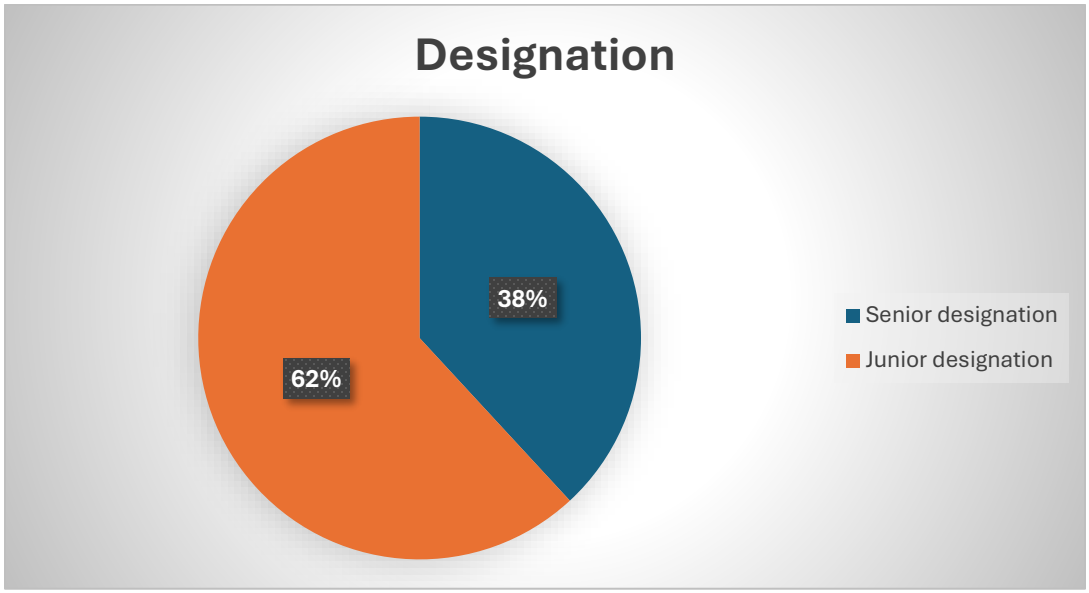

Figure 4.3.4. Designation Distribution of Respondents

Designation refers to the hierarchical positions held by the respondents within the organization. In this study:

- **Senior Designations** include positions such as Head Nurse, Nursing Supervisor, and Specialist Nurse, who typically hold leadership, supervisory, or specialized clinical roles.
- **Junior Designations** include Staff Nurses and newly appointed Registered Nurses, primarily involved in direct PC under supervision.

The data presented in Figure 4.3.4 shows a clear dominance of junior-level employees (61.5%), which may reflect a workforce skewed towards early-career professionals. In contrast, senior-level employees account for 37.9% of the sample, representing a smaller proportion of the workforce.

RACE

Table 4.3.5. Race Distribution of Respondents.

Race	Frequency	Percentage (%)
Malay	186	61.8
Chinese	8	2.7
Indian	107	35.5
Total	301	100

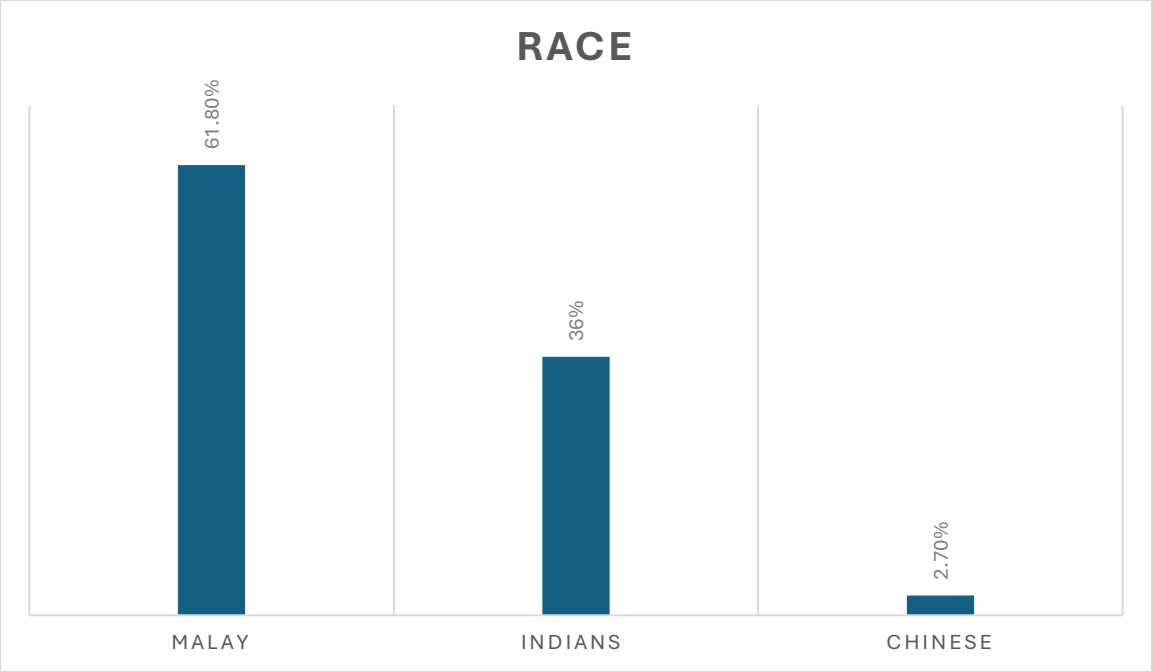

Figure 4.3.5. Race Distribution of Respondents

The racial distribution Figure 4.3.5 of the respondents shows that Malays constitute the majority, with 186 individuals accounting for 61.8% of the total sample. Indians make up a significant portion, with 107 respondents representing 35.5%, while Chinese have the smallest representation, with only 8 respondents (2.7%). The total sample size is 301, indicating a complete dataset with Malays being the predominant group.

QUALIFICATION

Table 4.3.6. Qualifications of the Respondents.

Highest Education Qualification	Frequency	Percentage (%)
Degree	92	30.6
Diploma	155	51.5
Masters	52	17.3
PhD	1	0.3
Others	1	0.3
Total	301	100

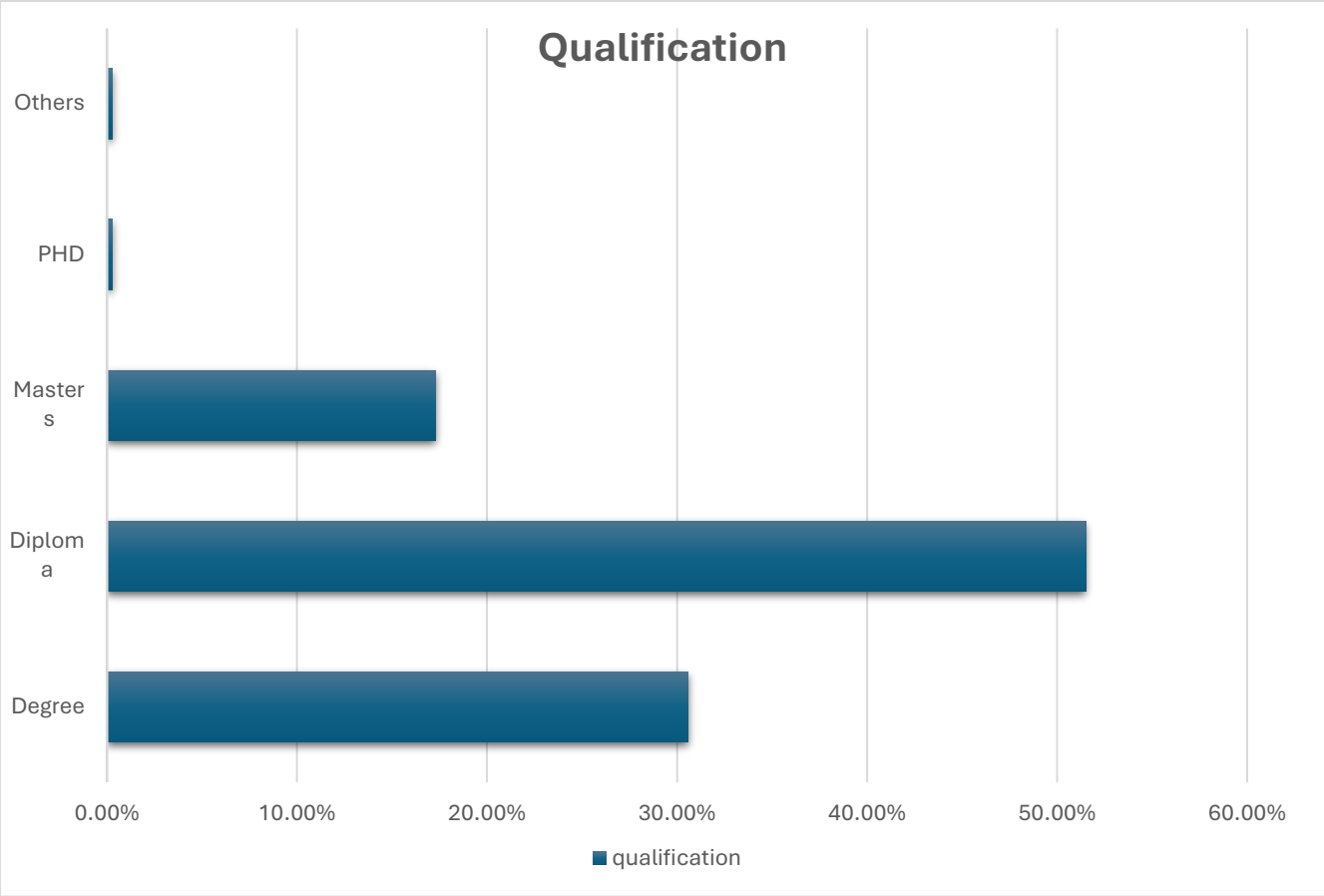

Figure 4.3.6. Qualification of Respondent

The majority of responders (82.1%) have a degree or diploma as their greatest level of education.

while the percentage of respondents with higher qualifications (master's and PhD) is relatively small**,** with 17.6% of the sample holding a master's or PhD

WORKING EXPERIENCE OF RESPONDENTS

Table 4.3.7. Working Experience of Respondents.

Years in Nursing Profession	**Frequency**	**Percentage (%)**
Less than one year	37	12.3
1 – 3	108	35.9
3 – 5	101	33.6
5 -10	38	12.6
More than ten years	17	5.6
Total	301	100

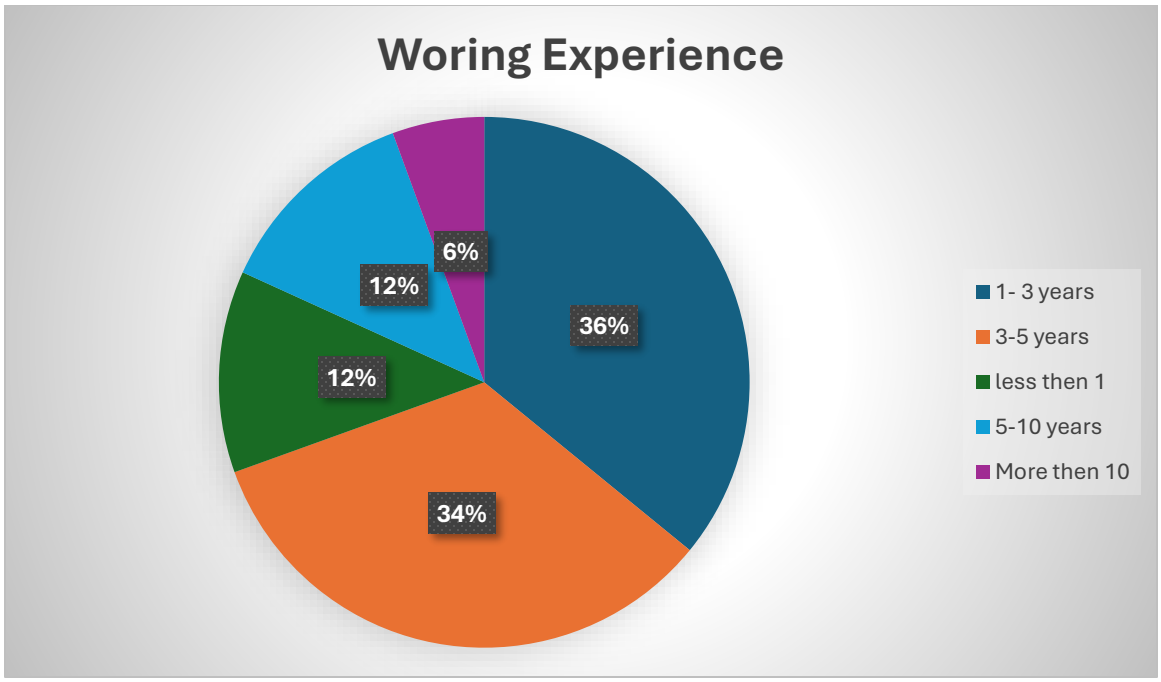

Figure 4.3.7. Work Experience.

The pattern of respondents' work experience in figure 4.3.7 indicates that a substantial proportion of the sample consists of individuals who are relatively new to their roles, with 35.9% (108 respondents) having 1 to 3 years of experience and 33.6% (101 respondents) having 3 to 5 years. A smaller group, 12.3% (37 respondents), has less than one year of experience, while 12.6% (38 respondents) have between 5 to 10 years. Only 5.6% (17 respondents) have over ten years of experience, suggesting that the sample is predominantly composed of individuals in the early to mid-stages of their careers, with fewer in the more experienced categories.

GROSS SALARY OF RESPONDENTS

Table 4.3.8. Gross Salary of Respondents.

Gross Salary Range	Frequency	Percentage (%)
Below 2000	4	1.3
RM 2000 - RM 3000	110	36.5
RM 3000 - RM 5000	184	61.1
RM 5000 -RM 7000	3	1
Total	301	100

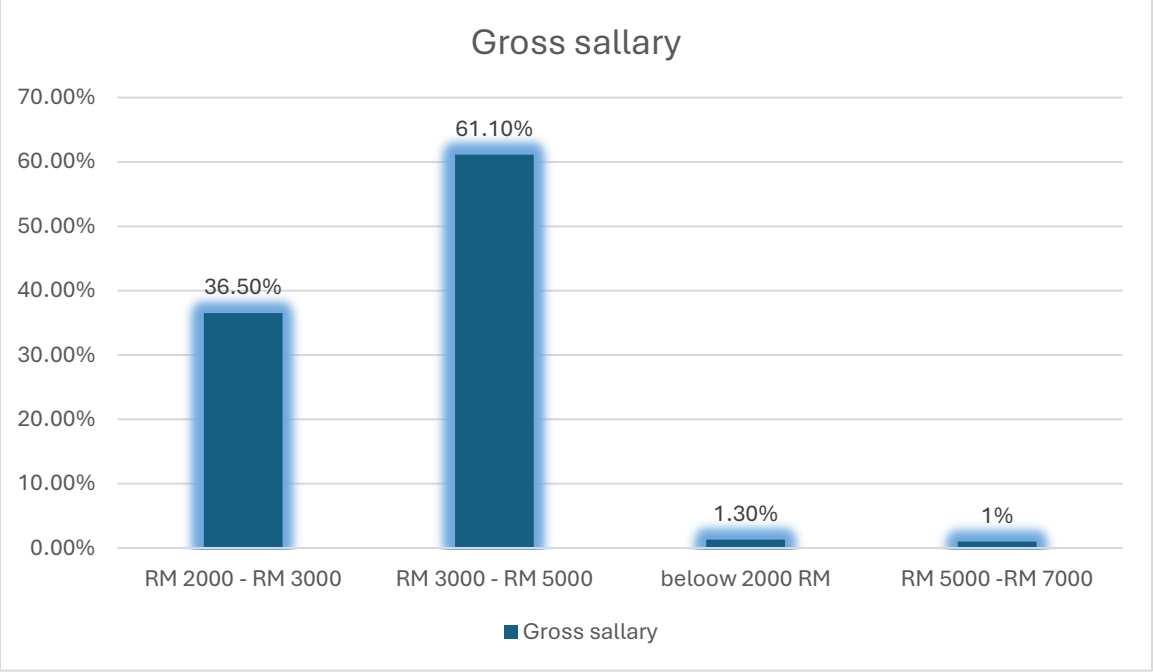

Figure 4.3.8. Gross salary of respondents

The distribution of respondents' gross salaries shown in figure 4.3.8 reveals that the majority fall within the RM 2000 to RM 5000 range. Specifically, 36.5% (110 respondents) earn between RM 2000 and RM 3000, while 61.1% (184 respondents) earn between RM 3000 and RM 5000. A small fraction of respondents earns below RM 2000 (1.3%, 4 respondents) or between RM 5000 and RM 7000 (1.0%, 3 respondents). Overall, 97.6% of the respondents fall within the central salary bands of RM 2000 to RM 5000, indicating that the sample primarily comprises individuals with mid-level income brackets.

4.3.1 Analysis Descriptive Statistics of Study Variables

Table 4.3.9 Presents the mean and standard deviation (SD) for each variable in the study. Among the independent variables, 64.19% of the respondents perceive OR positively, with a mean score of 3.21 and a SD of 0.92. Additionally, 65.7% of respondents perceive OB positively, with a mean score of 3.29 and a SD of 0.94. Furthermore, AC are perceived positively by 69.61% of the respondents, referring to a mean of 3.48 and a SD of 0.85. Regarding GD, 67.49% of the respondents perceive it positively, with a mean score of 3.37 and a SD of 0.78. PW is perceived positively by 71.15% of the respondents, with a mean of 3.56 and a SD of 0.89. For JS, 69.09% of respondents express satisfaction, with a mean of 3.45 and a SD of 0.92. Lastly, MO, 46.42% of the respondents are motivated, with a mean of 2.32 and a SD of 0.85.

Table 4.3.9. Analysis Descriptive Statistics of Study Variables.

Variable	N	Minimum	Maximum	Mean	Std. Deviation
Organizational Rewards (OR)	301	1	5	3.2093	0.92328
Organizational Benefits (OB)	301	1	5	3.285	0.94259
Autonomy and control (AC)	301	1.2	5	3.4804	0.84651
Growth and Development (GD)	301	1.33	4.83	3.3743	0.77995
Psychological Well-being (PW)	301	1.5	4.75	3.5577	0.88655
Job Satisfaction (JS)	301	1	5	3.4545	0.92402
Motivation (MO)	301	1	5	2.3209	0.8526

4.4 Rating Outer Model (Measurement Model) and Model Fit Assessment

Partial least squares structural equation modelling (PLS-SEM) was applied to examine the proposed relationships among the study variables. The analysis was conducted using SmartPLS 4, a variance-based SEM technique commonly employed in management and social science research. This approach is particularly suitable for complex models and moderate sample sizes, as it places fewer restrictions on data distribution and allows for simultaneous estimation of measurement and structural components. Prior to evaluating structural relationships, the quality of the measurement model was assessed. Three criteria were used for this purpose: convergent validity, composite reliability, and discriminant validity (Cheung et al., 2024). All criteria met the recommended

thresholds, indicating that the constructs were measured with adequate reliability and validity. The following section presents the results of the outer model evaluation.

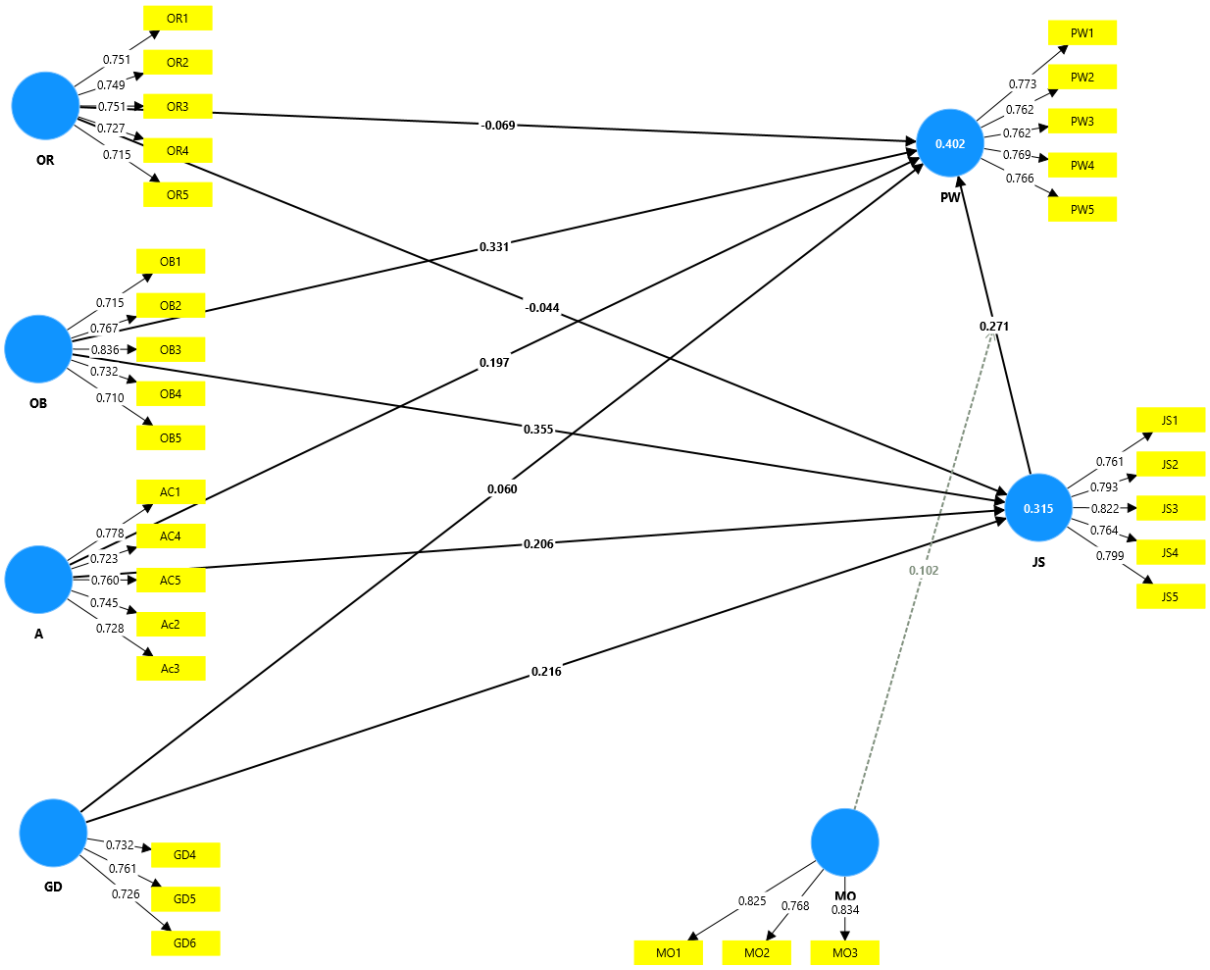

Figure 4.4.1. Path Coefficients Among the Variable.

Note: Organizational Rewards (OR), Organizational Benefits (OB), Autonomy and control (AC), Growth and Development (GD), Psychological Well-Being (PW), Job Satisfaction (JS), Motivation (MO) Figure 6 indicates the factors influencing psychological well-being (PW), which include organizational rewards (OR), organizational benefits (OB), autonomy and control (AC), growth and development (GD), mediator variable job satisfaction (JS), and the moderating variable, Motivation (MO), each measured by their respective indicators**.** The indicators are as

follows Organizational Rewards (OR): OR1, OR2, OR3, OR4, OR5**,** Organizational Benefits (OB)**:** OB1, OB2, OB3, OB4, OB5, Autonomy and Control (AC)**:** AC1, AC2, AC3**,** Growth and Development (GD)**:** GD4, GD5, GD6**, j**ob Satisfaction (JS)**:** JS1, JS2, JS3, JS4, JS5, Psychological Well-being (PW)**:** PW1, PW2, PW3, PW4, PW5**,** Motivation (MO)**:** MO1, MO2, MO3. The hypothesized relationships are represented by arrows between the variables, with JS acting as the mediating variable and MO as the moderating variable in this study. To ensure model fit, the researcher retained the most relevant indicators while assessing the relationships among variables. A total of eight indicators were deleted to improve the model fit: PW6**,** PW7**,** PW8**,** MO4**,** MO5**,** GD1**,** GD2**,** and GD3 based on study by Hair (2016) remove 25% of the indicator to achieve a well fit model.

4.4.1 Removed Indicators and Justifications

Table 4.4.1 Removed Indicators and Justification.

Construct	Removed Items	Justification for Removal
Psychological Well-Being (PW)	PW6, PW7, PW8	These items exhibited low outer loadings (below 0.70), indicating weak correlations with the underlying construct. Their removal aligns with Hair et al. (2016) guidelines to enhance model fit and construct validity.
Motivation (MO)	MO4, MO5	MO4 and MO5 demonstrated low outer loadings and did not contribute significantly to the construct's reliability. Removing these items improved the model's convergent validity.

Construct	Removed Items	Justification for Removal
Growth and Development (GD)	GD1, GD2, GD3	These indicators had outer loadings below the acceptable threshold and were redundant. Their removal was necessary to optimize the measurement model's reliability and validity.

4.5 Measurement Model

Before conducting hypothesis testing, it is essential to evaluate the measurement model. This step ensures that the model is appropriately designed and provides accurate measurements. By assessing the measurement model's validity and reliability, researchers can confirm that the constructs are measured correctly, which directly impacts the theoretical framework's integrity. This analysis is crucial because the validity of the measurement model affects the credibility of the research findings and their alignment with the underlying theoretical constructs.

4.5.1 Testing Outer Model (Measurement Model)

The assessment focused on three main criteria: convergent validity, discriminant validity, and composite reliability that are evaluated in order to evaluate the Outer Model (Measurement Model) (Hair Jr et al., 2020). These standards are necessary to guarantee the measurement model's accuracy and quality. Figure 4.4.1 displays the complete structural equation model for evaluating external Smart PLS models using version.

4.6 Reliability of Constructs

Table 4.6.1. Reliability of Constructs

Constructs	Items	Loadings	CR	AVE	VIF
Organizational Rewards	OR1	0.751	0.857	0.546	1.617
	OR2	0.749			1.515
	OR3	0.751			1.546
	OR4	0.727			1.498
	OR5	0.715			1.412
Organizational benefits	OB1	0.175	0.867	0.567	1.458
	OB2	0.767			1.566
	OB3	0.836			2.012
	OB4	0.732			1.527
	OB5	0.71			1.517

Constructs	Items	Loadings	CR	AVE	VIF
Autonomy and control	AC1	0.778	0.863	0.559	1.66
	AC2	0.745			1.617
	AC3	0.738			1.774
	AC4	0.723			1.607
	AC5	0.76			1.667
Job satisfaction	GD4	0.732	0.784	0.547	1.183
	GD5	0.761			1.193
	GD6	0.726			1.179
	J1	0.761	0.891		1.734
	J2	0.793			1.873
	J3	0.822			1.964

Constructs	Items	Loadings	CR	AVE	VIF
	J4	0.764			1.612
	J5	0.799			1.812
	M1	0.825	0.851	0.655	1.499
Motivation	M2	0.768			1.55
	M3	0.834			1.414
	PW1	0.773	0.877	0.588	1.661
	PW2	0.762			1.733
Psychological well-being	PW3	0.762			1.698
	PW4	0.769			1.684
	PW5	0.766			1.66

Source: Data Processing SmartPLS

The outer model comprised the constructs OR, OB, AC, GD, JS, M, and PW (see Table 4.6.1). Measurement quality was first evaluated by examining indicator loadings. Loadings above 0.50 were considered acceptable, while values exceeding 0.60 were regarded as preferable. As reported in Table 4.6.1 all indicators met this criterion except OB1, suggesting satisfactory indicator performance overall. Construct reliability was then assessed using composite reliability coefficients, all of which exceeded the recommended threshold of 0.70. In addition, average variance extracted (AVE) values for all constructs were greater than 0.50, indicating adequate convergent validity and internal consistency. Taken together, these findings suggest that the measurement model is suitable for further structural analysis. Discriminate validity was subsequently examined using the cross-loading criterion. Indicators were regarded as problematic if their loadings on non-target constructs were higher than those on their intended construct. The cross-loading values for each indicator are reported in Table 4.6.2.

4.6.1 Cross Loading

The factor loadings presented in table 4.6.2 demonstrated a good level of discriminant validity between the constructs (AC, GD, JS, MO, OB, OR and PW). Each item exhibits the highest loading on its respective latent variable (e.g., AC1 on AC, GD4 on GD, JS1 on JS), suggesting that the items are adequately represent their respective constructs. Furthermore, the cross-loadings on other latent variables are substantially lower than the diagonal loadings, and this represents each construct being distinguished from one another. A couple of very minor instances exist where cross-loadings are slightly larger (e.g., items of PW construct on JS), but they remain within acceptable boundaries and do not implicate a problem of discriminant validity. In conclusion, the results show that the model demonstrates satisfactory discriminant validity, with no significant concerns regarding the distinctiveness of the constructs measured

Table 4.6.2. Cross Loading.

Item	A	GD	JS	MO	OB	OR	PW
AC1	0.778	0.129	0.283	-0.191	0.222	0.365	0.331
AC4	0.723	0.271	0.21	-0.101	0.222	0.408	0.244
AC5	0.76	0.164	0.275	-0.118	0.251	0.331	0.261
AC2	0.745	0.159	0.243	-0.202	0.191	0.369	0.336
AC3	0.728	0.207	0.241	-0.104	0.168	0.257	0.212
GD4	0.148	0.732	0.282	-0.132	0.404	0.294	0.272
GD5	0.101	0.761	0.34	-0.207	0.399	0.251	0.254
GD6	0.294	0.726	0.282	-0.194	0.203	0.387	0.265
JS1	0.305	0.207	0.761	-0.053	0.328	0.25	0.384
JS2	0.249	0.227	0.793	-0.023	0.39	0.241	0.368
JS3	0.279	0.357	0.822	-0.029	0.403	0.32	0.413
JS4	0.274	0.372	0.764	-0.075	0.385	0.292	0.391
JS5	0.227	0.421	0.799	-0.084	0.406	0.218	0.412
MO1	-0.157	-0.197	-0.067	0.825	-0.2	-0.119	-0.162
MO2	-0.149	-0.192	-0.06	0.768	-0.171	-0.171	-0.108
MO3	-0.173	-0.192	-0.06	0.834	-0.118	-0.118	-0.176

Item	A	GD	JS	MO	OB	OR	PW
OB1	0.25	0.276	0.342	-0.125	0.715	0.441	0.376
OB2	0.215	0.263	0.412	-0.095	0.767	0.429	0.414
OB3	0.224	0.24	0.405	-0.143	0.836	0.421	0.434
OB4	0.24	0.398	0.313	-0.155	0.732	0.426	0.394
OB5	0.131	0.392	0.354	-0.239	0.71	0.347	0.329
OR1	0.379	0.351	0.268	-0.106	0.418	0.751	0.192
OR2	0.271	0.313	0.268	-0.132	0.434	0.749	0.289
OR3	0.329	0.261	0.217	-0.146	0.369	0.751	0.265
OR4	0.335	0.318	0.209	-0.063	0.334	0.727	0.235
OR5	0.409	0.303	0.3	-0.096	0.454	0.715	0.229
PW1	0.37	0.272	0.383	-0.244	0.376	0.256	0.773
PW2	0.279	0.206	0.361	-0.125	0.391	0.222	0.762
PW3	0.25	0.335	0.387	-0.184	0.398	0.311	0.762
PW4	0.28	0.279	0.391	-0.082	0.44	0.291	0.769
PW5	0.261	0.271	0.395	-0.086	0.384	0.186	0.766

Source: Data Processing SmartPLS

4.6.2 Construct Correlations (Diagonal Elements are Square Roots of the Ave)

From Table 4.6.3 the square root of the AVE for each construct exceeds 0.5, indicating that all constructs demonstrate adequate convergent validity. Specifically, the diagonal elements of the table, which represent the square roots of the AVE for each construct (A = 0.747, GD = 0.740, JS = 0.788, MO = 0.810, OB = 0.753, OR = 0.739, PW = 0.767), are all greater than 0.5. Furthermore, the values in the off-diagonal elements (the correlations between different constructs) are consistently lower than the corresponding diagonal values, suggesting that the constructs are distinct from one another. This further supports the achievement of divergent validity, as no construct's correlation with another exceeds its square root of AVE. As a result, the measurement model standards for Partial Least Squares Structural Equation Modelling (PLS-SEM) have been fully met in this research, Verifying the model's reliability and validity. Heterotrait-Monotrait Ratio of Correlations (HTMT).

Table 4.6.3. Construct Correlations (Diagonal Elements are Square Roots of the AVE).

	A	GD	JS	MO	OB	OR	PW
A	0.747						
GD	0.241	0.740					
JS	0.337	0.409	0.788				
MO	-0.198	-0.241	-0.068	0.810			
OB	0.282	0.456	0.487	-0.197	0.753		
OR	0.465	0.417	0.336	-0.149	0.548	0.739	
PW	0.377	0.356	0.500	-0.190	0.519	0.331	0.767

Table 4.6.4. Heterotrait-Monotrait Ratio of Correlations (HTMT).

	A	GD	JS	MO	OB	OR	PW
A							
GD	0.371						
JS	0.407	0.568					
MO	0.253	0.365	0.094				
OB	0.349	0.663	0.584	0.264			
OR	0.582	0.618	0.404	0.190	0.680		
PW	0.452	0.512	0.597	0.248	0.634	0.404	
MO x JS	0.092	0.041	0.036	0.058	0.044	0.041	0.112

Source: Data Processing SmartPLS

Ensuring that each reflective construct is more strongly associated with its own indicators than with indicators of other constructs is the objective of discriminant validity testing (Hair Jr et al., 2020). An HTMT ratio value below 0.85 indicates adequate discriminant validity between the two constructs, while an HTMT result of more than 0.85 suggests that there is significant overlap between the two constructs and that they are probably assessing the same thing (Panzeri et al., 2024). From Table 10, all the constructs have a loading less than 0.85. Therefore, the researcher can infer that discriminant validities exist among all the constructs. In other words, the majority of

items in the constructs do not measure the same underlying construct. There was no considerable overlap of items in the respondents' perceptions along the affected constructs.

4.7 T-Statistic

Based on the results from Table 4.7.1 four hypotheses →Organizational rewards → Psychological well-being**,** Growth and development → Psychological well-being**,** Organizational rewards → Job satisfaction**,** and JS mediates OR and PW were found to be insignificant. This is because their T-values were below the required thresholds for significance (T-value < 1.645 or $p > 0.05$), and their confidence intervals included both negative and positive values, making these relationships statistically insignificant. In contrast, all other hypotheses were supported, as their T-values exceeded the required thresholds (T-value > 1.645 for $p < 0.05$ or T-value > 2.33 for $p < 0.01$), confirming significant relationships.

Table 4.7.1 T-statistics.

Hypothesis	Beta	T-value	P-value	Decision
H1: Impact on Psychological Well-being				
H1a	0.196	3.047	0.002	Supported
H1b	0.069	1.051	0.293	Not Supported
H1c	0.331	4.316	0.000	Supported
H1d	0.060	0.871	0.384	Not Supported
H2: Impact on Job Satisfaction				
H2a	0.206	3.480	0.001	Supported
H2b	0.044	0.633	0.527	Not Supported

Hypothesis	Beta	T-value	P-value	Decision
H2c	0.355	4.852	0.000	Supported
H2d	0.216	2.847	0.004	Supported
H3: Impact of Job Satisfaction on Psychological Well-being				
H3	0.271	3.445	0.001	Supported
H4: Mediation by Job Satisfaction				
H4a	0.056	2.297	0.022	Supported
H4b	0.012	0.598	0.550	Not Supported
H4c	0.096	2.814	0.005	Supported
H4d	0.058	1.980	0.048	Supported
H5: Moderation by Employee MO				
H5	0.102	2.088	0.037	Supported

4.8 Conclusion

In Chapter 4, the researcher conducted various tests and analyses to observe the data collected from the questionnaire. Based on the findings in this chapter, it was determined that Four hypotheses were not supported. These results provide important insights into the study and highlight areas for further discussion and analysis. Researchers have interpreted the outcomes to better understand the implications for organizational practices. Finally, recommendations and potential impacts of the study have been provided, paving the way for further research and future studies in this area.

CHAPTER 5

DISCUSSION AND CONCLUSION

5.1 Introduction

In the previous chapter, research went into great depth on the data's outcome. Therefore, the researcher will provide a summary of the statistical analysis, discussions of the key findings, and ramifications of the study in this chapter. There will also be a thorough explanation of the research's shortcomings and recommendations for additional study.

5.2 Summary of Descriptive Statistics of the Study

From table 5.2.1, most of the variables have mean less than 4, indicating that they lie in the neutral to moderately positive range. For OR, the mean score of 3.21 indicates that employees find the rewards their organization gives them satisfactory but cannot keep them so motivated or highly satisfied. On OB, the mean stands at 3.29; it means the view expressed in the perceived benefit that they are getting from an organization does exist but moderately they in addition would have a very good effect. Regarding the mean score on AC, 3.48 is relatively high compared to the means on other variables and reflects a good level of perceived autonomy among the respondents. This means employees feel that to a considerable degree they enjoy independence and work control, yet improvements are needed in this regard as well. The average score for GD is 3.37, showing that the respondents do see certain opportunities for professional growth, but it is not strong enough to strongly increase either their satisfaction or career development. The mean score of 3.56 is among the highest of the variables, indicating that generally, respondents feel positive about their mental and emotional health at work. This level is not particularly strong and could indicate that further

support may be required to enhance overall well-being. In the case of JS, the mean score of 3.45 shows a moderately positive perception, where employees feel reasonably satisfied but not overwhelmingly content with their jobs. The mean of MO is the lowest, 2.32. This shows that MO among employees is relatively low and may be driven by perceived adequacy of rewards, benefits, and growth opportunities. Generally, most variables have reflected neutral to moderately positive perceptions, but the generally low motivational level indicated may raise a flag for potential areas of organizational practice improvement to engage and inspire employees more.

Table 5.2.1. Summary of descriptive statistics of the study.

Variable	N	Minimum	Maximum	Mean	Std. Deviation
Organizational Rewards (OR)	301	1	5	3.2093	0.92328
Organizational Benefits (OB)	301	1	5	3.285	0.94259
Autonomy and control (AC)	301	1.2	5	3.4804	0.84651
Growth and Development (GD)	301	1.33	4.83	3.3743	0.77995
Psychological Well-being (PW)	301	1.5	4.75	3.5577	0.88655
Job Satisfaction (JS)	301	1	5	3.4545	0.92402
Motivation (MO)	301	1	5	2.3209	0.8526

5.3 Discussion of Major Findings

5.3.1 H1a: Autonomy and Control Have Significant Impact on Psychological Well-being of Nurses

Results indicated that AC positively and significantly influence the PW of nurses, with β=0.196, p=0.002. This assertion is supported by a study conducted by Rostami (2021) where a higher degree of control over work-related decisions reduces stress and leads to improved psychological health outcomes among healthcare professionals (Rostami et al., 2021). The autonomy of nurses to execute their job in the usually stressful work environment enables them to exercise professional judgment and manage their workload. This perceived control not only enhances their confidence but also reduces the negative effects of job demands. For example, Huan-fang et al. (2022) indicated that health workers with more autonomy experience less burnout and more JS, contributing to better PW (Huan-Fang & Chang, 2022). This finding is consistent with previous research indicating that professional autonomy is positively associated with nurses' well-being. For instance, nurses who experience higher levels of autonomy report greater happiness and improved psychological outcomes, highlighting the importance of decision-making freedom in clinical settings (Faridi et al., 2025). The data shows that 19.6% of the variation in nurses' PW is directly explained by AC. On the other hand, this may also mean that other factors, such as organizational support or personal resilience, play significant roles in determining their psychological state. Nevertheless, the positive relationship underscores the importance of granting greater autonomy to the nurses for improving their PW and, in turn, their overall performance.

5.3.2 H1b: Organizational Rewards Have a Significant Impact on the Psychological Well-being of Nurses

The results indicate that OR do not significantly influence the PW of nurses ($\beta = -0.069$, $p = 0.293$). This result would suggest that even though rewards are generally seen as motivators in the workplace, they may not contribute directly to the PW of nurses within the context studied. This may be interpreted as meaning that, in relation to their psychological health, nurses view intangible job-related factors such as autonomy, team support, and job security as more important than tangible rewards. One possible reason for the non-significant relationship is that nurses in highly stressful settings stress intrinsic rewards more than extrinsic rewards. Furthermore, when OR are not congruent with personal expectations or perceived to be insufficient, any potential benefits are lost, as would be suggested by (De Clercq et al., 2023). (De Clercq et al., 2023). In addition, research on nurses' perceptions of rewards indicates that providing an appropriate mix of rewards, particularly non-financial rewards, is a highly beneficial element in nursing management, emphasizing that the effectiveness of rewards depends on their relevance to nurses' needs and expectations (Seitovirta et al., 2018). The more detailed data shows a marginal negative correlation with a beta of -0.069, suggesting that rewards, in some circumstances, may even have the adverse impacts if these perceived to be unfair or inconsistent. This supports the findings of (Emmanuel & Nwuzor, 2021) that a poorly structured reward system can lead to dissatisfaction, which may have an indirect influence on PW.

5.3.3 H1c: Organizational Benefits Have a Significant Impact on The Psychological Well-being of Nurses

These results indicate that OB has a significant positive influence on the PW of nurses, $\beta = 0.331$, $p < 0.001$. This finding is important because such wide-ranging benefits build a supportive working

environment that assists in maintaining psychological health. By helping to mitigate work-related stress with health insurance, retirement planning, childcare support, and paid leaves, OB tackle financial and personal issues that bother nurses and enable them to focus their energy more effectively on professional duties. These findings are also supported by other studies, such as that of (Estigoy et al., 2020) which established that tangible benefits give a sense of security and acknowledgement that strengthen the feeling of appreciation among employees. When nurses feel that their employer is concerned about their well-being, this not only releases them from psychological distress but also creates more loyalty and commitment, thus further contributing to their well-being. Supporting this, studies have shown that perceived organizational support significantly enhances nurses' psychological well-being, which in turn influences positive work outcomes such as organizational commitment and intention to stay(Duong et al., 2024). Besides, it has been underlined in the study that well-structured benefit packages reduce the effect of workplace stressors through providing practical support against high demands emanating from the nursing role itself (Wu et al., 2023). In this respect, the OB directly explain 33.1% of the variation in nurses' PW, thus showing their immense role in shaping psychological health outcomes. This goes to reiterate the fact that, besides intrinsic factors like autonomy, there is a need for an external support system such as benefits in ensuring psychological resilience among health professionals. It is, therefore, most likely that psychological health will improve in an institution that looks more towards comprehensive benefit programs, those that cater to the needs of nurses, hence improving job performance and organizational commitment.

5.3.4 H1d: Growth and Development Have a Significant Impact on The Psychological Well-being of Nurses

The result indicated that GD did not significantly affect the PW of nurses, $\beta = 0.060$, $p = 0.384$. This suggests that, as was perhaps expected, opportunities for professional GD may not directly influence the psychological health of nurses within the studied context. There could be many reasons for this insignificant relationship. For example, nurses may view opportunities for GD as less important compared to other issues such as managing workload, receiving adequate compensation, or balancing work and life. But if these basic needs are not met, professional development opportunities' potential positive impact on PW could be nullified. Moreover, at times, the opportunities for GD indirectly increase stress as they may be perceived as additional workload or are packaged with expectations of continuous up-skilling on top of an already heavy workload. This aligns with findings from kumar et al. (2024), who noted that in high-pressure work environments, professional development programs may have limited or even negative effects on well-being when not accompanied by adequate support systems (Kumar et al., 2024) Another explanation may be that the relationship between GD and PW is an indirect one through other variables such as JS or MO. For instance, (Dhar, 2024) argued that although professional development fosters careers and competence, well-being is contingent upon the degree at which such opportunities align with the career aspirations of the individual concerned and their personal situation. Furthermore, it can be realized from the data that the confidence intervals for the relationship, which is (-0.076, 0.196), include zero, reinforcing the non-significance of this association. This goes to say that while GD are no doubt useful for professional success and organizational success, they may not be the main causes of PW among nurses. Healthcare

organizations should focus more on immediate stressors to improve well-being, but also ensure that GD opportunities are structured to complement work-life balance and intrinsic needs.

5.3.5 H2a: Autonomy and Control Have a Significant Positive Impact on The Job Satisfaction of Nurses

The results show that AC are positively and significantly associated with JS among nurses (β=0.206, p=0.001). This result underscores the importance of autonomy as a facilitator of workplace satisfaction, especially in a challenging profession like nursing. AC enable nurses to apply their judgment, manage their workload, and feel empowered at work. These factors contribute to a sense of competence and ownership over their tasks, which aligns with Self-Determination Theory, suggesting that autonomy is a fundamental psychological need essential for fostering JS (Autin et al., 2022). In addition, the result concurs with that of penconek and coworkers, who observed increased autonomy resulting in higher levels of JS in health by reducing job-related stress and improving their engagement (Penconek et al., 2021). Where the perception of control exists within the work environment, the feelings of being valued and respected are realized and thus become closely linked with the nurse's overall JS. The findings of this study are also consistent with previous research, such which emphasizes that autonomy significantly contributes to nurses' job satisfaction by enhancing their sense of independence, responsibility, and involvement in decision-making (Finn, 2001). In addition, lack of control may cause frustration and feelings of powerlessness in a stressful environment such as hospitals. These data indicate that 20.6% of the variance in JS can be explained by AC, hence making it an important predictor of workplace satisfaction. Autonomy can only realize its full positive effect when health organizations create an enabling culture that enables nurses to act independently while giving them resources and support.

5.3.6 H2b: Organizational Rewards Have a Significant Positive Impact on The Job Satisfaction of Nurses

These results indicate that OR do not significantly influence nurses' JS, with $\beta = -0.044$ and $p = 0.527$. Besides that, the negative direction within the relationship, albeit insignificant, could also mean that rewards not necessarily cause increased JS in the context of this study. This runs against traditional expectations like Herzberg's Two-Factor Theory, which argues that factors relating to extrinsic conditions, such as rewards, contribute to JS since they help fulfil basic needs. While both intrinsic and extrinsic rewards are important, previous studies suggest that extrinsic rewards, particularly financial compensation, remain a significant factor influencing employee satisfaction, as monetary benefits play a key role in fulfilling basic needs and reducing financial stress (Riasat et al., 2016). Instead, the findings suggest that OR, whenever perceived as insufficient, inequitable, or incongruent with expectations, may be ineffective in motivating or satisfying employees. This insignificant relationship may be because rewards are not going to help nurses from the main issue they are facing in the workload, stress, and work-life balance. It could be that a nurse who works in an increasingly demanding environment places a greater emphasis on intrinsic factors-meaningful work or valuable relationships-than on monetary or tangible incentives. Moreover, studies have shown that rewards that are poorly structured or given out sporadically can even result in dissatisfaction because employees perceive that the reward system does not distribute benefits equitably or with appreciation (Shields et al., 2020). The negative beta value ($\beta = -0.044$) might reflect those cases in which OR are perceived as conditional or even linked to unrealistic performance expectations that could provoke pressure and decrease satisfaction. Furthermore, the confidence interval for this relationship crosses zero: -0.169, 0.101, which reinforces the lack of a significant effect. This may mean that OR have no direct influence on JS and their effect may be

dependent on other mediating factors, such as perceived fairness or alignment with personal and professional needs.

5.3.7 H2c: Organizational Benefits Have a Significant Positive Impact on The Job Satisfaction of Nurses

The results indicated that OB were positively related to nurses' JS, with a β value of 0.355 and a p-value of less than 0.001. This finding underlines the significance of comprehensive benefits in creating a feeling of safety and satisfaction among healthcare professionals. OB, such as health insurance, retirement plans, paid leave, and childcare support, provide tangible assurance for nurses that their employer is concerned about their well-being. These data indicate that OB are very influential and that 35.5% of the variation in JS is accounted for by these. This finding agrees with the findings of previous research, such as (Handayani & Joeliaty, 2023) who found that generous benefit packages improve JS through relieving the financial burden and allowing a more balanced life. Furthermore (Konovalova, 2021) suggested that employees perceive benefit programs as a form of organizational recognition, fostering a positive attitude toward their work and their employer. A recent systematic review examining determinants of job satisfaction among healthcare workers in Gulf Cooperation Council countries identified multiple factors influencing job satisfaction, including , organizational benefits, contingent rewards, and working conditions, aspects play significant roles in shaping overall job satisfaction in healthcare settings (Alkhateeb et al., 2025). OB, therefore, creates a sense of fairness and equity in the workplace, which is an important component in maintaining JS, especially in the high-stress profession of nursing. Accordingly, when comprehensive benefits make a nurse feel their needs are being looked after, they are likely to be more motivated and inclined to be engaged in and committed to their work.

In the absence of such benefits or their sufficiency, dissatisfaction ensues, leading to increased turnover.

5.3.8 H2d: Growth and Development Have a Significant Positive Impact on The Job Satisfaction of Nurses

The analysis indicates that GD is positively and significantly associated with nurses' JS. Specifically, the path coefficient was $\beta = 0.216$, with a significance level of $p = 0.004$. This result highlights the importance of professional development and career-related opportunities in shaping workplace satisfaction among registered nurses. Access to training, skill enhancement activities, career progression pathways, and mentoring support appears to foster a sense of achievement and advancement, which are closely linked to JS. The data indicates that 21.6% of the variance in JS can be attributed to GD opportunities, underscoring their significance in promoting positive work experience. These findings agree with the existing literature; for example, the study by (Nurhayati et al., 2024) also reported that opportunities for continuous learning and career growth result in higher levels of workplace engagement and commitment. In demanding jobs, such as nursing, with physically and emotionally stressful role demands, chances for GD provide the ecological support system on which the professional nurse anchors strength to perform without second-guessing self-doubt to meet and further prepare for demands. This, in turn, enhances positive job stability and organizational investment perceptions. Previous research has shown that career growth opportunities play a crucial role not only in job satisfaction but also in employee retention. For instance, studies on nurses' retention highlight that factors such as career growth, work well-being, and work-life balance significantly influence nurses' intention to remain in their organization (AbdELhay et al., 2025). However, it is about making sure such opportunities are equally

distributed and parallel to individual career goals if the influence of such opportunities on JS is to be maximized.

5.3.9 H3: Job Satisfaction Has a Significant Impact on The Psychological Well-being of Nurses

The results indicate that JS significantly and positively influences the PW of nurses, with a β-value of 0.271 and a significance level of 0.001. This finding underlines the interdependence of workplace satisfaction and psychological health in the nursing profession. When nurses feel satisfied with their jobs, motivated by factors like recognition, enabling environments, and opportunities for professional growth, their psychological resilience and well-being are boosted. The data further show that JS accounts for 27.1% of the variance in PW, hence a strong predictor of the psychological health status of nurses. Satisfied nurses are those who are more likely to perceive recognition and organizational support in their roles, which may enhance satisfaction, hence reduce stress, and preventing burnout. This agrees with the findings of (Shahrbabaki et al., 2023), Previous research has demonstrated that job satisfaction is closely linked with both work engagement and psychological distress among nurses. Studies have shown that higher levels of job satisfaction are associated with increased engagement and reduced psychological distress, highlighting the critical role of workplace satisfaction in promoting nurses' mental health and well-being (Al Maqbali, 2026). who established that emotional stability and psychological resilience are positively related to JS in high-pressure jobs. Besides, study reiterated that if employees feel that their jobs are rewarding and promising, they will be more likely to be in a state of PW (Van Vegchel et al., 2001).

5.3.10 H4a: Job Satisfaction Mediates the Relationship Between Autonomy and Control and the Psychological Well-being of Nurses

Accordingly, the results identified that JS significantly mediated AC-PW of nurses at β=0.056, p=0.022. This confirms our hypothesis. In simple language, the result underlines that JS works as an essential linking channel in enhancing a higher relationship between the two variables in question. AC feelings enable nurses to make decisions independently, manage their responsibilities appropriately, and feel empowered; all these factors enhance JS. On the other hand, JS improves the PW due to reduced stress, a feeling of achievement, and emotional stability. study suggested that autonomy may not, on its own, lead to PW without the presence of high levels of JS, which buffers workplace stress and increases resilience (Clausen et al., 2022). Previous studies have demonstrated the mediating role of job satisfaction in linking professional autonomy with important organizational and individual outcomes. For example, research among ICU nurses in Iran found that job satisfaction mediates the relationship between professional autonomy and organizational commitment, indicating that autonomy contributes to positive outcomes indirectly through enhancing job satisfaction (Parizad et al., 2025).The indirect effect, β = 0.056, shows that part of the influence of autonomy on PW is through JS. This would mean that as much as autonomy is important in psychological health, it is fully expressed when employees feel their work is satisfying and gratifying. Moreover, the confidence interval, 0.016 to 0.111, does not cross zero, meaning the mediation effect is significant.

5.3.11 H4b: Job Satisfaction Mediates the Relationship Between Organizational Rewards and the Psychological Well-being of Nurses

The results indicate that JS does not significantly mediate the relationship between OR and PW of nurses (β=-0.012, p=0.550). A non-significant mediation effect means that in the given context,

the OR may not directly or indirectly affect the PW of nurses through JS. It should also be observed that the beta, albeit not significant, is negative. This could portend that in OR; negative aspects such as inequity and dissatisfaction perceptions often reduce general well-being improvement. Of course, there could be the element of nature or perception of rewards. Rewards perceived as inadequate, inconsistent, or not relevant to individual needs will fail to contribute positively to JS and, therefore, cannot elevate PW. This is in tandem with what study suggested that rewards have to be perceived as fair and meaningful if they are to influence employees' attitudes and performance (Figueiredo et al., 2025). Herzberg's Two-Factor Theory also supports the fact that rewards, being an extrinsic motivator, might not be able to provide intrinsic satisfaction or help in PW without other intrinsic motivators like recognition and meaningful work (Wang & Eugenio-Villanueva, 2024). Besides, the confidence interval (0.054, 0.025) contains zero, corroborating the result above of non-significance for the effect of mediation. This may suggest that, in this setting, the route from OR to PW via JS is neither powerful nor dependable. It also provides evidence that, in this respect, other influences such as workload, autonomy, or organizational culture are more influential at determining JS and well-being.

5.3.12 H4c: Job Satisfaction Mediates the Relationship Between Organizational Benefits and the Psychological Well-being of Nurses

These results show that JS significantly mediates the effect of OB on the nurses' PW, expressed as $\beta = 0.096$, $p = 0.005$. The above finding manifests that OB are crucial for developing indirect impacts on PW by strengthening JS. A comprehensive benefit package, including health insurance, paid leave, retirement plans, and childcare support, creates JS by meeting the nurses' practical and financial needs, thus reducing stress and giving them a sense of security. Where such benefits are meaningful and fair, perceived so by the nurses, they have a higher degree of satisfaction and

therefore an impact on PW. A study by khan showed that JS mediates between workplace factors, such as benefits, and overall well-being. When people are satisfied with their job because of organizational support, it then leads to good psychological health (Khan et al., 2022). In the nursing profession, where high stress and emotional labor are prevalent, OB such as flexible schedules, paid leave, and professional development opportunities are crucial. Nurses who feel their organization provides these benefits tend to report higher levels of JS, which, in turn, contributes to their PW (O'Connor et al., 2024). Overall, the findings emphasize the need for organizations to create supportive work environments that promote work–life balance, strengthen psychological resources, and enhance job satisfaction, as these factors are critical in maintaining nurses' mental health and well-being (Zhang et al., 2024). The indirect effect $\beta = 0.096$ $\beta = 0.096\beta=0.096$ indicates partial mediation of the relationship between OB and PW by JS. The mediation effect confidence interval (0.036, 0.166) does not include zero, which further confirms this effect as statistically significant. Such a result points to the fact that benefit programs are not only a direct means to support well-being but also important drivers of JS, which indirectly influences psychological health.

5.3.13 H4d: Job Satisfaction Mediates the Relationship Between Growth and Development and the Psychological Well-being of Nurses

These results show that JS significantly mediates the relationship between GD and the PW of nurses at $\beta=0.058$, $p=0.048$. This result puts forth the indirect role of GD opportunities in improving PW by increasing JS. Professional development, such as training programs, skill-building workshops, career advancement opportunities, and mentorship, will not only give a sense of progress and competence but also greater JS. Greater JS, in turn, influences the nurses' psychological health in terms of reduced workplace stress and emotional stability. Empirical

studies also support this relationship. For instance, (Badaruddin et al., 2024) found that opportunities for career advancement promote balance between work and personal life while decreasing anxiety, which in turn improves PW and satisfaction with work. Similarly, (Soegiarto et al., 2024) demonstrated that GD opportunities are directly linked to JS, which mediates their effect on employees' overall well-being. The findings of the present study can be compared with previous research, which suggests that organizational support and psychological well-being are key factors influencing nurses' job satisfaction and quality of care. Specifically, positively perceived organizational support has been found to enhance psychological well-being, which in turn contributes to improved job satisfaction and professional outcomes (Author et al., Year). This aligns with the present study's emphasis on the role of workplace factors in shaping nurses' well-being, although the strength and pathways of these relationships may vary across contexts (Pahlevan Sharif et al., 2018) The indirect effect (β=0.058) indicaes that GD opportunities have a measurable impact on PW through JS. The confidence interval, ranging from 0.012 to 0.127, does not include zero, which supports the statistical significance of this mediation effect. What this implies is that although GD contributes to well-being, the full force of such contribution is realized when it enhances the nurses' JS, which serves as a bridge to improved psychological health.

5.3.14 H5: Employee Motivation Moderates the Relationship Between Job Satisfaction and the Psychological Well-being of Nurses

The results revealed that employee MO was found to exert a significant moderate influence on the relationship between JS and PW, with β=0.102, p=0.037. This finding therefore denotes that the relationship between JS and PW is impacted by the degree of MO among employees. Stated differently if nurses are highly motivated, the positive impact of JS on their PW becomes even stronger. MO acts as a catalyst in which satisfaction energizes nurses to channel satisfaction into

positive psychological health outcomes. According to Bakker (2011), highly motivated employees have greater resistance to stress and, consequently, better utilize JS in maintaining PW. Encouraging, supportive, helpful, and motivating coworkers are important factors that significantly influence nurses' job satisfaction, as positive interpersonal relationships within the workplace contribute to a more satisfying work environment (Olatunde & Odusanya, 2015). In this case, MO plays a buffering role in that it strengthens the influence of satisfaction on positive mental states (Srivastava & Hapinat, 2023). This interaction is significant since the moderation effect is β=0.102 and the confidence interval is between 0.003 to 0.194, which does not include zero. Therefore, these results show that MO acts as a buffer to the challenges in the workplace to allow nurses to use JS to improve their PW more successfully. Although the mean score for motivation (2.32) indicates a generally low level among respondents, the significant result in the hypothesis testing suggests that JS still plays a meaningful role in influencing motivation. This implies that even when overall motivation is low, improvements in JS can have a statistically significant and practical impact on enhancing PW through motivational pathways.

5.4 Strongest Relationship in the Study

The relationship between OB and JS was found to be the strongest in this study (β = 0.355, p = 0.000). This significant finding indicates that when nurses perceive organizational benefits to be substantial and relevant, it leads to a higher level of JS. According to SET, employees tend to reciprocate positive exchanges with their employers, and when they perceive they are receiving meaningful benefits, they are more likely to experience higher JS. This outcome highlights the importance of providing benefits that are not solely financial but also cater to personal and professional growth. The findings suggest that organizational benefits, such as professional development opportunities and work-life balance support, can have a greater influence on JS

compared to traditional rewards like salary or bonuses. In contrast, OR did not show a significant relationship with JS, suggesting that simply offering monetary or extrinsic rewards may not be enough to enhance JS in this setting. This critical insight suggests that organizations should prioritize benefits that nurture both the professional and personal well-being of nurses, which in turn can lead to higher JS and potentially lower turnover rates.

5.5 Implications of Study

5.5.1 Managerial Implications

This study provides valuable insights for hospital administrators aiming to enhance the PW and JS of nurses in private hospitals in Klang Valley. According to SET, employees' perceptions of fairness and reciprocity in the workplace influence their commitment and JS. The results of this study show a significant positive relationship between AC with both JS and PW. In line with SET, when hospital management offers nurses more decision-making power and flexibility, it fosters a sense of fairness and reciprocity, enhancing their satisfaction and well-being. However, OR showed no significant relationship with either outcome, suggesting that merely offering financial incentives may not be sufficient to meet employees' needs for reciprocal exchange. This finding challenges the traditional view that extrinsic rewards alone can motivate employees. From a SET perspective, the perceived inadequacy of OR may lead to feelings of inequity, reducing nurses' overall JS. Thus, hospital administrators should reconsider their reward systems, focusing on intrinsic motivators that align more closely with nurses' professional and personal needs, rather than solely financial rewards. Furthermore, the positive impact of OB on both JS and PW emphasizes the importance of offering benefits that cater to the holistic needs of nurses. In SET terms, when organizations provide benefits that employees value, it strengthens the perceived social exchange relationship, fostering higher satisfaction and well-being. GD opportunities, while

not directly influencing PW, significantly impacted JS, which in turn mediated the relationship with PW. This finding reinforces SET by highlighting how continuous professional development serves as an exchange mechanism offering employees opportunities for growth and career advancement in return for their effort and commitment to the organization. Hospital management should invest in such development opportunities, as they are critical to improving JS, which ultimately enhances PW. Finally, the moderating effect of employee motivation (MO) on the relationship between JS and PW indicates that nurses who feel more motivated are better able to translate their satisfaction into positive psychological health outcomes. In SET terms, when employees perceive that the organization recognizes and values their contributions, they are more likely to be motivated, which strengthens their commitment and well-being. Hospital administrators should focus on recognition programs, career advancement opportunities, and goal-setting activities to motivate staff and cultivate a positive work environment. In conclusion, applying the principles of SET in hospital management, by fostering fairness, providing intrinsic rewards, supporting professional growth, and motivating staff, can significantly enhance the well-being and JS of nurses, which subsequently contributes to improved organizational performance and enhanced PC.

5.5.2 Theoretical Implication

This study advances theoretical discussion on PW by examining how PC dimensions operate within healthcare settings, particularly among nurses working in private hospitals. The findings align with existing theoretical perspectives by showing that autonomy, OB, and opportunities for growth play important roles in shaping both JS and well-being in demanding professional environments. At the same time, the study demonstrates that JS functions as a key process through which workplace conditions influence PW, thereby clarifying how these factors are connected.

The study is grounded in social exchange theory, which views employment relationships as ongoing exchanges shaped by perceptions of fairness and mutual obligation. The results support this perspective by indicating that nurses who perceive fair treatment, including appropriate autonomy and organizational support, report higher levels of JS and PW. In contrast, extrinsic rewards alone did not significantly enhance satisfaction or motivation when they were viewed as inadequate or inequitable. This suggests that material incentives, in isolation, are insufficient to sustain positive employee outcomes when the broader exchange relationship is perceived as unbalanced. Within the nursing context, where emotional demands and intrinsic motivation are particularly salient, the exchange process appears to involve more than the provision of external rewards. Nurses place greater value on fairness, meaningful recognition, and supportive work conditions, all of which contribute to their sense of well-being. By highlighting these dynamics, the present study extends social exchange theory by illustrating how specific workplace factors interact in high-pressure organizational environments and by emphasizing the central role of fairness and reciprocity in fostering employee well-being.

5.6 Limitation of the Study

Throughout this research, there were several limitations encountered along the way that posed some challenges for the researcher, and which took more time and effort to ensure that the outcomes are correct. To reduce the possible influence of these restrictions on the study's conclusions, the researcher had to take additional precautions.

5.6.1 Respondents' Involvement

A key limitation in the study was that due to restrictions on direct contact with nurses, communication and survey distribution had to be carried out through the Human Resources (HR) department and online platforms. While HR facilitated the distribution of surveys, the indirect

interaction may have limited the researcher's ability to provide immediate clarification or encouragement to the nurses, which might have affected their response rate or understanding of the survey items. Additionally, relying on online platforms and third-party facilitation could have introduced delays or biases in the survey process, influencing the overall response rate and completeness of the data.

5.6.2 Time Constraint

Time constraints were another limitation in this study. The data collection phase took longer than anticipated due to the nurses' busy schedules and limited availability, particularly during shift hours. Several respondents postponed or declined participation, which required the researcher to rely on HR involvement and online platforms for distribution and follow-ups. This extended the time required for data collection and prevented the researcher from exploring additional variables or conducting follow-up interactions that could have enhanced the study. Additionally, direct contact with nurses was not allowed, and this limited the opportunities for more personalized engagement with participants.

5.6.3 Cost Constraints

The study was conducted without external funding, which limited the resources available for printing, transportation, and follow-up efforts. These financial constraints restricted the geographic scope and sample size, as the researcher could not include more hospitals or offer incentives to increase participation. Despite the limited budget, the researcher managed resources effectively to ensure data quality, but the findings may have been strengthened with broader reach and logistical support.

5.6.4 Population Constraints

One of the major limitations faced in this research pertained to the target population. This study was aimed at responses by nurses within private hospitals across Klang Valley. However, the researcher found it difficult to get a substantial number of questionnaires returned. The response rate was limited, because a notable number of eligible individuals were constrained by availability or chose not to participate. Apart from that, the researcher had to be sure that the respondents had experience or an understanding of the PC and workplace well-being, narrowing the number further. The limitation makes the process of collecting enough information necessary for a proper representation of a larger population of nurses in the region a more complex task.

5.7 Sample Size and Data Collection Challenges

While the target sample size for the study was 377 responses, a total of 345 questionnaires were distributed. Of these, 320 questionnaires were returned. After excluding incomplete or invalid responses, 301 valid responses were used for analysis. The lower sample size was influenced by several factors, including restricted access to nurses, as direct communication was not permitted. Data collection was carried out through HR departments or online platforms. Additionally, some private hospitals, such as Hospital Kuala Lumpur, Pantai Hospital, and Prince Court Medical Centre, did not grant approval for data collection, further limiting the sample. The nurses' busy shift schedules also impacted their participation. Despite these constraints, the 301 valid responses provide a sufficient basis for statistical analysis, and the study's conclusions remain reliable within the given sample size.

5.8 Recommendations For Future Research

In light of the study's results and identified limitations, a number of directions for future research are proposed to deepen insight into nurses' psychological well-being and its associated factors.

5.8.1 Expansion to Other Healthcare Sectors

The present study concentrated on the PW of nurses employed in private hospitals in Klang Valley. Future work could broaden this focus by examining other areas of the healthcare system, including public hospitals, to better understand how PC processes operate across different organizational settings. Investigating PC dimensions and employee well-being in public sector healthcare may yield additional insights, as institutional structures, employment conditions, and employee expectations often differ from those in private organizations. Beyond healthcare, similar research could be undertaken in other sectors such as education, manufacturing, and retail. Studying PC across a range of organizational contexts would enable comparative analysis and contribute to a clearer understanding of how these processes influence employee well-being more generally. Such cross-sectoral research could also strengthen the external validity of findings and support the development of more broadly applicable theoretical and practical conclusions.

5.8.2 Exploration of Different Dimensions

The dimensions that were studied in this research include elements of PC, JS, employee MO, and PW. In the future, other relevant dimensions could be explored depending on the healthcare setting or organizational context. By incorporating additional dimensions, such as leadership styles, work-life balance, or organizational culture, researchers could gain a more deeper understanding of the factors influencing nurses' PW. It will help to catch more of the variables involved, in the case of increasing reliability and validity to provide for deepened insight into the complicated web of factors found in this environment of healthcare.

5.8.3 Use of Mixed Methods

Future investigations may benefit from integrating quantitative survey data with qualitative approaches such as interviews or focus group discussions. Survey methods are useful for

identifying general patterns and relationships within large datasets, whereas qualitative techniques allow researchers to explore participants' experiences, interpretations, and motivations in greater depth. Qualitative data can provide insight into how employees make sense of PC processes in their work settings. Open-ended inquiry enables the identification of issues that may not be readily captured through structured questionnaires, including emotional responses and subjective perceptions that shape PW. By combining these complementary approaches, researchers can examine both the measurable trends and the underlying meanings associated with PC. Such integration supports a more comprehensive understanding of the phenomenon and contributes to the robustness and credibility of future research findings.

5.8.4 Enhancing Representativeness and Generalizability

Although the present study examined a clearly defined group, subsequent research could broaden its scope by employing alternative sampling approaches that better capture diversity across institutional settings. For example, probability-based methods such as stratified sampling could be used to reflect differences in hospital categories, professional roles, and levels of experience. In addition, collecting data across multiple sites would allow future studies to incorporate a wider range of organizational contexts. Expanding sample diversity through these strategies would strengthen the external validity of future findings and enhance their relevance for the broader nursing workforce.

5.9 Conclusion

In short, this research was intended to study the effects PC elements have on the PW of private hospitals nurses in Klang Valley. The major variables investigated in this research included AC, OR, OB, growth, development, JS, and employee MO. From all the tested hypotheses, a few have been supported to indicate significant relations between the variables studied, while some have shown insignificant effects. The findings give valuable lessons to healthcare administrators and policymakers on how organizational factors influence the PW, JS, and MO of nurses. This study thus calls for the establishment of supportive work environments addressing the psychological needs of nurses, to guarantee productivity and a satisfied workforce. Limitations and recommendations are also discussed here to guide future researchers in carrying out further research on this topic and enhancing its applicability in healthcare.

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APPENDIX

Appendix A : Questionnaire in English version

A survey on

THE INFLUENCE OF PSYCHOLOGICAL CONTRACT ELEMENTS ON PSYCHOLOGICAL WELL-BEING OF NURSES IN PRIVATE HOSPITAL OF KLANG VALLEY

Dear Respondent,

I am a Master candidate of University Tunku Abdul Rahman and am conducting a study on THE INFLUENCE OF PSYCHOLOGICAL CONTRACT ELEMENTS ON PSYCHOLOGICAL WELL-BEING OF NURSES IN PRIVATE HOSPITAL OF KLANG VALLEY" These questions pertain to your experience in your current job and organization. Your answers will be kept strictly confidential and will only be used for academic purpose. Your name will not be mentioned anywhere on the document so kindly provide an impartial opinion to make research successful.

Thank you for your time.

There are five sections to the survey, which should take approximately 20 minutes to complete.

SECTION-A

Please tick (√) the appropriate answer

1) What is your designation?

- Senior designation ☐
- Junior designation ☐

2) What is your age?

- 18 - 20 ☐
- 21 - 30 ☐
- 31 - 40 ☐
- 41 - 50 ☐
- 51 and above ☐

3) What is your gender?

- Male ☐
- Female ☐

4) What is your marital status?

- Married ☐
- Single ☐
- Widow ☐

- Divorced ☐

5) What is your highest education qualification?

- Degree ☐
- Diploma ☐
- Masters ☐
- PHD ☐
- Others ☐

6) What is your department?

- Emergency nursing ☐
- Critical care nursing ☐
- Pediatric nursing ☐
- Other ☐

7) How long you have been working for the Nursing profession?

- Less than one year ☐
- More than 1 – 3 ☐
- More than 3 -5 ☐
- More than 5 -10 ☐
- More than ten years ☐

8) Race

- Malay ☐
- Chinese ☐
- Indian ☐

- Others ☐

9) Gross salary

- Below 2000 ☐
- RM 2000 – RM 3000 ☐
- RM3000 – RM 5000 ☐
- RM 5000 – RM 7000 ☐
- Above RM 7000 ☐

SECTION-B

This section is about psychological contract**.** Psychological contract is the unwritten understandings and informal obligations between an employer and its employees regarding their mutual expectation of how each will perform their respective roles.

IN THIS SECTION WE WOULD LIKE YOU TO GIVE YOUR RATING ON THE FULFILLMMENT OF EXPLICIT AND IMPLICIT PROMISES BY YOUR EMPLOYER, i.e. YOUR EMPLOYER PROVIDED YOU WITH THE FOLLOWINGS AS PER YOUR EXPECTATION.

Please rate them from a scale of (**1) Strongly Disagree, (2) Disagree, (3) Neutral, (4) Agree to (5) Strongly Agree**

	Psychological contract	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	Organizational rewards					
1	The organization has a clear and transparent process for linking salary increments to employee performance.	1	2	3	4	5
2	The organization offers a competitive and attractive overall compensation package.	1	2	3	4	5
3	The organization has mechanisms in place to ensure equity in pay among employees with similar roles	1	2	3	4	5
4	I feel that my contributions and efforts are recognized by the organization	1	2	3	4	5
5	I receive gratuity payment	1	2	3	4	5

	Organizational Benefits					
6	The organization provides attractive non-monetary benefits, including vacation time and medical insurance.	1	2	3	4	5
7	I feel comfortable sharing my ideas and concerns with management.	1	2	3	4	5
8	The organization provides recreational facilities that contribute to employee well-being	1	2	3	4	5
9	The overall atmosphere at work is positive and conducive to productivity.	1	2	3	4	5
10	Experience positive teamwork and cooperation among colleagues on projects and tasks	1	2	3	4	5
	Autonomy and Control					
11	I feel empowered to make decisions related to my work without constant supervision.	1	2	3	4	5
12	I have the flexibility to adjust my work hours to accommodate personal needs.	1	2	3	4	5

13	I am encouraged to contribute my own ideas to improve work processes.	1	2	3	4	5
14	I feel empowered to take initiative and make decisions without waiting for explicit approval.	1	2	3	4	5
15	I can adapt the sequencing of tasks based on changing priorities.	1	2	3	4	5

Growth and development						
14	The organization provides opportunities for professional growth and upward mobility.	1	2	3	4	5
15	The organization provides ample opportunities for employees to pursue career development.	1	2	3	4	5
16	The organization provides comprehensive training programs that adequately prepare employees for their roles	1	2	3	4	5
17	I can learn and acquire new skills through a variety of tasks in my role.	1	2	3	4	5

18	I receive regular and constructive feedback from my supervisor on my performance	1	2	3	4	5
19	I receive valuable feedback from my colleagues that helps me improve my performance	1	2	3	4	5

SECTION-C

In Section C, it consists of a statement of psychological well-being. Please respond to the following questions. Kindly place a circle on the number that best represents your opinion the most.

No	Items	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	Psychological Well-being					
20	I lead an intentional and satisfying life	1	2	3	4	5
21	My social connections are sustaining and gratifying	1	2	3	4	5

22	I'm passionate and interested in what I do daily	1	2	3	4	5
23	I contribute actively to other people's achievements and well-being	1	2	3	4	5
24	I am capable and competent in the pursuits that are significant to me.	1	2	3	4	5
25	I'm a decent person who has a wonderful life	1	2	3	4	5
26	I have high hopes for the future.	1	2	3	4	5
27	I'm regarded by people	1	2	3	4	5

SECTION-D

MOTIVATION

Please rate them from a scale of **(1) Strongly Disagree, (2) Disagree, (3) Neutral, (4) Agree to (5) Strongly Agree**

No	Items	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	MOTIVATION					
20	My passion in my work serves as motivation by itself	1	2	3	4	5
21	A driving force behind my work is represented by the duties I complete at my employment	1	2	3	4	5
22	My work has meaning.	1	2	3	4	5
23	Being paid for a profession I enjoy this much makes me feel lucky	1	2	3	4	5
24	My work is a passion.	1	2	3	4	5

SECTION E

In Section E, it consists of questions on Job Satisfaction.

Please rate them from a scale of (**1) Strongly Disagree, (2) Disagree, (3) Neutral, (4) Agree to (5) Strongly Agree**

No	Items	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	Job Satisfaction					
33	I'm acknowledged for a job well done.	1	2	3	4	5
34	I'm confident in my job.	1	2	3	4	5
35	My abilities and skills are use at work.	1	2	3	4	5
36	I get along well with my supervisors	1	2	3	4	5
37	I am happy with my job	1	2	3	4	5

Thank you very much for your time and cooperation in this study.

Appendix B

Result of pilot study (Cronbach's alpha value)

1 organizational reward

Reliability Statistics

Cronbach's Alpha	N of Items
.802	5

2 organizational benefits

Reliability Statistics

Cronbach's Alpha	N of Items
.839	5

3 Autonomy and control

Reliability Statistics

Cronbach's Alpha	N of Items
.784	5

4 Growth and development

Reliability Statistics

Cronbach's Alpha	N of Items
.731	5

5 Psychological well-being

Reliability Statistics

Cronbach's Alpha	N of Items
.878	8

6 MOTIVATION

Reliability Statistics

Cronbach's Alpha	N of Items
.807	4

7 JOB SATISFACTION

Reliability Statistics

Cronbach's Alpha	N of Items
.878	5

Appendix c

Total Variance Explained

	Initial Eigenvalues			Extraction Sums of Squared Loadings		
Factor	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	9.892	25.365	25.365	9.152	23.466	23.466
2	3.085	7.911	33.276			
3	2.608	6.687	39.963			

4	1.853	4.752	44.714			
5	1.657	4.250	48.964			
6	1.366	3.503	52.467			
7	1.307	3.351	55.818			
8	1.198	3.072	58.890			
9	1.142	2.929	61.818			
10	1.070	2.743	64.561			
11	1.018	2.609	67.170			
12	.892	2.286	69.456			
13	.859	2.201	71.658			
14	.826	2.119	73.776			
15	.772	1.980	75.756			
16	.734	1.881	77.638			
17	.694	1.779	79.417			
18	.667	1.711	81.128			
19	.625	1.602	82.730			
20	.592	1.518	84.249			

21	.574	1.473	85.722			
22	.533	1.367	87.089			
23	.501	1.284	88.373			
24	.442	1.132	89.505			
25	.408	1.046	90.552			
26	.390	1.001	91.552			
27	.375	.962	92.515			
28	.365	.935	93.450			
29	.351	.899	94.349			
30	.325	.834	95.183			
31	.294	.754	95.937			
32	.256	.657	96.594			
33	.246	.631	97.225			
34	.233	.596	97.821			
35	.228	.583	98.404			
36	.216	.555	98.959			
37	.170	.437	99.396			

38	.127	.326	99.722			
39	.108	.278	100.000			

Extraction Method: Principal Axis Factoring.