



**Faculty of Cognitive Sciences and Human Development**

**EXPLORING MENTAL HEALTH WITHIN HEALTHCARE FRONTLINE  
WORKERS**

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## **Abstract**

This study explores the mental health challenges faced by healthcare frontline workers, focusing on their coping strategies and proposed interventions to improve well-being. Using a qualitative phenomenological approach, semi-structured interviews were conducted with six healthcare professionals in Malaysia. Thematic analysis revealed three main challenges: burnout, stress, and anxiety. Participants shared various coping mechanisms, including emotional expression, spiritual practices, physical activities, and self-control. Additionally, they recommended interventions such as stress-relief facilities, comprehensive psychological programs, placement of counselors, and flexible working hours. The findings highlight the urgent need for targeted mental health support to enhance resilience and sustain quality care among healthcare workers. This study contributes valuable insights to inform policies and organizational practices that prioritize mental health in healthcare settings.

**Keywords:** Mental health, healthcare frontline workers, burnout, coping strategies, qualitative study, Malaysia

## **Abstrak**

Kajian ini meneroka cabaran kesihatan mental yang dihadapi oleh petugas barisan hadapan kesihatan, dengan memberi tumpuan kepada strategi daya tindak serta cadangan intervensi untuk meningkatkan kesejahteraan. Pendekatan fenomenologi kualitatif digunakan, dengan temu bual separa berstruktur dijalankan bersama enam orang profesional kesihatan di Malaysia. Analisis tema telah mendedahkan tiga cabaran utama iaitu keletihan, tekanan, dan kebimbangan. Para peserta berkongsi pelbagai mekanisme daya tindak termasuk ekspresi emosi, amalan kerohanian, aktiviti fizikal, dan kawalan diri. Selain itu, mereka mencadangkan intervensi seperti kemudahan pelepasan tekanan, program psikologi yang komprehensif, penempatan kaunselor, dan waktu kerja yang fleksibel. Dapatan ini menekankan keperluan mendesak untuk sokongan kesihatan mental yang lebih khusus bagi meningkatkan ketahanan dan mengekalkan kualiti penjagaan dalam kalangan petugas kesihatan. Kajian ini menyumbang maklumat penting untuk memaklumkan dasar dan amalan organisasi yang mengutamakan kesihatan mental dalam sektor kesihatan.

**Kata kunci:** Kesihatan mental, petugas barisan hadapan kesihatan, keletihan, strategi daya tindak, kajian kualitatif, Malaysia

## **CHAPTER 1 - INTRODUCTION**

### **1.0 Introduction**

Mental health issues among healthcare frontline workers have gained increasing attention, particularly in light of the challenges posed by the COVID-19 pandemic. This study aims to explore the mental health experiences of healthcare workers who are often exposed to high-stress environments. By employing qualitative methods, specifically interviews, this research seeks to provide a deeper understanding of the emotional and psychological challenges faced by these individuals, thus contributing to the broader discourse on mental health in high-pressure occupations. Understanding their mental health status is vital not only for their wellbeing but also for the quality of care they provide to patients.

### **1.1 Background of the study**

Healthcare frontline workers play a vital role in the healthcare system by delivering essential services that promote the health and well-being of patients and communities. This group includes various professionals such as nurses, doctors, paramedics, and support staff, who typically serve as the initial point of contact for patients in need of care. However, despite their important contributions, studies show that these workers often face considerable mental health difficulties, which can negatively impact both their own well-being and the quality of care provided to patients (Jayanthi, 2021).

A variety of studies have indicated that healthcare workers are more susceptible to burnout, anxiety, and depression than those in other professions. For example, a systematic review by Pappa et al. (2020) during the COVID-19 pandemic revealed that healthcare professionals reported heightened levels of psychological distress, with approximately 30% exhibiting symptoms of anxiety and 26% showing signs of depression. This concerning pattern is further aggravated by the high-stress nature of their work environments, which often include long hours, heavy patient caseloads, and exposure to traumatic incidents (Labrague et al., 2021). Additionally, the ongoing pandemic has intensified these difficulties, imposing further pressure on an already vulnerable workforce.

The necessity of addressing mental health within this population is paramount. Deteriorating mental health among healthcare frontline workers has been linked to negative impacts on patient care and overall healthcare outcomes. Research has shown that burnout in healthcare professionals correlates with reduced quality of care, an increase in medical errors,

and greater levels of patient dissatisfaction (Shanafelt et al., 2022). This creates a feedback loop in which the mental health of healthcare workers directly affects patient safety and satisfaction, thereby further straining healthcare systems.

Despite the evident need for intervention, there is a notable gap in the existing literature concerning the lived experiences of healthcare frontline workers. While quantitative studies have offered important insights into the prevalence of mental health issues, qualitative research is essential to capture the detailed perspectives of these individuals. Gaining an understanding of the specific stressors they encounter and the coping mechanisms they utilize is critical for formulating targeted interventions and support systems that cater to their unique needs (Muzyamba et al., 2021).

In conclusion, the mental health issues faced by healthcare frontline workers are significant and complex. Tackling these challenges is vital not only for the welfare of the workers themselves but also for the overall healthcare system. By concentrating on the lived experiences of these individuals, this study aims to address the current gaps in the literature and lay the groundwork for interventions that promote their mental well-being.

## **1.2 Problem Statement**

In recent years, there has been a growing recognition of the mental health difficulties encountered by healthcare frontline workers. These professionals, which include nurses, doctors, and emergency responders, are vital to the provision of healthcare services. However, they frequently operate under considerable stress that can negatively impact their mental health. Despite the increasing awareness of these challenges, there is still a limited understanding of their individual experiences and the coping strategies they employ to deal with these issues. This lack of knowledge is concerning because it hampers the development of effective interventions and support systems tailored to meet the needs of these essential workers.

The context for this research is reinforced by existing literature that highlights the high prevalence of mental health disorders among healthcare professionals. For example, research consistently indicates that healthcare workers experience higher levels of anxiety, depression, and burnout compared to those in other professions (Shanafelt et al., 2022). A systematic review conducted by Pappa et al. (2020) revealed that a significant number of healthcare workers reported psychological distress during the COVID-19 pandemic, with about 30% displaying symptoms of anxiety and 26% showing signs of depression. However, while quantitative studies offer important data regarding the prevalence of mental health issues, they often fail to

capture the intricate personal experiences of these individuals. There is a notable scarcity of qualitative insights into the lived experiences of healthcare frontline workers, emphasizing the need for further exploration of their specific challenges and coping mechanisms.

The specific focus of this research is to understand how healthcare frontline workers perceive and manage their mental health challenges in high-stress settings. The demanding nature of their roles, such as long hours, heavy patient caseloads, and exposure to traumatic events, creates a distinct set of stressors that can significantly affect their mental health (Labrague et al., 2021). Gaining an understanding of how these professionals navigate their mental health challenges is vital, not only for their own well-being but also for the quality of patient care they deliver. Poor mental health among healthcare professionals can result in increased medical errors, diminished patient satisfaction, and overall compromised healthcare outcomes (Shanafelt et al., 2020). Therefore, it is essential to gather insights into their lived experiences to guide the creation of effective support systems.

The objectives of this study are diverse. First, it aims to identify the specific mental health challenges experienced by healthcare frontline workers. Second, the research intends to explore the coping strategies utilized by these individuals in response to their mental health difficulties. Lastly, the study will recommend interventions that could improve mental well-being among healthcare professionals. By utilizing qualitative methods, this research seeks to amplify the voices of healthcare frontline workers, providing insights that can shape policy and practice aimed at supporting their mental health.

In summary, although there is a growing awareness of mental health issues affecting healthcare frontline workers, significant gaps persist in understanding their specific experiences and coping strategies. This research aims to bridge these gaps by examining how these individuals perceive and manage their mental health challenges in high-stress environments. The findings will contribute to the development of effective support systems that can benefit both worker well-being and patient care.

### **1.3 Research Objectives**

- 1) To identify specific mental health challenges faced by healthcare frontline workers.
- 2) To explore coping strategies employed healthcare frontline workers.
- 3) To recommend interventions that could enhance mental well-being among healthcare frontline workers.

## **1.4 Research Questions**

- 1) What are the specific mental health challenges experienced by healthcare frontline workers?
- 2) How do healthcare frontline workers cope with stress and emotional strain?
- 3) What interventions that could enhance mental well-being among healthcare frontline workers?

## **1.5 Research Framework**

This section discusses the theoretical and conceptual framework.

### **1.5.1 Theoretical Framework**

This study will incorporate several psychological theories to enhance the understanding of mental health in high-stress environments, particularly among healthcare frontline workers. The Job Demand-Resource Model (JD-R) will be employed to elucidate how job demands can lead to burnout while simultaneously highlighting resources that may alleviate these effects. CBT Theory (Cognitive Behavioral Therapy) will provide valuable insights into how individuals identify, challenge, and alter maladaptive thought patterns and behaviors in response to workplace stressors.

The Job Demand-Resource Model, developed by Huang et al. (2015), is a prominent framework used to analyze the interplay between job demands and resources and their impact on employee well-being. According to this model, every job encompasses two key components which is job demands and job resources. Job Demands refer to aspects of the job that require sustained effort and can lead to physical and emotional exhaustion. For healthcare workers, job demands may include long working hours, high patient loads, emotional labour, and exposure to traumatic situations. Research indicates that excessive job demands can lead to burnout, a state characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment (Vizheh et al., 2020). In contrast, job resources are the physical, psychological, social, or organizational aspects that help employees achieve work goals, reduce job demands, and stimulate personal growth. Examples include social support from colleagues, access to training opportunities, and a supportive work environment. The JD-R model posits that when job resources are sufficient to meet high job demands, employees are more likely to experience engagement and well-being rather than burnout (Bakker & Demerouti, 2017).

Furthermore, CBT Theory offers a framework for understanding and addressing the thought patterns and beliefs that contribute to stress and emotional difficulties. Rooted in the work of Beck (1976), CBT emphasizes the interconnection between thoughts, emotions, and behaviors (Chand, 2023). According to McManus (2022), it focuses on identifying and restructuring maladaptive thoughts to influence emotional and behavioral outcomes positively. For example, healthcare workers facing significant stressors may experience negative automatic thoughts such as "I am not competent enough" or "I cannot handle this workload." CBT techniques, such as cognitive restructuring, behavioral activation, and mindfulness, can help individuals challenge these thoughts and replace them with more constructive ones, leading to improved mental health and resilience (Nakao, 2021).

By utilizing both the Job Demand-Resource Model and CBT Theory, this study aims to provide a comprehensive understanding of the mental health challenges faced by healthcare frontline workers. The JD-R model helps identify specific job demands that contribute to mental health issues while also illuminating available resources that can buffer these effects. Meanwhile, CBT Theory offers insights into strategies for managing stress by altering thought and behavior patterns.

In short, the integration of the Job Demand-Resource Model and CBT Theory provides a robust theoretical framework for examining mental health in high-stress environments such as healthcare settings. These theories not only highlight the challenges faced by frontline workers but also offer pathways for enhancing their resilience through effective resource allocation and cognitive-behavioral strategies.

### **1.5.2 Conceptual Framework**

The conceptual framework for this study illustrates the expected relationships between job demands, CBT-based strategies, and mental health outcomes among healthcare frontline workers. This framework is grounded in the Job Demand-Resource (JD-R) Model and CBT Theory, which together provide a comprehensive understanding of how workplace stressors and cognitive-behavioral interventions influence mental health outcomes.

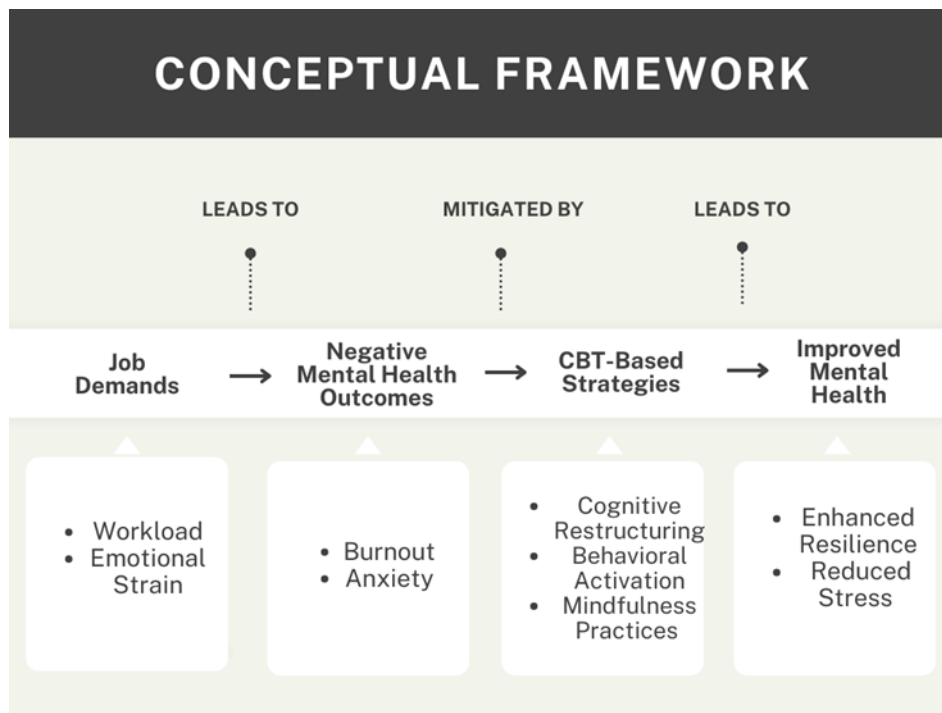


**Diagram 1 Conceptual Framework**

The framework posits that high job demands, such as heavy workloads and emotional strain, can lead to negative mental health outcomes, including burnout and anxiety. However, Nakao (2021) mentioned that the application of CBT-based strategies, such as cognitive restructuring and behavioural activation, can mitigate these adverse effects by equipping healthcare workers with tools to manage stress effectively. For instance, CBT can help workers reframe negative thoughts (e.g., "I am not capable") into constructive perspectives (e.g., "I am learning and improving"), thereby reducing the emotional toll of job demands (Surmai & Duff, 2022).

### Key Variables:

1. Job Demands: These include the physical, emotional, and psychological aspects of work that require sustained effort and can lead to adverse outcomes such as burnout and anxiety. Examples relevant to healthcare workers are:

- Workload: The volume of tasks and responsibilities.
- Emotional Strain: The psychological impact of patient care and high-stress scenarios.

2. CBT-Based Strategies

Cognitive Restructuring: Techniques to identify and challenge distorted thoughts.

- Behavioral Activation: Encouraging engagement in positive activities to boost mood.
- Mindfulness Practices: Techniques for present-focused awareness and stress reduction.

### 3. Mental Health Outcomes:

- Burnout: Emotional exhaustion and depersonalization caused by chronic stress.
- Anxiety: Persistent feelings of worry or unease.

By integrating job demands and CBT-based interventions, the conceptual framework highlights how targeted strategies can improve mental health outcomes. This framework underpins the research objectives and provides a structured approach to exploring the mental health experiences of healthcare frontline workers.

## 1.6 Definitions of Terms

The definition of the term that is used in this research is defined in two ways which are the conceptual and operational definition. In the context of this study, mental health is a multifaceted construct that includes emotional, psychological, and social well-being. Understanding both the conceptual and operational definitions of mental health is essential for accurately evaluating its impact on healthcare frontline workers.

### 1.6.1 Conceptual Definition

The conceptual definition of mental health refers to a state of well-being that affects how individuals think, feel, and act. According to the World Health Organization (WHO), mental health is defined as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to his or her community" (WHO, 2022). This definition emphasizes that mental health is not merely the absence of mental disorders but rather a dynamic state that enables individuals to navigate life's challenges effectively. It encompasses various dimensions, including emotional regulation, social interactions, and cognitive functioning, all of which are crucial for maintaining overall well-being (Galderisi et al., 2015). The conceptualization of mental health has evolved over time. Historically, it was often viewed solely in terms of the absence of illness. However, contemporary perspectives recognize that mental health involves positive psychological functioning and subjective well-being (Keyes, 2016). This broader understanding acknowledges that factors such as resilience, self-esteem, and social support play significant roles in an individual's mental health status.

Frontline healthcare workers (FHWs) refer to medical and non-medical professionals who provide direct and immediate care to patients, particularly in high-stress environments such as hospitals, clinics, and emergency response settings. According to the World Health Organization (WHO, 2022), these workers include doctors, nurses, paramedics, emergency medical technicians (EMTs), pharmacists, and mental health professionals who play a crucial role in patient care. They are the first point of contact for patients in need, often working in demanding conditions that expose them to various occupational hazards, including infectious diseases, psychological distress, and physical exhaustion (Labrague et al., 2021).

### **1.6.2 Operational Definition**

The operational definition of mental health in this study focuses on how it will be measured through participants' self-reported experiences during interviews. Specifically, participants will be asked to discuss their stress levels and coping strategies in relation to their work environments. This qualitative approach allows for an in-depth exploration of how healthcare frontline workers perceive their mental health and the specific challenges they face. By utilizing self-reported data, the study aims to capture the subjective experiences of participants regarding their mental health. The operational definition thus serves as a practical means to assess the complexities of mental health within the specific context of high-stress healthcare settings.

In this study, frontline healthcare workers (FHWs) are defined as healthcare professionals working in direct patient care roles within hospital settings, emergency departments, and community healthcare facilities. This includes doctors, nurses, paramedics, and mental health counsellors with at least two years of experience dealing with high patient loads, critical care cases, and pandemic response. The study focuses on their experiences with stress, burnout, and coping mechanisms within the Malaysian healthcare system.

In summary, understanding both the conceptual and operational definitions of mental health is crucial for this study. The conceptual definition provides a theoretical foundation that highlights the multifaceted nature of mental well-being, while the operational definition outlines how this construct will be assessed through qualitative interviews with healthcare frontline workers. Together, these definitions facilitate a comprehensive exploration of mental health challenges and coping mechanisms within high-stress environments.

## **1.7 Significance of study**

This research has significant implications for various stakeholders, including healthcare organizations, policymakers, and mental health professionals. The findings will contribute to a better understanding of the unique challenges faced by frontline workers and inform strategies aimed at improving their mental well-being. Enhancing the mental health of these workers can lead to improved patient care outcomes and greater overall efficiency within the healthcare system. For healthcare organizations, insights from this study can guide the development of policies that promote mental well-being among staff. For policymakers, data-driven recommendations can inform funding allocations for mental health resources. Additionally, this study contributes to the academic discourse on occupational health psychology, providing valuable information for researchers in the field.

## **1.8 Limitation of study**

Limitations include potential biases inherent in qualitative research such as participant self-selection and interviewer bias. Additionally, findings may not be generalizable beyond the specific context of this study due to its qualitative nature. The focus on a specific geographic area may limit applicability elsewhere while the reliance on self-reported data may introduce bias based on participants' perceptions.

## **1.9 Conclusion**

This chapter outlines the foundational aspects of exploring mental health within healthcare frontline workers through qualitative interviews. The subsequent chapters will delve deeper into methodology, findings, and discussions based on participant narratives gathered during interviews. This structured approach ensures a comprehensive exploration of an essential topic that affects not only individual workers but also broader public health outcomes.

## **CHAPTER 2 – LITERATURE REVIEW**

### **2.0 Introduction**

This chapter provides a comprehensive review of the literature regarding the mental health of healthcare frontline workers (HCFWs). The mental well-being of these workers is of significant concern, particularly in light of the challenges posed by the COVID-19 pandemic. These challenges, which include high-stress environments and prolonged exposure to occupational hazards, contribute to mental health issues such as anxiety, depression, and burnout.

The following literature review explores relevant studies, theoretical frameworks, coping strategies, and interventions, as well as identifying research gaps to guide future investigations into supporting the mental health of healthcare professionals.

### **2.1 Discussion on Previous Studies**

#### **2.1.1 Mental Health Challenges Among Healthcare Frontline Workers**

Healthcare frontline workers (HCFWs) are essential in managing public health emergencies, yet they often endure substantial psychological stress. Numerous studies indicate that this group experiences elevated levels of stress, anxiety, depression, and burnout (Sultana et al., 2020). Lai et al. (2020) mentioned that the COVID-19 pandemic exacerbated these mental health issues, leading to increased reports of post-traumatic stress symptoms and emotional exhaustion. Contributing factors include long working hours, exposure to patient suffering, and concerns about personal safety from infection (Greenberg et al., 2021).

Moreover, systemic challenges such as inadequate staffing, limited resources, and insufficient organizational support further heighten stress levels. For instance, Arnetz et al. (2020) found that many frontline nurses report that a lack of protective equipment and ambiguous communication from management significantly contributes to their stress. Gender disparities are also evident, with female healthcare workers tending to report higher levels of anxiety and emotional distress compared to their male colleagues (Morgantini et al., 2020). Recognizing these complex challenges is vital for effectively addressing the mental health needs of HCFWs.

Furthermore, prolonged exposure to work-related stress can lead to more severe conditions such as post-traumatic stress disorder (PTSD). Research by Carmassi et al. (2019)

highlighted that healthcare professionals working in emergency settings were particularly vulnerable to PTSD due to frequent encounters with critically ill patients and high mortality rates. Similarly, a study conducted by Al-Ziadat & Shattal (2020) emphasized the role of emotional exhaustion in predicting severe mental health deterioration among frontline workers. In light of these findings, there is a pressing need to develop long-term strategies to mitigate the adverse psychological impact on HCFWs.

### **2.1.2 Coping Strategies Employed by Healthcare Frontline Workers**

To cope with their mental health challenges, HCFWs utilize various strategies that can be classified into problem-focused and emotion-focused approaches. A study done by Walton et al. (2020) pointed out that Problem-focused strategies involve seeking social support, utilizing available institutional resources, and engaging in professional development to boost their skills and confidence. For example, peer support programs and debriefing sessions have proven effective in reducing stress and building resilience among healthcare teams.

On the other hand, emotion-focused coping strategies such as mindfulness, meditation, and physical exercise have gained traction among HCFWs. Mindfulness-based interventions are particularly linked to lower anxiety levels and better emotional regulation (Zhang et al., 2021). Engaging in personal hobbies, spending quality time with family, and maintaining a work-life balance are also crucial for mitigating stress (Chen et al., 2020). However, Pappa et al. (2020) claimed that maladaptive coping mechanisms like substance use and avoidance behaviors are prevalent and require targeted interventions.

### **2.1.3 Interventions That Could Enhance Mental Well-Being Among Healthcare Frontline Workers**

Various interventions have been suggested to improve the mental well-being of HCFWs. Organizational-level strategies such as ensuring adequate staffing, providing mental health resources, and cultivating a supportive workplace culture are essential (Sultana et al., 2020). Training programs aimed at building resilience, enhancing communication skills, and teaching stress management techniques have been shown to reduce burnout and improve coping abilities (Schwartz et al., 2021).

Peer support initiatives and training in psychological first aid empower HCFWs to effectively assist one another (Shanafelt et al., 2020). Implementing these strategies alongside

ongoing research and policy development can establish a sustainable framework for safeguarding the mental health of HCFWs.

A meta-analysis conducted by West et al. (2016) found that workplace interventions that included mindfulness-based stress reduction (MBSR) techniques were particularly effective in reducing anxiety and burnout among healthcare staff. Additionally, programs that integrate relaxation techniques, such as progressive muscle relaxation (PMR), have demonstrated substantial benefits in alleviating chronic stress in medical personnel (Toussaint et al., 2021).

#### **2.1.4 Malaysian Studies on Mental Health Challenges Among Healthcare Frontline Workers**

Research in Malaysia has highlighted significant mental health challenges faced by healthcare workers, especially during high-stress periods such as the COVID-19 pandemic. According to Narendra Kumar et al. (2022), Malaysian healthcare workers reported heightened levels of stress, anxiety, and depression due to extended working hours and fears of contracting the virus. The study revealed that 35% of healthcare workers in government hospitals experienced moderate to severe anxiety, which correlated with increased workloads and insufficient protective equipment. Similarly, Permarupan et al. (2020) found that mental health issues among Malaysian nurses were exacerbated by staffing shortages and the emotional toll of caring for critically ill patients. These stressors often led to burnout, affecting both job satisfaction and the quality of patient care.

Furthermore, Malaysian healthcare workers face additional stressors due to cultural and societal expectations. A study by Roslan et al. (2021) found that many Malaysian medical professionals experience distress due to societal pressure to remain resilient and strong, which often leads to suppressed emotions and reluctance to seek professional help. These cultural barriers further exacerbate the mental health crisis among Malaysian HCFWs, necessitating targeted interventions to address these unique challenges.

#### **2.1.5 Coping Strategies Adopted by Malaysian Healthcare Workers**

Malaysian healthcare workers have employed various coping strategies to manage mental health challenges. A study by Marzo et al. (2022) emphasized the role of religious practices, such as prayer and spiritual reflection, in reducing stress and promoting resilience. Social support from family, colleagues, and community groups was also identified as a critical

factor in mitigating mental health challenges. Additionally, mindfulness-based stress reduction programs have gained popularity among Malaysian healthcare workers. Ching (2023) reported significant improvements in emotional regulation and stress management among participants who completed an 8-week mindfulness intervention program.

However, workplace-specific interventions remain underdeveloped in Malaysia. A study by Mirzaei et al. (2022) found that although many healthcare professionals' resort to informal coping mechanisms such as prayer and spiritual practices, structured workplace interventions like peer support groups and resilience training programs are not as widely implemented. Future studies should explore how structured support systems can be integrated into Malaysian healthcare institutions to provide comprehensive mental health care for workers.

### **2.1.6 Institutional Interventions in Malaysia**

At the organizational level, Malaysian healthcare institutions have initiated mental health support programs to address workers' needs. For example, the Ministry of Health Malaysia introduced psychological first aid training for frontline workers during the COVID-19 pandemic (Wang et al., 2022). These programs aimed to equip healthcare workers with the skills to manage their stress and provide peer support effectively. Work-life balance initiatives, such as flexible working hours and counselling services, were also implemented to reduce burnout and improve overall mental well-being. However, challenges remain in ensuring the accessibility and sustainability of these interventions across all healthcare settings (Ling et al., 2021).

Despite these efforts, barriers such as stigma, limited mental health literacy, and insufficient funding hinder the widespread adoption of mental health interventions in Malaysian healthcare institutions. A study by Chan et al. (2021) highlighted that a significant proportion of Malaysian healthcare workers were unaware of the mental health resources available to them, underscoring the need for increased awareness and accessibility. Expanding institutional mental health services, promoting open dialogue about mental well-being, and integrating mental health support into routine clinical practice are crucial steps toward fostering a supportive healthcare environment in Malaysia.

### **2.1.7 Global Perspectives on Mental Health Challenges in Healthcare Frontline Workers**

Mental health challenges among healthcare frontline workers (HCFWs) have been extensively documented across various global contexts. In the United States, a study by Prasad et al. (2021) highlighted that burnout rates among physicians reached 45.8%, exacerbated by factors such as excessive workloads, emotional exhaustion, and limited institutional support. Similarly, in the United Kingdom, Kinman et al. (2020) found that nearly 40% of National Health Service (NHS) staff experienced severe psychological distress, a statistic that surged during the COVID-19 pandemic. These findings underscore the universality of mental health challenges among healthcare workers, irrespective of geographical location.

Research in low- and middle-income countries (LMICs) has revealed additional challenges due to resource constraints. A study conducted in India by Pandya et al. (2022) identified high levels of anxiety and depression among healthcare workers, particularly those in underfunded public hospitals. Meanwhile, in sub-Saharan Africa, psychological distress among frontline workers has been linked to inadequate personal protective equipment (PPE) and prolonged exposure to infectious diseases, as noted by Oyat et al. (2022). These studies illustrate the widespread nature of mental health concerns and the need for context-specific interventions.

Furthermore, cultural differences impact how healthcare workers perceive and manage mental health challenges. In some Asian countries, stigma surrounding mental health discourages professionals from seeking support, leading to unaddressed psychological distress (Zhang et al., 2019). This highlights the importance of culturally sensitive interventions tailored to different regions. Additionally, economic disparities affect the availability and accessibility of mental health resources, making it essential for policymakers to allocate funding toward comprehensive support programs.

These findings indicate that while workplace stressors differ across regions, the need for global interventions that prioritize mental health support for HCFWs remains urgent. International collaborations and knowledge-sharing initiatives can help identify best practices and strategies for addressing mental health concerns among healthcare professionals worldwide.

### **2.1.8 Occupational Burnout and Its Consequences**

Burnout among HCFWs has been a central theme in recent literature. Defined as chronic workplace stress characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment (Edú-Valsania et al., 2022), burnout has been linked to adverse patient outcomes and decreased job satisfaction. A meta-analysis by Garcia et al. (2019) revealed that burnout is associated with increased medical errors, higher staff turnover, and diminished quality of patient care.

Beyond direct healthcare implications, burnout also affects organizational productivity. Leitão et al. (2021) found that healthcare institutions with high burnout rates experienced greater absenteeism and reduced efficiency, placing additional strain on healthcare systems. Interventions targeting burnout, such as resilience training and mental health support programs, have demonstrated effectiveness in reducing emotional exhaustion (Morgantini et al., 2020). However, the long-term sustainability of such interventions remains uncertain, necessitating further longitudinal studies.

To combat occupational burnout, organizations have implemented interventions such as resilience training, cognitive-behavioral therapy (CBT), and mindfulness-based stress reduction (MBSR) programs (Ripp et al., 2020). Despite these efforts, burnout remains a significant challenge, requiring sustained commitment from healthcare organizations and policymakers to implement long-term solutions.

### **2.1.9 The Role of Work Environment in Mental Health**

The work environment plays a crucial role in shaping the mental health outcomes of HCFWs. A supportive work environment, characterized by adequate staffing, clear communication, and leadership support, has been shown to mitigate stress and burnout (Schlak et al., 2021). Conversely, toxic work environments, marked by excessive workloads and lack of psychological safety, contribute to higher levels of distress (Hino et al., 2022).

Recent studies emphasize the importance of leadership styles in influencing mental health outcomes. Transformational leadership, which fosters a supportive and inclusive workplace, has been associated with lower burnout rates among healthcare workers (Alzahrani & Hasan, 2019). In contrast, autocratic and micromanagement approaches exacerbate workplace stress, leading to higher turnover intentions and job dissatisfaction (Iqbal, 2021). These findings suggest that improving workplace culture and leadership approaches can

significantly impact the mental well-being of HCFWs. Additionally, fostering a culture of open dialogue and psychological safety within healthcare teams can help address stressors before they escalate into severe mental health issues (Hunt et al., 2021).

Organizational interventions aimed at improving the work environment include flexible scheduling, peer support programs, and mental health awareness campaigns. By prioritizing employee well-being, healthcare organizations can not only enhance the quality of care provided to patients but also retain a more satisfied and motivated workforce.

#### **2.1.10 The Impact of Workload on Mental Health Among Healthcare Frontline Workers**

The workload of healthcare frontline workers (HCFWs) has been identified as a significant factor contributing to mental health challenges. Overburdened healthcare professionals are more likely to experience burnout, anxiety, and depression due to prolonged exposure to high-stress environments (Aronsson et al., 2021). High patient loads, excessive paperwork, and extended working hours are common contributors to increased stress levels among HCFWs (Bakker & Demerouti, 2017).

Research has shown that an imbalanced workload negatively impacts not only healthcare workers' mental well-being but also patient outcomes. A study by Owoc et al. (2021) found that physicians experiencing high workloads reported increased rates of medical errors and reduced job satisfaction. This highlights the urgent need for healthcare institutions to implement workload management strategies such as optimized staff scheduling, task delegation, and automation of administrative tasks to mitigate the adverse effects on mental health.

#### **2.1.11 The Role of Social Support in Mitigating Stress Among Healthcare Frontline Workers**

Social support plays a crucial role in alleviating stress and enhancing resilience among healthcare workers. Emotional support from colleagues, supervisors, and family members has been shown to reduce the psychological burden associated with demanding job roles (Boumans & Dorant, 2021). Studies have indicated that healthcare workers who receive strong social support exhibit lower levels of anxiety, burnout, and depression (Galanis et al., 2022).

Furthermore, peer support programs and mentorship initiatives have proven to be effective in fostering workplace relationships and providing a sense of community within healthcare settings (Joo et al., 2022). Encouraging open communication and establishing

support networks within healthcare institutions can be instrumental in promoting a healthy work environment and reducing mental health risks among frontline workers.

#### **2.1.12 The Effectiveness of Mindfulness-Based Interventions for Healthcare Frontline Workers**

Mindfulness-based interventions (MBIs) have gained recognition as effective strategies for improving mental health outcomes among HCFWs. Mindfulness practices such as meditation, breathing exercises, and guided relaxation techniques help professionals manage stress and enhance emotional regulation especially in Covid-19 (Benavides-Gil et al., 2024). Studies by Lomas et al. (2019) indicate that MBIs contribute to lower levels of burnout, improved cognitive focus, and increased overall well-being among healthcare professionals.

A meta-analysis conducted by Burton et al. (2020) found that healthcare workers who engaged in mindfulness-based stress reduction (MBSR) programs demonstrated significant improvements in mental resilience and job satisfaction. Implementing mindfulness training as part of workplace well-being programs can serve as a proactive approach to mitigating stress and promoting mental health among frontline workers.

#### **2.1.13 The Relationship Between Sleep Quality and Mental Health Among Healthcare Workers**

Sleep deprivation is a prevalent issue among HCFWs, with research indicating a strong correlation between poor sleep quality and adverse mental health outcomes. Chronic sleep deprivation has been linked to increased anxiety, depression, and reduced cognitive function (Hirshkowitz et al., 2019). Long shifts, night shifts, and irregular work schedules contribute to disrupted sleep patterns, exacerbating the risk of mental health disorders among healthcare professionals (Jehan et al., 2017).

Interventions such as controlled shift rotations, workplace nap policies, and sleep hygiene education can help address the issue of sleep deprivation among HCFWs. A study by Dahlgren et al. (2017) emphasized that structured rest breaks and sleep-promoting strategies within healthcare institutions can significantly improve both psychological well-being and job performance.

#### **2.1.14 The Role of Emotional Intelligence in Enhancing Mental Health Resilience**

Emotional intelligence (EI) has been identified as a key factor in enhancing mental health resilience among healthcare professionals. EI refers to the ability to perceive, regulate, and manage one's own emotions while effectively responding to the emotions of others (Bru-Luna et al., 2021). Research by Powell et al. (2024) found that healthcare workers with high EI levels demonstrated better coping mechanisms, lower stress levels, and improved interpersonal relationships.

Training programs focused on developing emotional intelligence can empower HCFWs to navigate workplace challenges more effectively. Studies by Mehler et al. (2024) indicate that EI training improves self-awareness, empathy, and emotional regulation, thereby reducing burnout and enhancing workplace satisfaction. Integrating EI development into healthcare training curricula can provide long-term benefits in promoting mental well-being among frontline workers.

#### **2.1.15 Addressing Mental Health Stigma Among Healthcare Frontline Workers**

Despite growing awareness of mental health issues, stigma remains a significant barrier preventing healthcare workers from seeking professional help. Many HCFWs fear judgment, career repercussions, or being perceived as weak if they disclose mental health struggles (Corrigan et al., 2021). This reluctance to seek help contributes to untreated mental health conditions, further exacerbating stress and burnout levels.

Organizational efforts to normalize mental health discussions, such as implementing employee assistance programs (EAPs), providing confidential counseling services, and conducting mental health awareness campaigns, can help reduce stigma (Poddar & Chhajer, 2024). Research by Knaak et al. (2017) suggests that workplaces that actively promote mental health awareness and destigmatization efforts witness higher engagement in mental health support programs and improved overall staff well-being.

### **2.2 Theories Related to Studies**

#### **2.2.1 Job Demand-Resource Model (JD-R)**

The Job Demand-Resource (JD-R) model is a widely utilized framework for analyzing work-related stress and mental health across various professions, including healthcare. According to Bakker & Demerouti (2017), This model posits that stress results from an

imbalance between job demands such as workload and emotional strain also the resources available to employees, like support and autonomy. Healthcare workers, especially those on the front lines, face significant job demands in high-stress environments such as hospitals and emergency departments (Bakker & Ererdi, 2022). Research indicates that high job demands can lead to emotional exhaustion and burnout, adversely affecting the mental health of healthcare professionals (Schaufeli & Bakker, 2014).

Despite its usefulness, the JD-R model has been critiqued for its oversimplification of individual differences, such as personal resilience and coping strategies (Lei & Suntrayuth, 2023). Additionally, when applying the JD-R model to healthcare settings, there is often insufficient consideration of how factors like organizational culture and leadership styles impact mental health outcomes (Bakker & Demerouti, 2017).

### **2.2.2 Cognitive Behavioral Therapy (CBT Theory)**

Curtiss et al. (2021) pointed out that CBT Theory provides critical insights into how individuals can effectively manage stress by addressing the cognitive processes underlying emotional and behavioral responses. Developed by Beck (1976), CBT posits that dysfunctional thought patterns contribute significantly to emotional distress and maladaptive behaviors. The theory emphasizes identifying, evaluating, and restructuring these thought patterns to foster healthier emotional regulation and adaptive behaviors (Chand, 2023).

CBT involves strategies such as cognitive restructuring, where individuals challenge distorted or unhelpful thoughts, and behavioral activation, which encourages engagement in positive activities to improve mood and reduce stress (Newman, 2021). For healthcare frontline workers, Surmai & Duff (2022) claimed that applying CBT principles might involve recognizing and challenging thoughts like "I am failing my patients" or "I cannot manage these responsibilities," replacing them with more realistic and empowering perspectives.

While CBT has shown effectiveness in addressing acute and chronic stress, a potential limitation is the need for continuous practice and commitment to achieve long-term benefits. For healthcare workers in high-stress environments, CBT offers practical tools for managing stress, promoting resilience, and enhancing overall mental well-being (Kuribayashi et al., 2022).

## **2.3 Research gaps**

Despite the extensive body of literature on the mental health of healthcare workers, several research gaps remain. First, there is a need for longitudinal studies to assess the long-term effects of workplace stressors on the mental health of healthcare workers. While much of the current research focuses on short-term outcomes, understanding the chronic impact of stress and burnout on healthcare professionals is essential for developing long-term support strategies. Second, while coping strategies are widely studied, there is a lack of research on the effectiveness of specific coping interventions in diverse healthcare settings, particularly in low-resource environments. Additionally, gender differences in coping mechanisms and mental health outcomes require further investigation, as female healthcare workers appear to experience higher levels of distress (Ven, 2024). Lastly, there is a need for research that explores the impact of organizational factors, such as leadership styles and organizational culture, on the mental well-being of healthcare workers. Current research has largely overlooked these systemic influences, which could be vital in developing comprehensive interventions to support healthcare workers' mental health.

## **2.4 Conclusion**

The literature on the mental health of healthcare frontline workers highlights the significant psychological challenges faced by these professionals, particularly during high-stress situations such as the COVID-19 pandemic. Factors such as long working hours, exposure to patient suffering, and inadequate organizational support contribute to mental health issues like anxiety, burnout, and depression. Coping strategies, both problem-focused and emotion-focused, play a crucial role in mitigating the impact of stress. Furthermore, organizational interventions such as adequate staffing, mental health resources, and peer support programs have shown promise in improving the mental well-being of healthcare workers. However, there are notable gaps in the literature, particularly regarding the long-term effects of stress, the effectiveness of coping strategies in different settings, and the role of organizational culture in influencing mental health outcomes. Addressing these gaps through future research will be essential for developing more effective interventions and policies to support healthcare frontline workers.

## **CHAPTER 3 – METHODOLOGY**

### **3.0 Introduction**

This chapter provides a comprehensive overview of the methodology used to explore the mental health experiences of healthcare frontline workers. It explains the qualitative approach, research design, participant selection, data collection instruments, data collection procedures, and data analysis methods employed in this study. The justification for each methodological choice is provided to ensure alignment with the research objectives and to uphold the rigor, validity, and reliability of the research process.

### **3.1 Research Design**

#### **3.1.1 Qualitative Research Approach**

The study employs a qualitative research approach, which is particularly suitable for investigating complex and subjective phenomena such as mental health. This approach emphasizes understanding the meanings individuals ascribe to their experiences, enabling an in-depth exploration of their perspectives, feelings, and coping mechanisms. Unlike quantitative research, which seeks to quantify data, qualitative research prioritizes the richness and depth of information, making it ideal for uncovering nuanced insights into the challenges faced by healthcare frontline workers (Creswell & Poth, 2018).

#### **3.1.2 Strategy: Phenomenological Approach**

A phenomenological approach is adopted as it focuses on understanding the lived experiences of participants. This strategy is appropriate for exploring the essence of mental health challenges as experienced by healthcare workers, offering insights into their emotional, psychological, and social dimensions. Phenomenology allows the researcher to capture the subjective realities of participants, providing a platform for their voices to be heard and understood in the context of their work environments (Van Manen, 2016).

#### **3.1.3 Data Collection Method**

Semi-structured interviews are utilized as the primary data collection method. This technique balances flexibility and structure, allowing the researcher to probe deeper into participants' experiences while maintaining consistency across interviews. Semi-structured interviews are particularly effective for exploring personal and sensitive topics, as they encourage open and honest communication.

### **3.1.4 Research Timeline**

The data collection process is scheduled over a three-month period to ensure adequate time for participant recruitment, interviews, and initial data analysis. This timeline accommodates potential challenges such as scheduling conflicts and participant availability, ensuring the thoroughness of the research process.

## **3.2 Population and Sample**

### **3.2.1 Population**

The target population for this study comprises healthcare frontline workers, including nurses, doctors, pharmacists, and counsellors, who are directly involved in patient care in mental health settings. This population is selected due to their unique exposure to high-stress environments and the critical role they play in patient care.

### **3.2.2 Sampling Method**

A purposive sampling method is employed to identify participants who meet specific criteria relevant to the research objectives. Purposive sampling ensures that the selected individuals possess firsthand knowledge and experiences related to the study's focus. According to Patton (2015), This method is particularly advantageous in qualitative research, where the depth and relevance of information are prioritized over generalizability.

### **3.2.3 Inclusion and Exclusion Criteria**

#### **Inclusion Criteria:**

- Healthcare workers directly involved in patient care.
- Professionals with a minimum of 2 years of experience in a mental health setting.
- Willingness to participate in the study and share personal experiences.

#### **Exclusion Criteria:**

- Healthcare workers not involved in direct patient care.
- Professionals with less than 2 years of experience.
- Individuals unwilling to provide informed consent.

Choosing professionals with a minimum of 2 years of experience in a mental health setting ensures that the participants have sufficient exposure to the challenges and realities of their roles, thereby increasing the reliability and depth of the insights they provide. Here are the key reasons for this criterion:

### **1. Sufficient Practical Exposure**

Professionals with at least 2 years of experience are more likely to have encountered a wide range of stressors and coping scenarios in their work environment. This exposure provides a richer understanding of the challenges faced in high-stress healthcare settings.

### **2. Developed Coping Mechanisms**

Healthcare workers with a minimum of 2 years of experience are more likely to have developed or adopted coping strategies over time. This allows for a more meaningful analysis of the effectiveness of coping mechanisms and interventions.

### **3. Credibility and Reliability**

Participants with substantial experience provide more credible and reliable data, as their insights are based on sustained involvement in mental health care rather than initial impressions or limited exposure.

## **3.2.4 Sample Size**

Morse (1994) suggests that phenomenological studies should include a minimum of six participants. This suggestion stems from the belief that by conducting interviews with a minimum of six individuals who have encountered the phenomenon in question, researchers can obtain a thorough insight into its different facets.

## **3.3 Data Collection Procedures**

### **3.3.1 Recruitment**

Participants are recruited through professional networks, healthcare organizations, and social media platforms. Recruitment efforts prioritize transparency, providing potential participants with detailed information about the study's purpose, procedures, and ethical considerations.

### **3.3.2 Informed Consent**

Written informed consent is obtained from all participants prior to their involvement in the study. Participants are assured of their right to withdraw at any point without repercussions and are provided with resources for mental health support if needed.

### **3.3.3 Interview Process**

Interviews are conducted in a manner that prioritizes the comfort and convenience of participants. Depending on their preferences, interviews may take place face-to-face or via secure online platforms. Each session lasts approximately 60 to 90 minutes and is audio-recorded with participants' consent to ensure accurate data capture. Field notes are also taken to document non-verbal cues and contextual factors.

## **3.4 Data Analysis**

### **3.4.1 Analytical Technique**

Thematic analysis, as outlined by Braun and Clarke (2022), is employed to systematically identify, analyse, and interpret patterns within the qualitative data. This method is selected for its flexibility and suitability for exploring complex phenomena such as mental health experiences.

### **3.4.2 Steps in Analysis**

1. Familiarization with Data: Transcripts are reviewed multiple times to immerse the researcher in the data.
2. Initial Coding: Key phrases, words, and concepts are highlighted and labeled with descriptive codes.
3. Theme Development: Related codes are clustered to form broader themes that capture significant aspects of the data.
4. Reviewing Themes: Themes are reviewed and refined to ensure they accurately represent the data.
5. Defining and Naming Themes: Each theme is clearly defined and named to reflect its core essence.
6. Reporting: Themes are synthesized into a coherent narrative that addresses the research objectives.

## **3.5 Ethical Considerations**

### **3.5.1 Approval**

Ethical approval is obtained from the institutional ethics committee prior to commencing the study. This ensures that all research activities adhere to ethical guidelines and standards.

### **3.5.2 Confidentiality**

Participants' anonymity is maintained by assigning pseudonyms and removing identifying information from transcripts. Data is securely stored in password-protected files accessible only to the researcher.

### **3.5.3 Participant Welfare**

Participants are informed of their right to withdraw from the study at any time. Resources for mental health support are provided to mitigate any potential distress arising from participation in the study.

## **3.6 Summary**

This chapter has outlined the comprehensive methodology employed in this study, including the research design, participant selection, data collection instruments, procedures, and data analysis techniques. The rigorous and systematic approach ensures the credibility and reliability of the findings, contributing valuable insights into the mental health experiences of healthcare frontline workers.

## **CHAPTER 4 – FINDING**

### **4.0 Introduction**

This chapter presents and analyses the research data collected from healthcare frontline workers regarding their mental health experiences using thematic analysis. The findings are structured to directly address the research questions outlined in Chapter 1, ensuring a comprehensive exploration of the mental health challenges faced by these professionals. The data are presented in various formats, including tables and figures, and the analysis is organized according to the hierarchy of the research questions, ensuring that each is systematically examined. This structure enhances the clarity of the findings and reinforces the significance of the research objectives by utilizing themes and subthemes to identify specific mental health challenges, explore coping strategies, and propose appropriate interventions for healthcare frontline workers. By aligning the presentation of findings with the research questions, this chapter provides a coherent narrative that underscores the critical importance of mental health support in high-stress healthcare environments.

### **4.1 Background of participants**

The study involved six healthcare frontline workers with diverse professional and personal backgrounds. Participant 1 (P1), Lina binti Rahman, is a 35 years old unmarried female medical officer and postgraduate PhD student residing in Kuching, with 10 years of service, having previously worked in Hospital Sibu, Balai Ringin Health Clinic, and the Serian Division Health Office. Participant 2 (P2), Farah binti Khalid, is a 51 years old married female nurse manager with three daughters, living in Kota Samarahan. She has served for approximately 29 years across 13 postings, including Pusak Health Clinic, Sri Aman Polyclinic, Sibu Hospital, and Tanah Putih Health Clinic, and currently serves at Kota Samarahan Health Clinic. Participant 3 (P3), Daniel Wong, is a 29 years old unmarried male psychological officer who has been working at Kota Samarahan Health Clinic for four years and six months. Participant 4 (P4), Michael Tan, commonly known as Peter, is a 35 years old unmarried male medical officer and first-year DrPH (Doctor of Public Health) postgraduate student, with seven years of prior service at Belaga Health Clinic. Participant 5 (P5), Nur Zara binti Iqbal, is a 36 years old married female community nurse with two children and 11 years of experience exclusively in health clinics, having served at Balai Ringin Health Clinic and currently at Tanah Putih Health Clinic. Lastly, Participant 6 (P6), Amira binti Nordin, is a 36 years old married female staff nurse with four children and 13 years of healthcare experience,

previously working at Sungai Koyan Health Clinic in Belaga for three years and currently serving at Kota Samarahan Health Clinic for the past 10 years.

| No | Participants | Participants code | Age | Gender | Status    | occupation               |
|----|--------------|-------------------|-----|--------|-----------|--------------------------|
| 1. | Lina         | P1                | 35  | Female | Unmarried | Doctor (Medical Officer) |
| 2. | Farah        | P2                | 51  | Female | Married   | Nurse manager (U7)       |
| 3. | Daniel       | P3                | 29  | Male   | Unmarried | Psychological officer    |
| 4. | Michael      | P4                | 35  | Male   | Unmarried | Doctor (Medical Officer) |
| 5. | Zara         | P5                | 36  | Female | Married   | Community nurse (U1)     |
| 6. | Amira        | P6                | 36  | Female | Married   | Staff nurse (SN U5)      |

**Figure 4.1 Demographic of Participants**

*Note: This name is a pseudonym and does not represent the individual's real name.*

## 4.2 Finding Analysis

### 4.2.1 Research Questions 1: What are the specific mental health challenges experienced by healthcare frontline workers?

The first research question explains the specific mental health challenges experienced by healthcare frontline workers and the theme Mental Health Challenges emerged as a response to this research question, highlighting the psychological difficulties commonly experienced by healthcare frontline workers. Through thematic analysis of the interview data, three key subthemes were identified such as (i) Burnout, (ii) Stress, and (iii) Anxiety. These subthemes represent the main areas of concern that affect the participants' mental health as they navigate their demanding professional roles. The findings indicate that the high-pressure nature of the healthcare environment, coupled with the need to balance multiple responsibilities such as clinical duties, administrative tasks, and further education, significantly contributes to these challenges.

| Theme                       | Subtheme    |
|-----------------------------|-------------|
| 1. Mental Health Challenges | 4.1 Burnout |
|                             | 4.2 Stress  |

*Figure 1: The Theme and Subtheme of the specific mental health challenges experienced by healthcare frontline workers*

#### **4.2.1.1 Theme: Mental Health Challenges**

One of the main themes that emerged from the data is Mental Health Challenges, which reflect the psychological difficulties faced by healthcare frontline workers in their daily roles. Through thematic analysis, three key subthemes were identified under this theme: (i) burnout, (ii) stress, and (iii) anxiety. These subthemes capture the range of mental health struggles encountered by the participants as they manage heavy workloads, long working hours, and emotional strain within a demanding healthcare environment.

##### **(i) Burnout**

The first subtheme, burnout, appeared as a significant and recurring experience reported by all participants. Burnout refers to a state of physical, emotional, and mental exhaustion resulting from prolonged and excessive work-related stress. All six participants in this study expressed experiencing burnout to varying degrees, reflecting the demanding nature of their roles in the healthcare sector. For example, Participant 1 (P1) acknowledged feeling burnout despite generally enjoying her role as a medical officer (MO):

*“Aaa no... tapi bila saya masuk, bila saya dah jadi MO, I am quite happy, cuma burnout ya sikit.” (P1, p.3, line 117-118).*

This indicates that while she found satisfaction in her position, the workload still led to feelings of burnout, although to a mild extent.

Similarly, Participant 3 (P3) highlighted that overwork contributed significantly to feelings of burnout:

*“Sometimes when we overwork, dia lebih daripada kerja hakikilah...So, dia akan burnout jugak kadang-kadang...” (P3, p.40, line 55-56)*

This reflects that the workload often exceeded standard job expectations, leading to exhaustion and reduced energy. In addition, Participant 5 (P5) related her experience of burnout to systemic issues such as staff shortages:

*“Pasya contoh macam burnout tok...lebih kepada memang masalah kekurangan tenaga kerja...” (P5, p.69, line 69-70)*

For her, burnout was closely associated with insufficient manpower, which increased the workload and stress for existing staff.

These findings suggest that burnout among healthcare frontline workers is influenced by multiple factors, including workload demands, long working hours, and organizational issues such as inadequate staffing. This widespread experience of burnout highlights the need for workplace interventions to reduce excessive demands and improve staff well-being.

## **(ii) Stress**

Another key mental health challenge reported by the participants was stress, which appeared to be closely linked to the high-pressure nature of their work environment. Stress was described as arising from multiple sources such as handling emergency cases, managing large numbers of patients, and fulfilling heavy responsibilities. Participants expressed that such stressful conditions not only affected their emotional state but also influenced their behavior and thoughts while working. For example, Participant 1 (P1) shared that dealing with emergency cases significantly contributed to her stress level, often causing feelings of irritability and frustration:

*“...belum agik tengok emergency pun case... yang datang masa ya rasa macam sangat stress. Bila kita stress pun masa ya semua orang nak marah.” (P1, p.2, line 68-70)*

She explained that the mere anticipation of emergency cases was enough to induce stress, and when this occurred, it triggered a tendency to become easily annoyed or angry with others. In another reflection, she admitted that extreme stress occasionally made her question her career choice as a doctor:

*“Memang akan ada rasa especially bila kita dah terlampau stress nak... kita akan rasa 'kenak aku ambik doktor dolok' tapi kamek rasa bidang lain pun sama jak sebenarnya...hahah...” (P1, p.17, line 721-724)*

This illustrates how overwhelming stress could lead to moments of doubt and regret about choosing the medical profession, although she rationalized that other professions might also bring similar pressures.

Similarly, Participant 5 (P5) acknowledged that a high patient load was a direct source of stress in her daily work:

*“...banyak client pun boleh nyuruh stress...” (P5, p.72, line 189-190)*

She pointed out that the increasing number of clients inevitably led to emotional strain, making it challenging to maintain composure and deliver care effectively.

These findings suggest that stress among healthcare frontline workers is closely tied to workload volume, the intensity of clinical situations, and the constant demand for quick decision-making, all of which contribute to their mental and emotional burden.

### **(iii) Anxiety**

Anxiety also emerged as a relevant mental health challenge experienced by the participants. The feelings of anxiety were associated with both personal health concerns and occupational risks related to their frontline roles. Anxiety affected their daily functioning, particularly in relation to sleep patterns, eating habits, and fear of health risks at the workplace. For instance, Participant 4 (P4) described experiencing night-time anxiety, which he attributed to insufficient rest and irregular eating habits caused by work demands:

*“...a bit of a night anxiety sebab tidur sik cukup, makan pun kadang-kadang sik teratur. It effects my overall healthlah...” (P4, p.56, line 43-45)*

This indicates that the lack of proper sleep and meal routines contributed to his feelings of anxiety, subsequently affecting his overall physical well-being.

Similarly, Participant 5 (P5) expressed feelings of anxiety related to the risk of COVID-19 infection during the pandemic period, especially because of her role as a healthcare worker directly exposed to the virus:

*“Macam kitak pernah kena wabak COVID-19 ya nak, haa memang kita ada rasa anxiety ya lah... sebab memang kita tauk macam kamek orang sebagai staff ya berisiko kena jangkitan nak...” (P5, p.69, line 64-66)*

She reflected on the heightened sense of vulnerability among healthcare staff during the outbreak, emphasizing the fear and worry associated with the possibility of being infected due to close contact with patients.

These findings demonstrate that anxiety among healthcare frontline workers is influenced by both occupational hazards and lifestyle disruptions arising from their demanding work environment. The fear of illness, coupled with poor self-care resulting from irregular work schedules, exacerbates feelings of anxiety and underscores the need for adequate mental health support systems.

#### **4.2.2 Research Questions 2: How do healthcare frontline workers cope with stress and emotional strain?**

The second research question explores the ways in which healthcare frontline workers manage the stress and emotional strain associated with their demanding roles. The analysis revealed that participants employed a variety of coping strategies to handle the pressures they encountered in their work environments. These coping strategies were categorized into four main subthemes: (i) Emotional Expression, (ii) Spiritual Coping, (iii) Physical Activities, and (iv) Self-Control. These subthemes reflect both internal and external methods used by the participants to reduce psychological distress and maintain their mental well-being.

| <b>Theme</b>         | <b>Subtheme</b>          |
|----------------------|--------------------------|
| 2. Coping Strategies | 4.1 Emotional Expression |
|                      | 4.2 Spritual Coping      |
|                      | 4.3 Physical Activities  |
|                      | 4.4 Self-Control         |

*Figure 2: The Theme and Subtheme of the coping mechanism of healthcare frontline workers to cope with stress and emotional strain.*

##### **4.2.2.1 Theme: Coping Strategies**

One of the main themes that emerged from the data is coping strategies, which describe the ways healthcare frontline workers manage stress and emotional strain in their professional roles. Through thematic analysis, four key subthemes were identified: (i) Emotional Expression, (ii) Spiritual Coping, (iii) Physical Activities, and (iv) Self-Control. These coping mechanisms reflect both personal and external strategies employed by the participants to maintain their mental and emotional well-being.

## (i) Emotional Expression

Emotional expression emerged as one of the main coping mechanisms used by participants to manage work-related stress and emotional strain. Several participants expressed the importance of talking to someone they trusted as a way to release tension and process their feelings. For example, Participant 1 (P1) shared that she is the type of person who prefers to express her thoughts and feelings openly. Even in the workplace, she ensures there is at least one colleague with whom she feels comfortable confiding:

*"Kamek jenis yang meluah...saya jenis yang meluah, that's why I usually everytime macam contoh saya di klinik, I usually have at least one person yang memang saya rapat." (P1, p.8, line 312-315)*

This suggests that verbal expression to trusted colleagues is an important outlet for her to reduce work-related stress.

Similarly, Participant 5 (P5) reported that she coped by sharing her work-related problems with her husband. She highlighted that this was her main and effective way to calm herself:

*"Ha, husbandlah...betul, mun pasal tempat kerjalah...husband..." (P5, p.74, line 265-266)*

*"Kamek dapat downkan diri kamek...macam kamek madah tekla, dengan cara bercerita dengan husband, ya jak caranya..." (P5, p.80, line 501-503)*

Through talking to her husband, she found relief and managed to regulate her emotions after stressful events at work.

Participant 6 (P6) also emphasized the role of her husband as a primary source of emotional support. She explained that after returning home from work, she would always share her experiences with him:

*"Kamek ada sumbernya, yang paling utama kamek pun pasanganlah...first kamek akan cerita dengan nya...balit kerja, kita yang akan jumpa nya lah..." (P6, p.89, line 260-262)*

This indicates that having someone at home to listen and provide emotional comfort played a significant role in helping her cope with the pressures of her job.

These responses illustrate that emotional expression, whether with colleagues or family members, serves as a crucial coping mechanism for healthcare frontline workers to manage stress and maintain their emotional well-being.

## **(ii) Spiritual Coping**

Spiritual coping was another strategy identified among participants to manage stress and emotional strain in their professional roles. This subtheme reflects how spiritual and religious practices provided comfort and inner strength for healthcare frontline workers. Participant 2 (P2) emphasized the importance of maintaining spiritual well-being by engaging in regular prayers. She described that through prayer and connecting with her faith, she found calmness and a sense of protection not only for herself but also for the children and people around her:

*“Satu, dari segi rohaninya, banyak berdoa, banyak solat, jangan lupa berdoa untuk anak-anak di sekeliling...” (P2, p.30, line 443-444)*

This shows that her spiritual practices, such as performing prayers and making supplications, served as an essential source of emotional resilience, helping her cope with the pressures and responsibilities of her role in the healthcare setting.

This finding suggests that spiritual coping played a meaningful role in providing emotional support for some participants, enabling them to manage stress through faith and religious activities.

## **(iii) Physical Activities**

Physical activities were identified as a common coping strategy among participants to relieve stress and maintain mental well-being. Engaging in outdoor and fitness-related activities helped participants to refresh their minds and reduce the emotional strain associated with their demanding work. For example, Participant 3 (P3) shared that he preferred outdoor activities and social interactions rather than indoor leisure such as watching movies:

*“Movie jarang sikit. I prefer outdoor and then social connections...” (P3, p.42, line 115-116)*

He further explained that during weekends, he usually engaged in hiking and participated in church activities to unwind and recharge:

*“Macam saya on weekend saya akan hiking...I akan hiking and then I'll just go to my church activity.” (P3, p.42, line 118-119)*

These activities provided him with both physical exertion and social connection, which helped in reducing stress.

Similarly, Participant 4 (P4) described himself as an active person who enjoyed physical exercises such as running and working out:

*“Okey, so basically, I’m an active person Najihah...I used to do a lot of running, workout jugaklah.” (P4, p.59, line 179-180)*

This suggests that maintaining an active lifestyle was an important part of his coping strategy to manage stress and sustain energy for work responsibilities.

It means that activities such as hiking, running, and workouts served as effective outlets for stress relief, enabling participants to maintain both physical and emotional balance in their daily lives.

#### **(iv) Self-Control**

Self-control was identified as another coping mechanism used by participants to manage stress and emotional overload. This subtheme reflects the participants’ conscious efforts to regulate their thoughts, emotions, and actions in order to maintain mental stability during challenging situations. For example, Participant 3 (P3) described how he deliberately practiced self-control by mentally switching off from work responsibilities during his personal time or holidays. He emphasized the importance of setting boundaries to avoid work-related stress while on leave:

*“Tapi kena ingat kalau you cuti, you switch off lah...saya cakap betul-betul...call jangan jawab dan sebagainya lah. That’s how I cope with it lah...” (P3, p.47, line 351-353)*

This shows his conscious effort to separate work from personal time as a way to prevent burnout and emotional fatigue.

Similarly, Participant 5 (P5) explained that when she felt overwhelmed by excessive workload or pressure, she would intentionally stop her work momentarily to regain composure:

*“Mun kamek rasa macam ada agak tekanan, agak stres tek nak, banyak beban kerja...apa yang kamek buat, kamek stop dolok...” (P5, p.72, line 186-188)*

This indicates that taking a short break or pause was her strategy to manage stress and avoid feeling overwhelmed.

### 4.2.3 Research Questions 3: What interventions that could enhance mental well-being among healthcare frontline workers?

The third research question explore the participants' recommendations for interventions that could enhance frontline healthcare workers' mental health. Under the theme of proposed interventions, four major subthemes were found through thematic analysis such as, (i) Stress-Relief Facilities, (ii) Comprehensive Psychological Programs, (iii) Counselor Placement, and (iv) Flexible Work Hours. The practical and organisational changes that participants think could lessen stress and promote mental health at work are reflected in these subthemes.

| Theme                     | Subtheme                                 |
|---------------------------|------------------------------------------|
| 3. Proposed Interventions | 4.1 Stress-Relief Facilities             |
|                           | 4.2 Comprehensive Psychological Programs |
|                           | 4.3 Counselor Placement                  |
|                           | 4.4 Flexible Work Hours                  |

*Figure 3: The Theme and Subtheme of the proposed interventions of healthcare frontline workers to enhance mental well-being.*

#### 4.2.3.1 Theme: Proposed Interventions

A significant theme that emerged from the data is proposed interventions. Through thematic analysis, four main subthemes were identified which is (i) Stress-Relief Facilities, (ii) Comprehensive Psychological Programs, (iii) Counselor Placement, and (iv) Flexible Work Hours. These subthemes reflect the participants' recommendations for enhancing the mental well-being of healthcare frontline workers by reducing workplace pressures and strengthening mental health support within the organization.

##### (i) Stress-Relief Facilities

One of the suggestions raised by the participants was the provision of stress-relief facilities in the workplace. Participant 1 (P1) proposed having a designated space within the clinic where staff can temporarily escape from the pressures of work to release stress:

*“Sebab yang kamek fikir lah, why not, if dekat klinik, contoh tempat-tempat nak, nya ada satu tempat where you can release your stress...” (P1, p.13, line 546-549)*

This reflects her belief that a dedicated stress-relief area could help staff manage their emotions better during working hours.

## **(ii) Comprehensive Psychological Programs**

The need for comprehensive psychological programs was emphasized by Participant 3 (P3). He suggested that any program provided should focus entirely on psychological well-being rather than being integrated superficially into other unrelated programs:

*“Program such as yang lebih berfokuskan kepada psikologi hundred percent. Bukan dia menjadi cicipan program lain...hundred percent focus to psychology to enhance the mental health well-being la...” (P3, p.45, line 247-250)*

This indicates that he values programs that fully address mental health issues in depth rather than those that only briefly touch on the subject.

## **(iii) Counselor Placement**

Participant 4 (P4) highlighted the shortage of counselor placement in healthcare facilities, particularly in rural or less developed areas. He noted that mental health services are more concentrated in urban settings, leaving rural clinics underserved:

*“Interventions...currently after saya punya service dekat KKM, dia punya servis of mental health masih kurang. In my view lah...dia more to dekat urban area” (P4, p.64, line 366-368)*

He further suggested that if given the authority, he would create more counselor positions to ensure adequate mental health support for staff:

*“So, in my opinion, if I'm given the chance to make the decision, I try to buka banyak post untuk counselors. At least counselors lah you hantar pergi, at least 2 orang...” (P4, p.64, line 374-377)*

This reflects the pressing need to increase counselor availability in healthcare clinics, especially in rural areas.

#### **(iv) Flexible Work Hours**

Flexible work hours was another recommendation made by the participants. Participant 6 (P6) expressed that maintaining or reducing the current working hours would allow healthcare staff to have a better work-life balance and greater flexibility in managing job demands:

*“Bagi kamek lah, mun dapat kekalkan jam yang sedia ada ataupun nya dapat kurangkan kah supaya kita lebih fleksibellah untuk kita bekerja bah...” (P6, p.93, line 448-451)*

This suggests that more manageable and adaptable work schedules could help reduce stress and enhance overall well-being among healthcare workers.

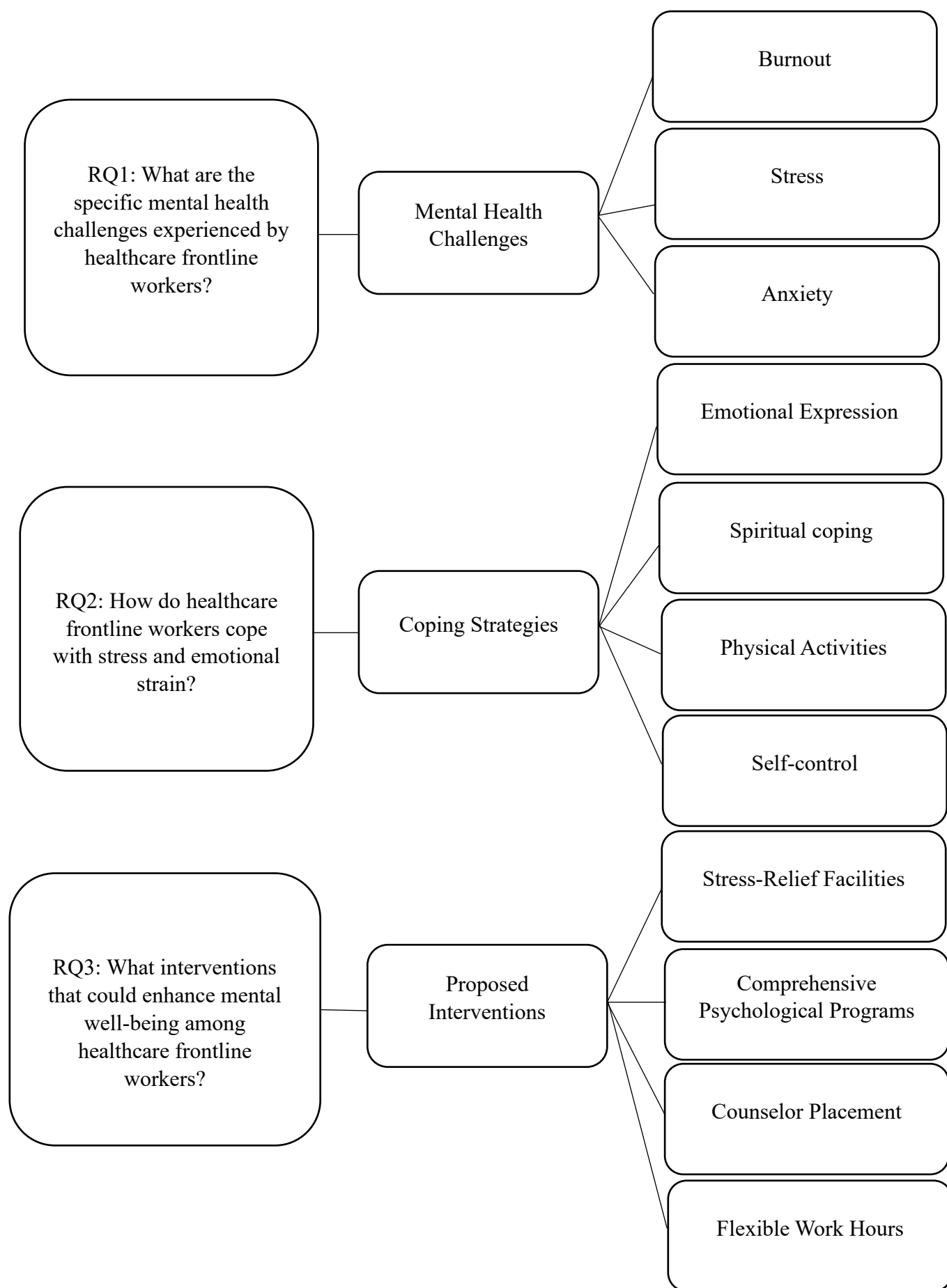


Figure 4 Thematic Framework of Mental Health Challenges, Coping Strategies, and Proposed Interventions among Healthcare Frontline Workers

## CHAPTER 5 – DISCUSSION

### 5.1 Discussion

#### 5.1.1 Theme 1: Mental Health Challenges

The present study identified significant mental health challenges experienced by healthcare frontline workers (HCFWs), specifically burnout, stress, and anxiety. These findings mirror global and local research such as Sultana et al. (2020), Lai et al. (2020), and Malaysian studies by Narendra Kumar et al. (2022) and Roslan et al. (2021), which emphasized that mental health issues are prevalent among healthcare workers due to high job demands and insufficient coping resources. Burnout emerged as a primary subtheme, as all participants reported feelings of exhaustion and fatigue linked to long working hours, high patient loads, and staff shortages. Participant narratives reflected this experience vividly, illustrating how the daily pressures of healthcare service delivery result in both physical and emotional depletion. These findings align with Arnetz et al. (2020) and West et al. (2018), who noted that burnout is closely associated with systemic issues such as inadequate staffing and organizational support. The Malaysian context, as discussed by Narendra Kumar et al. (2022), also supports this, indicating that rural clinics face acute staff shortages, exacerbating burnout risks. Stress was another central challenge reported by participants. They cited emergency cases, unpredictable work demands, and patient surges as significant stressors. This aligns with Greenberg et al. (2021), who identified high-pressure, fast-paced work environments as primary contributors to stress among HCFWs. Carmassi et al. (2019) similarly discussed the psychological toll of managing emergencies and life-threatening conditions on healthcare staff, noting that such exposures increase vulnerability to stress-related disorders. Anxiety, particularly regarding the risk of infection and personal health, was frequently mentioned by participants. The fear of contracting COVID-19 or transmitting it to family members compounded their anxiety, as documented by Lai et al. (2020) and Narendra Kumar et al. (2022). These studies highlighted that frontline exposure to infectious diseases significantly elevates anxiety levels, especially when coupled with inadequate personal protective equipment (PPE) and high patient contact.

#### 5.1.2 Theme 2: Coping Strategies

Participants described various coping strategies employed to manage stress and emotional burden. These included emotional expression, spiritual coping, physical activities,

and self-control. Emotional expression was prominently utilized, with participants confiding in colleagues, friends, or family members. This aligns with findings by Boumans & Dorant (2021) and Galanis et al. (2022), who emphasized the protective role of social support networks in buffering against work-related stress. The availability of trusted confidants was shown to facilitate emotional processing and relieve psychological strain. Spiritual coping, particularly prayer, was reported as a significant source of comfort. This strategy resonates with findings from Marzo et al. (2022), who noted that spirituality serves as a culturally relevant resilience mechanism among Malaysian healthcare workers. Spiritual practices were used not only for personal solace but also to seek protection and guidance for loved ones and patients. Physical activity, including hiking, running, and workouts, was another favored coping method. This reflects global evidence by Zhang et al. (2021) and interventions such as those described by Ching (2023), which illustrate that physical exercise promotes mood regulation and stress reduction. Engaging in such activities enabled participants to momentarily disconnect from work stressors and rejuvenate mentally and physically. Self-control involved deliberate efforts to regulate thoughts and emotions, such as setting boundaries between work and personal life. These behaviors align with cognitive-behavioral therapy (CBT) principles, as discussed by Curtiss et al. (2021), which advocate for cognitive restructuring and behavioral modification to mitigate stress responses.

### **5.1.3 Theme 3: Proposed Interventions**

Participants proposed several workplace interventions aimed at improving mental well-being. These included stress-relief facilities, comprehensive psychological programs, counselor placement, and flexible work hours. Stress-relief facilities were suggested as on-site spaces where staff could relax and decompress during breaks. West et al. (2016) demonstrated the effectiveness of such facilities in reducing healthcare staff anxiety and promoting recovery from work-related stress. Such provisions are lacking in many Malaysian healthcare settings, as highlighted by Roslan et al. (2021). Comprehensive psychological programs, fully dedicated to mental health rather than combined with other topics, were recommended to provide in-depth support. Schwartz et al. (2021) found that tailored mental health interventions significantly improved resilience and reduced burnout among healthcare workers. Participants in this study similarly expressed a need for focused, ongoing psychological support. Counselor placement, particularly in rural clinics, was strongly advocated. Shanafelt et al. (2020) emphasized that access to professional mental health services is critical in preventing emotional exhaustion. Current gaps in counselor availability, especially outside urban centers, mirror the

deficiencies noted in Malaysian rural healthcare systems by Mirzaei et al. (2022). Flexible work hours were seen as essential for promoting work-life balance and reducing fatigue. Ling et al. (2021) underscored that flexibility in scheduling can substantially lower stress levels among healthcare staff. Participants viewed this intervention as a practical means to address both personal and professional well-being needs.

## **5.2 Key Findings**

The findings confirm that burnout, stress, and anxiety are deeply embedded in the daily experiences of HCFWs, consistent with the Job Demand-Resource (JD-R) model (Bakker & Demerouti, 2017), which posits that excessive demands coupled with insufficient resources lead to psychological strain. These challenges are exacerbated in resource-limited Malaysian healthcare settings, especially in rural areas. Coping mechanisms identified in this study reflect a blend of personal resilience and adaptive strategies. However, these individual efforts cannot fully offset systemic inadequacies. This resonates with Walton et al. (2020) and Pappa et al. (2020), who concluded that organizational interventions are necessary complements to personal coping skills. Proposed interventions suggest a growing awareness among HCFWs that structural changes are needed to address mental health risks effectively. The need for stress-relief spaces, comprehensive psychological services, accessible counseling, and flexible hours reflects international best practices and points to significant gaps in the current Malaysian healthcare system, as outlined by Mirzaei et al. (2022).

## **5.3 Recommendations**

Several significant recommendations are put forth in light of the study's findings to address the mental health issues that frontline healthcare workers face. The creation of stress-relieving rooms and special relaxation areas within healthcare facilities should be the top priority for healthcare organizations. These areas would act as secure locations where employees could temporarily escape the demands of their jobs, clear their heads, and recuperate emotionally before going back to work. Literature demonstrating the benefits of peaceful, restorative environments in lowering workplace stress and exhaustion among healthcare professionals lends credence to the availability of such facilities.

Second, it is crucial to create and carry out all-encompassing psychological programs that are solely concerned with mental health. These programs ought to provide focused mental health education, stress management classes, and therapeutic interventions meant to enhance

psychological resilience rather than just serving as a supplement to other staff development initiatives. Long-term, organized programs would guarantee that healthcare professionals get regular assistance and learn useful coping mechanisms for work-related stress.

Thirdly, more certified mental health counselors are desperately needed, particularly in underserved and rural areas. The participants emphasized that many healthcare workers lack access to professional psychological support because there aren't enough counselors in these areas. In order to close this gap, policymakers and healthcare administrators need to increase the number of counselor positions and provide incentives for mental health professionals to work in these settings.

Finally, in order to prevent excessive overtime and promote better work-life balance, healthcare organizations should implement flexible scheduling policies. Working hours that are flexible can help employees avoid burnout, encourage recovery, and balance their personal and professional obligations. Putting such policies into place could improve frontline healthcare workers' general well-being and job satisfaction.

These suggestions emphasize the value of a multifaceted strategy that incorporates programmatic interventions, organizational policy reforms, human resource improvements, and environmental modifications. Such all-encompassing initiatives are essential to maintaining the productivity of Malaysia's healthcare workforce and enhancing their mental health.

## **5.4 Conclusion**

In conclusion, burnout, stress, and anxiety are among the major mental health issues that Malaysian healthcare frontline workers (HCFWs) deal with. This study also shows the variety of coping strategies that these workers use, including self-control, physical activity, spiritual coping, and emotional expression. Even though these people take proactive measures to deal with stressors, the study concludes that these individual coping mechanisms might not be enough to lessen the severe pressures present in healthcare settings. As suggested by the participants, systemic and organizational changes are required to offer long-term mental health support. These include the establishment of facilities for stress relief, the creation of thorough psychological programs, the assignment of licensed counselors to medical facilities, and the introduction of flexible work arrangements.

Such organizational commitments are essential to protecting healthcare workers' mental health, lowering the risk of burnout, and improving the standard of patient care. The knowledge gained from this study adds to the increasing amount of data highlighting the need for thorough workplace mental health interventions in Malaysia's medical field. Resolving these mental health issues through structural and policy changes will guarantee the resilience and efficacy of the healthcare system overall, in addition to enhancing the wellbeing of healthcare professionals.

## References

- Alzahrani, S., & Hasan, A. A. (2019). *Transformational leadership style on nursing job satisfaction amongst nurses in hospital settings: Findings from systematic review*. Go to start page! <http://ebooks.netkumar1.in/id/eprint/1211/>
- Al-Ziadat, M., & Shattal, M. A. (2021). *The Prediction Ability of Coping Strategies in Mental Ill-Health Indicators among Frontline Workers during Coronavirus Pandemic*. <https://www.researchsquare.com/article/rs-286239/v1>
- Arnetz, J. E., Goetz, C. M., Arnetz, B. B., & Arble, E. (2020). Nurse reports of stressful situations during the COVID-19 pandemic: Qualitative Analysis of survey responses. *International Journal of Environmental Research and Public Health*, 17(21), 8126. <https://www.mdpi.com/1660-4601/17/21/8126>
- Aronsson, G., Theorell, T., Grape, T., & Hammarström, A. (2021). Work stress, exhaustion, and mental health among healthcare workers. *International Journal of Occupational Medicine and Environmental Health*, 34(3), 451-464.
- Bakker, A. B., & Demerouti, E. (2017). Job demands-resources theory: Taking stock and looking forward. *Journal of Occupational Health Psychology*, 22(3), 273-285. <https://psycnet.apa.org/doiLanding?doi=10.1037%2Focp0000056>
- Bakker, A. B., & Ererdi, C. (2022). I-deals and employee well-being: Examining I-deals from JD-R Perspective. *Idiosyncratic Deals at Work*, 237–256. [https://link.springer.com/chapter/10.1007/978-3-030-88516-8\\_11](https://link.springer.com/chapter/10.1007/978-3-030-88516-8_11)
- Benavides-Gil, G., Martínez-Zaragoza, F., Ferníndez-Castro, J., Sínchez-Pírez, A., & García-Sierra, R. (2024). *Mindfulness-based interventions for improving mental health of frontline healthcare professionals during the COVID-19 pandemic: A systematic review - systematic reviews*. BioMed Central. <https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-024-02574-5>
- Boumans, N. P. G., & Dorant, E. (2021). *The relationships of job and family demands and job and family resources with family caregivers' strain*. Scandinavian journal of caring sciences. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8247051/>

- Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, 9(1), 3–26. <https://psycnet.apa.org/doiLanding?doi=10.1037%2Fqap0000196>
- Bru-Luna, L. M., Martí-Vilar, M., Merino-Soto, C., & Cervera-Santiago, J. L. (2021). *Emotional intelligence measures: A systematic review*. Healthcare (Basel, Switzerland). <https://pmc.ncbi.nlm.nih.gov/articles/PMC8701889/>
- Burton, A., Burgess, C., Dean, S., Koutsopoulou, G. Z., & Hugh-Jones, S. (2020). How effective are mindfulness-based interventions for reducing stress among healthcare professionals? *Journal of Occupational and Organizational Psychology*, 93(1), 1-30. <https://pubmed.ncbi.nlm.nih.gov/26916333/>
- Carmassi, C., Foghi, C., Dell'Oste, V., Cordone, A., Bertelloni, C. A., Bui, E., & Dell'Osso, L. (2019). PTSD symptoms in healthcare workers facing the COVID-19 outbreak: A systematic review and meta-analysis. *Journal of Affective Disorders*, 277, 347-357. <https://doi.org/10.1016/j.jad.2020.08.022>
- Chand, S. P. (2023). *Cognitive behavior therapy*. StatPearls. <https://www.ncbi.nlm.nih.gov/books/NBK470241/>
- Chan, C. M. H., Ng, S. L., In, S., Wee, L. H., & Siau, C. S. (2021). *Predictors of psychological distress and mental health resource utilization among employees in Malaysia*. MDPI. <https://www.mdpi.com/1660-4601/18/1/314>
- Chand, S. P. (2023). *Cognitive behavior therapy*. In StatPearls. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK470241/>
- Chen, R., Sun, C., Chen, J., Jen, H., Kang, X. L., Kao, C., & Chou, K. (2020). A large-scale survey on trauma, Burnout, and posttraumatic growth among nurses during the Covid-19 pandemic. *International Journal of Mental Health Nursing*, 30(1), 102–116. <https://onlinelibrary.wiley.com/doi/10.1111/inm.12796>
- Ching, K. X. (2023). *Emotion regulation among undergraduates in Malaysia: Distress tolerance, mindfulness, and positive reappraisal*. UTAR Institutional Repository. <http://eprints.utar.edu.my/5433/>

- Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2021). The impact of mental health stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest*, 22(1), 60-81. <https://pubmed.ncbi.nlm.nih.gov/26171956/>
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage Publications.
- Curtiss, J. E., Levine, D. S., Ander, I., & Baker, A. W. (2021). *Cognitive-behavioral treatments for anxiety and stress-related disorders*. Focus (American Psychiatric Publishing). <https://pmc.ncbi.nlm.nih.gov/articles/PMC8475916/>
- Dahlgren, A., Epstein, M., Söderström, M., & Tucker, P. (2017). Nurses' strategies for managing sleep when starting shift work – implications for interventions targeting sleep behaviours in a shift work population. *Sleep Medicine*, 40. <https://www.sciencedirect.com/science/article/abs/pii/S1389945717306421?via%3Dihub>
- Edú-Valsania, S., Laguía, A., & Moriano, J. A. (2022). *Burnout: A review of theory and measurement*. International journal of environmental research and public health. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8834764/>
- Galanis, P., Katsiroumpa, A., Vraka, I., Siskou, O., Konstantakopoulou, O., Katsoulas, T., & Kaitelidou, D. (2022). *Relationship between Social Support and Resilience Among Nurses: A Systematic Review*. <https://www.medrxiv.org/content/10.1101/2022.09.04.22279592v1>
- Galderisi, S., Heinz, A., Kastrup, M., et al. (2015). The emergence of a new paradigm for mental health: The role of social determinants. *World Psychiatry*, 14(1), 1-2. <https://onlinelibrary.wiley.com/doi/10.1002/wps.20148>
- Garcia, C. de L., Abreu, L. C. de, Ramos, J. L. S., Castro, C. F. D. de, Smiderle, F. R. N., Santos, J. A. D., & Bezerra, I. M. P. (2019). *Influence of burnout on Patient Safety: Systematic Review and meta-analysis*. Medicina (Kaunas, Lithuania). <https://pmc.ncbi.nlm.nih.gov/articles/PMC6780563/>

- Greenberg, N., Docherty, M., Gnanapragasam, S., & Wessely, S. (2020). Managing mental health challenges faced by healthcare workers during covid-19 pandemic. *BMJ*, m1211. <https://www.bmj.com/content/368/bmj.m1211>
- Hino, A., Inoue, A., Mafune, K., & Eguchi, H. (2022). Combined effects of overtime work hours and seven personal health practices on psychological distress. *Safety and Health at Work*, 13. <https://www.sciencedirect.com/science/article/pii/S2093791121017911?via%3Dihub>
- Hirshkowitz, M., Whiton, K., Albert, S. M., Alessi, C., Bruni, O., DonCarlos, L., & Croft, J. B. (2019). National sleep foundation's sleep time duration recommendations. *Sleep Health*, 5(1), 155-160. <https://pubmed.ncbi.nlm.nih.gov/29073412/>
- Huang, J., Wang, Y., & You, X. (2015). The job demands-resources model and job burnout: The mediating role of personal resources. *Current Psychology*, 35(4), 562–569. <https://link.springer.com/article/10.1007/s12144-015-9321-2>
- Hunt, D. F., Bailey, J., Lennox, B. R., Crofts, M., & Vincent, C. (2021). *Enhancing psychological safety in mental health services*. International journal of mental health systems. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8045992/>
- Iqbal, I. (2021). Impact of organizational politics on organization success, Job Satisfaction and turnover intentions with moderating effect of individual values. *Journal of Workplace Behavior*, 2(1), 46–68. <https://charisma-jwb.com/index.php/jwb/article/view/49>
- Jehan, S., Zizi, F., Pandi-Perumal, S. R., Myers, A. K., Auguste, E., Jean-Louis, G., & McFarlane, S. I. (2017). *Shift work and sleep: Medical Implications and Management*. Sleep medicine and disorders: international journal. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5836745/>
- Joo, J. H., Bone, L., Forte, J., Kirley, E., Lynch, T., & Aboumatar, H. (2022). *The benefits and challenges of established peer support programmes for patients, informal caregivers, and healthcare providers*. Family practice. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9508871/>

- Keyes, C. L. M. (2016). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 43(2), 207-222. <https://www.jstor.org/stable/3090197?origin=crossref>
- Kinman, G., Teoh, K., & Harriss, A. (2020). Supporting the well-being of healthcare workers in the UK: Key findings and recommendations. *British Journal of Health Psychology*, 25(2), 1-12. <https://bpspsychub.onlinelibrary.wiley.com/doi/10.1111/bjhp.12439>
- Knaak, S., Mantler, E., & Szeto, A. (2017). *Mental illness-related stigma in healthcare: Barriers to access and care and evidence-based solutions*. Healthcare management forum. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5347358/#:~:text=Mental%20illness%2Drelated%20stigma%2C%20including,a%20barrier%20for%20help%20seeking>.
- Kuribayashi, K., Takano, A., Inagaki, A., Imamura, K., & Kawakami, N. (2022). *Effect of stress management based on cognitive-behavioural therapy on nurses as a universal prevention in the workplace: A systematic review and meta-analysis protocol*. *BMJ open*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9486364/#:~:text=According%20to%20a%20meta%2Dreview15%20and%20several%20meta%2Danalyses%2C16,CBT%20was%20more%20effective%20than%20other%20interventions>.
- Labrague, L. J., McEnroe-Petitte, D. M., Leocadio, M. C., & Van Bogaert, P. (2021). Stress and ways of coping among nurse managers: A systematic review. *International Nursing Review*, 68(3), 258-268. <https://onlinelibrary.wiley.com/doi/10.1111/inr.12690>
- Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., Wu, J., Du, H., Chen, T., Li, R., Tan, H., Kang, L., Yao, L., Huang, M., Wang, H., Wang, G., Liu, Z., & Hu, S. (2020). Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA Network Open*, 3(3). <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2763229>
- Lei, J., & Suntrayuth, S. (2023). The impact of job demands and resources on occupational well-being, job engagement, and turnover intention: The mediating role of occupational well-being. *Journal of Namibian Studies: History Politics Culture*, 33. <https://namibian-studies.com/index.php/JNS/article/view/783>

- Leitão, J., Pereira, D., & Gonçalves, Â. (2021). *Quality of work life and contribution to productivity: Assessing the moderator effects of burnout syndrome*. MDPI. <https://www.mdpi.com/1660-4601/18/5/2425>
- Ling, E., Ngoo, E. L., & Tan, S. Y. (2021). *Work-life balance, social connectedness and mental health among working adults in Malaysia*. UTAR Institutional Repository. <http://eprints.utar.edu.my/4347/>
- Lomas, T., Medina, J. C., Ivztan, I., Rupprecht, S., Hart, R., & Eiroa-Orosa, F. J. (2019). The impact of mindfulness on well-being and performance in healthcare professionals. *Mindfulness*, 10(1), 1-17. [https://www.researchgate.net/publication/316253957\\_The\\_impact\\_of\\_mindfulness\\_on\\_wellbeing\\_and\\_performance\\_in\\_the\\_workplace\\_An\\_inclusive\\_systematic\\_review\\_of\\_the\\_empirical\\_literature](https://www.researchgate.net/publication/316253957_The_impact_of_mindfulness_on_wellbeing_and_performance_in_the_workplace_An_inclusive_systematic_review_of_the_empirical_literature)
- Marzo, R. R., Khaled, Y., ElSherif, M., Abdullah, M. S. A. M. B., Zhu Thew, H., Chong, C., Soh, S. Y., Siau, C. S., Chauhan, S., & Lin, Y. (2022). *Burnout, resilience and the quality of life among Malaysian healthcare workers during the COVID-19 pandemic*. Frontiers in public health. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9747946/>
- McManus, F. (2022). 3. the theory behind CBT. *Cognitive Behavioural Therapy: A Very Short Introduction*, 23–41. <https://academic.oup.com/book/41094/chapter-abstract/350218982?redirectedFrom=fulltext>
- Mehler, M., Balint, E., Gralla, M., P&ouml;l; & szlig;necker, T., Gast, M., H & ouml;lzer, M., K & ouml;lsters, M., & G&uuml;lndel, H. (2024). *Training emotional competencies at the workplace: A systematic review and metaanalysis - BMC psychology*. BioMed Central. <https://bmcp psychology.biomedcentral.com/articles/10.1186/s40359-024-02198-3>
- Mirzaei, A., Mozaffari, N., & Habibi Soola, A. (2022, May). *Occupational stress and its relationship with spiritual coping among emergency department nurses and Emergency Medical Services Staff*. International emergency nursing. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9040637/>
- Morgantini, L. A., Naha, U., Wang, H., Francavilla, S., Acar, O., Flores, J. M., Crivellaro, S., Moreira, D., Abern, M., Eklund, M., Vigneswaran, H., & Weine, S. M. (2020). *Factors*

*Contributing to Healthcare Professional Burnout during the COVID-19 Pandemic: A Rapid Turnaround Global Survey.*

<https://www.medrxiv.org/content/10.1101/2020.05.17.20101915v1>

Morse, J. (1994). Designing funded qualitative research. In N. Denzin & Y. Lincoln (Eds.)

Muzyamba, C., Makova, O., & Mushibi, G. S. (2021). *Exploring health workers' experiences of mental health challenges during care of patients with covid-19 in Uganda: A qualitative study - BMC research notes.* BioMed Central.

<https://bmcresearchnotes.biomedcentral.com/articles/10.1186/s13104-021-05707-4>

Nakao, M., Shiotsuki, K., & Sugaya, N. (2021). *Cognitive-behavioral therapy for management of mental health and stress-related disorders: Recent advances in techniques and technologies.* BioPsychoSocial medicine.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8489050/>

Narendra Kumar, M. K., Francis, B., Hashim, A. H., Zainal, N. Z., Abdul Rashid, R., Ng, C. G., Danaee, M., Hussain, N., & Sulaiman, A. H. (2022). *Prevalence of anxiety and depression among psychiatric healthcare workers during the COVID-19 pandemic: A Malaysian perspective.* MDPI. <https://www.mdpi.com/2227-9032/10/3/532>

Newman, L. (2021). *Cognitive Strategies for Management of Social Anxiety: A Comparison of Brief Cognitive Restructuring and Mindfulness Interventions.* [https://rshare.library.torontomu.ca/articles/thesis/Cognitive\\_Strategies\\_for\\_Management\\_of\\_Social\\_Anxiety\\_A\\_Comparison\\_of\\_Brief\\_Cognitive\\_Restructuring\\_and\\_Mindfulness\\_Interventions/14645520/1](https://rshare.library.torontomu.ca/articles/thesis/Cognitive_Strategies_for_Management_of_Social_Anxiety_A_Comparison_of_Brief_Cognitive_Restructuring_and_Mindfulness_Interventions/14645520/1)

Owoc, J., Mańczak, M., Tombarkiewicz, M., & Olszewski, R. (2021). Burnout, well-being and self-reported medical errors among physicians. *Polish Archives of Internal Medicine.* <https://www.mp.pl/paim/issue/article/16033/>

Oyat, F. W. D., Oloya, J. N., Atim, P., Ikoona, E. N., Aloyo, J., & Kitara, D. L. (2022). *The psychological impact, risk factors and coping strategies to COVID-19 pandemic on healthcare workers in the sub-saharan africa: A narrative review of existing literature.* BMC psychology. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9714392/>

- Pandya, A., Khanal, N., & Upadhyaya, M. (2022). *Workplace Mental Health Interventions in India: A rapid systematic scoping review*. *Frontiers*.  
<https://www.frontiersin.org/articles/10.3389/fpubh.2022.800880/full>
- Pappa, S., Ntella, V., Giannakas, T., & Katsaounou, P. (2020). Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. *Brain, Behavior, and Immunity*, 88, 901-907. <https://www.sciencedirect.com/science/article/pii/S0889159120308618?via%3Dihub>
- Patton, M. Q. (2015). *Qualitative research and evaluation methods* (4th ed.). SAGE Publications.
- Permarupan, P. Y., Al Mamun, A., Samy, N. K., Saufi, R. A., & Hayat, N. (2020). *Predicting nurse's burnout through quality of work life and psychological empowerment: A study towards sustainable healthcare services in Malaysia*. MDPI.  
<https://www.mdpi.com/2071-1050/12/1/388>
- Poddar, A., & Chhajer, R. (2024). *Detection and disclosure of Workplace Mental Health Challenges: An exploratory study from India*. *BMC public health*.  
<https://pmc.ncbi.nlm.nih.gov/articles/PMC11247900/>
- Powell, C., Brown, T., Yap, Y., Hallam, K., Takac, M., Quinlivan, T., Xenos, S., & Karimi, L. (2024). *Emotional intelligence training among the healthcare workforce: A systematic review and meta-analysis*. *Frontiers in psychology*.  
<https://pmc.ncbi.nlm.nih.gov/articles/PMC11614651/>
- Prasad, K., McLoughlin, C., Stillman, M., Poplau, S., Goelz, E., Taylor, S., Nankivil, N., Brown, R., Linzer, M., Cappelucci, K., Barbouche, M., & Sinsky, C. A. (2021). Prevalence and correlates of stress and burnout among U.S. healthcare workers during the COVID-19 pandemic: A National Cross-sectional Survey Study. *EClinicalMedicine*, 35, 100879. [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(21\)00159-0/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)00159-0/fulltext)

- Ripp, J., Peccoralo, L., & Charney, D. (2020). Attending to the emotional well-being of healthcare workers: A new imperative. *NEJM Catalyst Innovations in Care Delivery*, 1(4), 1-13. <https://doi.org/10.1056/CAT.20.0070>
- Roslan, N. S., Yusoff, M. S. B., Razak, A. A., & Morgan, K. (2021). *Burnout prevalence and its associated factors among Malaysian healthcare workers during COVID-19 pandemic: An embedded mixed-method study*. Healthcare (Basel, Switzerland). <https://pmc.ncbi.nlm.nih.gov/articles/PMC7829836/>
- Schlak, A. E., Aiken, L. H., Chittams, J., Poghosyan, L., & McHugh, M. (2021). *Leveraging the work environment to minimize the negative impact of nurse burnout on patient outcomes*. International journal of environmental research and public health. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7828279/>
- Schwartz, R., Sinsky, J. L., Anand, U., & Margolis, R. D. (2020). Addressing postpandemic clinician mental health. *Annals of Internal Medicine*, 173(12), 981–988. <https://www.acpjournals.org/doi/10.7326/M20-4199>
- Shanafelt, T. D., West, C. P., Sinsky, C., Trockel, M., Tutty, M., Wang, H., Carlasare, L. E., & Dyrbye, L. N. (2022). Changes in burnout and satisfaction with work-life integration in physicians and the general us working population between 2011 and 2020. *Mayo Clinic Proceedings*, 97(3), 491–506. [https://www.mayoclinicproceedings.org/article/S0025-6196\(21\)00872-7/fulltext](https://www.mayoclinicproceedings.org/article/S0025-6196(21)00872-7/fulltext)
- Shanafelt, T., Ripp, J., & Trockel, M. (2020). Understanding and addressing sources of anxiety among health care professionals during the COVID-19 pandemic. *JAMA*, 323(21), 2133. <https://jamanetwork.com/journals/jama/fullarticle/2764380>
- Sultana, A., Sharma, R., Hossain, M. M., Bhattacharya, S., & Purohit, N. (2020). Burnout among healthcare providers during COVID-19: Challenges and evidence-based interventions. *Indian Journal of Medical Ethics*, 05(04), 308–311. <https://ijme.in/articles/burnout-among-healthcare-providers-during-covid-19-challenges-and-evidence-based-interventions/>

- Surmai, M., & Duff, E. (2022). *Cognitive behavioural therapy: A strategy to address pandemic-induced anxiety*. The journal for nurse practitioners: JNP. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8590610/>
- Toussaint, L., Nguyen, Q. A., Roettger, C., Dixon, K., Offenbacher, M., Kohls, N., Hirsch, J., & Sirois, F. (2021). *Effectiveness of progressive muscle relaxation, deep breathing, and guided imagery in promoting psychological and physiological states of relaxation*. Evidence-based complementary and alternative medicine: eCAM. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8272667/>
- Van Manen, M. (2023). *Phenomenology of Practice*. <https://www.taylorfrancis.com/books/mono/10.4324/9781003228073/phenomenology-practice-max-van-manen>
- Ven, E. van. (2024). *Author Comment: Inequality on the Frontline: A Multi-Country Study on Gender Differences in Mental Health among Healthcare Workers during the COVID-19 Pandemic — R1/PR4*. <https://www.cambridge.org/core/journals/global-mental-health/article/inequality-on-the-frontline-a-multicountry-study-on-gender-differences-in-mental-health-among-healthcare-workers-during-the-covid19-pandemic/438EAA792655982612B88B81BD7F4413#peer-review>
- Vizheh, M., Qorbani, M., Arzaghi, S. M., Muhidin, S., Javanmard, Z., & Esmaeili, M. (2020). *The mental health of healthcare workers in the COVID-19 pandemic: A systematic review - journal of diabetes & metabolic disorders*. SpringerLink. <https://link.springer.com/article/10.1007/s40200-020-00643-9>
- Walton, M., Murray, E., & Christian, M. D. (2020). Mental health care for medical staff and affiliated healthcare workers during the COVID-19 pandemic. *European Heart Journal: Acute Cardiovascular Care*, 9(3), 241–247. <https://academic.oup.com/ehjacc/article/9/3/241/5922453>
- Wang, L., Norman, I., Xiao, T., Li, Y., Li, X., & Leamy, M. (2022). Evaluating a psychological first aid training intervention (preparing me) to support the mental health and wellbeing of Chinese Healthcare Workers During Healthcare Emergencies: Protocol for a

- randomized controlled feasibility trial. *Frontiers in Psychiatry*, 12. <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2021.809679/full>
- West, C. P., Dyrbye, L. N., Erwin, P. J., & Shanafelt, T. D. (2016). Interventions to prevent and reduce physician burnout: A systematic review and meta-analysis. *The Lancet*, 388(10057), 2272-2281. <https://pubmed.ncbi.nlm.nih.gov/27692469/>
- World Health Organization (WHO). (2022). *Mental health: strengthening our response*. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- Zhang, Y., Wei, L., Li, H., Pan, Y., Wang, J., Li, Q., Wu, Q., & Wei, H. (2020). The psychological change process of frontline nurses caring for patients with covid-19 during its outbreak. *Issues in Mental Health Nursing*, 41(6), 525–530. <https://www.tandfonline.com/doi/full/10.1080/01612840.2020.1752865>
- Zhang, Z., Sun, K., Jatchavala, C., Koh, J., Chia, Y., Bose, J., Li, Z., Tan, W., Wang, S., Chu, W., Wang, J., Tran, B., & Ho, R. (2019). *Overview of stigma against psychiatric illnesses and advancements of anti-stigma activities in six Asian societies*. *International journal of environmental research and public health*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6981757/#:~:text=The%20findings%20are%20summarized%20as,socially%20acceptable%20than%20psychiatric%20symptoms>

## **APPENDIX**

### **Section 1: Mental Health Challenges**

1. Can you describe the specific mental health challenges you face in your role as a frontline healthcare worker?
2. How has the nature of your work impacted your emotional and psychological well being, especially during high-stress periods like the COVID-19 pandemic?
3. What aspects of your work environment contribute most to your stress or anxiety?

### **Section 2: Coping Mechanisms**

4. What strategies do you use to manage stress and emotional strain at work?
5. Are there particular resources or supports (e.g., peer support, mental health services) that you find helpful in coping with workplace challenges?
6. Have you encountered any barriers in accessing mental health resources or support systems? If yes, could you describe them?

### **Section 3: Workplace Support**

7. How do your colleagues and management teams support or influence your mental well being?
8. Do you feel that your workplace adequately addresses the mental health needs of its staff? Why or why not?
9. What changes or improvements would you suggest to better support the mental health of healthcare workers like yourself?

### **Section 4: Recommendations and Reflections**

10. In your opinion, what interventions or programs could be implemented to enhance the mental well-being of frontline healthcare workers?
11. Can you share a specific experience where you felt your mental health was positively

or negatively impacted by your work?

12. Looking back, what advice would you give to new healthcare workers about maintaining their mental health in this profession?

## CONSENT LETTER



**Research Topic: Exploring Mental Health within Healthcare Frontline Workers**

### **Participant**

I have read the participant Information Sheet, which explains the nature of the research. The information has been explained to me and all my questions have been satisfactorily answered.

I have been given a copy of the Information Sheet to keep.

I am happy to be interviewed and for the interview to be tape-recorded as part of this research. I understand that I do not have to answer particular questions if I do not want to and that I can withdraw at any time without consequences to myself.

I agree that research data gathered from the results of the study may be published provided my name or any identifying data is not used. I have also been informed that I may not receive any direct benefits from participating in this study.

I understand that all information provided by me is treated confidential and will not be released by the researchers to a third party unless required to do so by law.

\_\_\_\_\_  
Signature of Participant

24/3/2025  
\_\_\_\_\_  
Date



**Participants information:**

1. Name: N [REDACTED]
2. MyKad (IC): 90 [REDACTED]
3. Address: [REDACTED] KUCHING SARAWAK
4. Email: n [REDACTED]@gmail.com
5. Phone number: [REDACTED]
6. Gender: FEMALE
7. Age: 35
8. Date of birth: 18/31/1990
9. Religion & Race: ~~new~~ Islam, Melayu

**Researcher**

I have fully explained to Nu [REDACTED] the nature and purpose of the research, and the procedures to be employed. I have provided the participant with a copy of the Information Sheet.

  
Signature of Researcher

24/3/2025  
Date

## TRANSCRIPT PARTICIPANT 1

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pengkaji | <p>1. First of all, thank you sebab sudi jadi participant kamek untuk</p> <p>2. kajian kamek tok lah, which is exploring mental health within</p> <p>3. healthcare frontline workers. Seperti yang puan Aisyah tauk,</p> <p>4. frontline workers tok banyak, salah satunya adalah bomba, polis,</p> <p>5. nurse, doctor. Tapi yang kamek pun kajian tok hanya spesifik</p> <p>6. kepada healthcare jak which is doctor, ada MA, ada nurse and</p> <p>7. sebagainya lah. Okey, thank you sebab sudi jadi participant kamek</p> <p>8. dan sebelum kita mulakan soalan, kamek nak madah yang apa-apa</p> <p>9. yang puan share dalam kita pun interview tok adalah rahsia, which</p> <p>10. is confidential lah kecuali kamek dengan SV kamek jak yang tauk.</p> |
| Klien 1  | 11. Alright.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Pengkaji | <p>12. Apa-apa soalan yang macam kitak kurang selesa untuk jawab ka</p> <p>13. apa ka kitak boleh bagitau and kitak oleh move ke next question</p> <p>14. lah. Okeyy, and dalam kita pun interview tok nya santai-santai jak,</p> <p>15. nya sik formal. So, kamek mok kitak perkenalkan dirik doloklah</p> <p>16. secara lisannya</p>                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Klien 1  | 17. Okey, apa yang kitak perlu? Nama?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Pengkaji | <p>18. Nama, umur, kitak kinek currently macam ne, kerja sambil belajar</p> <p>19. ka, apa ka, diam sine...</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Klien 1  | <p>20. Alright. So nama full is Nur Aisyah lah. So, Nur Aisyah binti</p> <p>21. Loh Bojeng, boleh call saya Aisyah jaklah. Okey, kinek tok tengah</p> <p>22. cuti belajar pake cuti maksudnya tengah sambung postgraduate lah</p> <p>23. untuk kepakaran Kesihatan awam.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Pengkaji | 24. Ohh, so sambung study lah kiranya nya?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Klien 1  | <p>25. Aok... sambung study. So, sambung study and then previously</p> <p>26. kerja dekat area Serian. Kamek start dari housemanship di hospital</p> <p>27. Sibu, lepasya 5 tahun dekat klinik Kesihatan Balai Ringin, Serian.</p> <p>28. And then, another 3 Years, kamek di PKB Serianlah, Pejabat</p> <p>29. Kesihatan Bahagian Serian.</p>                                                                                                                                                                                                                                                                                                                                                                                                                |
| Pengkaji | 30. Oh, so berapa tahun dah kitak?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Klien 1  | 31. In service, total until now 10 years dah...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Pengkaji | 32. Nang banyak pengalamanlah...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Klien 1  | <p>33. Bolehlah, cuma pengalaman okey, cuma in term of tempat ya sik</p> <p>34. banyaklah, kamek area Serian jak bah, Sibu dengan Serian. So</p> <p>35. kamek sekda yang pindah-pindah bah sebab ada certain orang yang</p> <p>36. pindah-pindah, so banyak gik nya tangga. Tapi kamek more to Sibu</p> <p>37. dengan Serian lah...</p>                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Pengkaji | 38. Tempat ya jaklah? Ooo okey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Klien 1  | <p>39. Kamek houseman Sibu, terus pergi Serian, Serian jak sampe kamek</p> <p>40. masuk belajar.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Pengkaji | 41. Oo, kitak diam sine?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Klien 1  | 42. Kamek Kuching...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pengkaji   | 43. Ooo jauhla nak?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Klien 1    | 44. Okeyla juak, Balai Ringin yang jauh kamek duduk quarters tapi<br>45. kamek just pulang kuang kuit. Bila mek di PKB mek kuang kuit<br>46. jak.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Pengkaji   | 47. Ohh, okay-okay. So, ya jaklah tek ohh?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Klien 1    | 48. Aok... ya jak                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Pengkaji   | 49. So, sampai bila kitak sambung study tok?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Klien 1    | 50. Sebab kamek ambik PHD, maksudnya kamek ambik kepakaran<br>51. Kesihatan awam. Kamek dah habis master dah setahun, and then<br>52. tok year 1 kamek untuk PHD. So, another 3 years? 2 years?<br>53. Camyala...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Pengkaji   | 54. Okey... so boleh kita mulakan ke soalan yang first aa?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Klien 1    | 55. Okay, boleh.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Pengkaji   | 56. Okay, section 1 which is mental health challenges. First, can u<br>57. describe the specific mental health challenges you face in role as a<br>58. frontline healthcare worker? Maksudnya specific mental health<br>59. yang pernah kitak alami lah sepanjang kitak dah 10 tahun nak,<br>60. ataupun kinek pun kitak boleh ceritakan apa yang kitak rasalah...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Klien 1    | 61. So, basically, kamek rasa if you tanyak seua healthcare worker<br>62. rasanya jawapannya maybe sama, it will be <b>burnout. Burnout,</b><br>63. <b>stress.</b> Sebab benda ya nak, especially bila kita ada banyak patient,<br>64. you know, even kinektok pun viral kan? staff sik cukup, so patient<br>65. banyak. So sometimes, you akan rasa burnout. Memang pernah kes<br>66. kamek dolok, di Balai Ringin, I am the only MO and then kamek<br>67. tengok banyak 80 patient, sekaligus... memang tengok ya memang<br>68. rasa macam...belum agik tengok emergency pun case... yang<br>69. datang masa ya rasa macam sangat stress. Bila kita stress pun masa<br>70. ya semua orang nak marah. Nya memang sometimes nak, bila ada<br>71. viral orang padah healthcare worker kasar nak, kadang-kadang<br>72. saya understand healthcare worker pun... |
| Pengkaji   | 73. Kadang-kadang sik sengaja nak?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Klien 1    | 74. Haa... kita sik sengaja pun and then even after kita habis tengok<br>75. patient nak, kita rasa macam... ehh, kenak aku anak orang ya tek<br>76. ohh? but stress out...nya terlampau burnout... that one kamek rasa<br>77. memang every healthcare worker akan rasa...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Pengkaji   | 78. Aok... hmm... burnout la actualy...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Klien 1    | 79. Aok... ha...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Pengkaji 1 | 80. Yang lain? macam rasa depress ka apa ka...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Klien 1    | 81. Depress... not really, sebab kamek, maybe kamek pun jenis yang<br>82. kurang sikitlah...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Pengkaji 1 | 83. Boleh control la...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Klien 1    | 84. Kamek jenis yang boleh control. Tapi kamek tauk a lot of my<br>85. friends memang ada depression...eh... I'm not sure sebab kamek                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|            | <p>86. dolok train um... waktu mek medical...so um kita pun training</p> <p>87. tok... waktu ya memang toughlah... So waktu training yes, kamek</p> <p>88. ada rasa macam a little bit depresses, tapi because kamek dah build</p> <p>89. nya pun resilience, coping mechanism ya, so kamek rasa macam</p> <p>90. okey. bila masuk houseman, walaupun... memang houseman</p> <p>91. tough, tapi walaupun orang... err... pakar jerit ka apa, you macam</p> <p>92. whateverlah...but a lot of them memang have this depression la...</p> <p>93. kalau yang sik biasa ya</p> <p>94. kalau yang sik biasa memang depresslah, because macam, mala jak</p> <p>95. orang nganok kita... pahal...</p> |
| Pengkaji 1 | 96. Aok... mena-mena...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Klien 1    | <p>97. Ha...apa salah kita...and then yang kamek rasa waktu ya, waktu</p> <p>98. kamek jadi medical student because medical student kan kamek</p> <p>99. orang dah masuk ward...kamek orang dah macam ada patient... so</p> <p>100. bila kita bentang, and then daknya keep marah kita, kita rasa</p> <p>101. macam apa salah aku...<b>and then at the end you rasa</b></p> <p>102. <b>macam you are the lowest...</b></p>                                                                                                                                                                                                                                                                     |
| Pengkaji 1 | 103. Waktu ya kitk HO ka...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Klien 1    | <p>104. Waktu ya kamek aaa student...tapi lepas ya, sebab kamek</p> <p>105. dah build ya, aa so bila kamek dah masuk ho kamek dah</p> <p>106. okey.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Pengkaji 1 | <p>107. Kamek selalu dengar ho paling selalu kena marah, sebab</p> <p>108. nya junior nak?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Klien 1    | <p>109. Yes... aaa... tapi memang understandable lah, kena tanya,</p> <p>110. bila kita dah jadi senior, MO nak, kita understandlah kenak</p> <p>111. daknya kena marah...sebab we deal with life bah...</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Pengkaji   | 112. Yes yes... betul...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Klien 1    | <p>113. Ha...kita kena macam mun kita polah salah nak, mun kita</p> <p>114. sik train dari awal...memang depress lah...tapi memang</p> <p>115. depress lah ha...you just kena kuat jak.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Pengkaji 1 | 116. Tapi, currently kitak sekda depression ka apa ka...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Klien 1    | <p>117. Aaa no... tapi bila saya masuk, bila saya dah jadi MO, I am</p> <p>118. quite happy, cuma burnout ya sikit.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Pengkaji 1 | 119. Burnout lah first ya tek...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Klien 1    | 120. Yes... betul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Pengkaji 1 | <p>121. Ha...memang kamek rasa semua healthcare ada rasa macam</p> <p>122. tok...boleh kamek tauka doctor tok is kitak punya nombor</p> <p>123. satu ambition or ada cita-cita yang lain before tok?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Klien 1    | <p>124. Actually, kamek ada cita-cita lain sebenarnya...because</p> <p>125. waktu sekolah menengah kamek suka kimia. Actually, I</p> <p>126. want to be a chemical engineer. Tapi entahlah, siktauklah</p> <p>127. kita kata, fatela nak, camnekah boleh jadi doktor.</p>                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Pengkaji   | 128. Dah takdir nak... ha tapi minat la juak nak?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|          |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Klien 1  | 129.                                                                                                                                                                                         | Aok, minat juak...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Pengkaji | 130.                                                                                                                                                                                         | Sebab ada belajar chemist juak nak...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Klien 1  | 131.                                                                                                                                                                                         | Yes...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Pengkaji | 132.<br>133.<br>134.<br>135.                                                                                                                                                                 | Okey-okey... so move to next question lah...How has the nature of your work impacted your emotional and psychological well-being, especially during high-stress periods like the COVID-19 pandemic?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Klien 1  | 136.<br>137.<br>138.<br>139.                                                                                                                                                                 | This one sama juak, covid 19... sebab kamek waktu covid 19 kamek involve of vaccination. So waktu ya, saya rasa everyone pun tauk, waktu vaccination pun that one even worse lah...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Pengkaji | 140.                                                                                                                                                                                         | Memang paling worselah...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Klien 1  | 141.                                                                                                                                                                                         | Yess... I think that is the worse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Pengkaji | 142.                                                                                                                                                                                         | Sepanjang sepuluh tahun tok? that's the worst?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Klien 1  | 143.<br>144.<br>145.<br>146.<br>147.<br>148.<br>149.<br>150.<br>151.<br>152.<br>153.<br>154.<br>155.<br>156.<br>157.<br>158.<br>159.<br>160.<br>161.<br>162.<br>163.<br>164.<br>165.<br>166. | That's the worst...houseman pun kamek sik rasa... sebab houseman you just deal dengan orang marah you... so you can see that... sebab kamek, waktu kamek covid 19, I lead the vaccination...so its not only you deal with public, public marah you, you deal with your superior, you deal with orang bawah you, staff under you. So benda ya sangat stress. And kamek pernah swabbing, swabbing centre dolok... memang...ohh I think pernahlah kamek depress... bila fikir covid, okey kamek remember... kamek kan swabbing, waktu ya a lot of people kena kuarantin. Even my healthcare staff pun kena kuarantin and happen to be saya sik kenak kuarantin sebab kamek dolok, cunlah waktu ya orang nak posa...and then kamek tek sebelum yang time orang kenak kuarantin rami ya, kamek ganti puasa. So, kamek jarang makan bersama daknya yang kenak ya... so kamek sik expose...so kamek terpaksa bekerja, imagine saya swab 300 people sehari, and then at that time you rasa macam public marah you lambatlah...but you imagine 300 people you sorang swabbing. You sorang, you lah swabbing, you lah manager sebab waktu ya kamek yang pernah, the only person yang pernah kerja di swabbing centre yang sik kenak kuarantin. So, you lah the manager yang your MA semua tanya you, tengah you swabbing tanyak you "dokter macam mana ni" ... |
| Pengkaji | 167.                                                                                                                                                                                         | Aduhhh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Klien 1  | 168.<br>169.<br>170.<br>171.                                                                                                                                                                 | and then, public like bising-bising... kenapa lambat... all that time kan, in the end saya balik waktu ya, bulan puasa.. I really remember, maybe bukan major depression ya sebab belum confirm diagnosis... tapi balik tu you imagine saya                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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|          | 172. | balik saya bawa kereta, I cry. I cry and then macam bulan   |
|          | 173. | puasa, bukak, sahur... I like KFC. You know, saya balik     |
|          | 174. | makan, nak makan KFC, KFC pun saya sik makan. Saya          |
|          | 175. | tak makan. I takda mood and then at night, otak saya rasa   |
|          | 176. | macam dah very hyperactive want to think apa to do next     |
|          | 177. | tomorrow...so that's my daily... so sampai saya tetido pagi |
|          | 178. | awal that is the time ya... tapi that one day jaklah saya   |
|          | 179. | nangis because the next day saya dah okay...then I said,    |
|          | 180. | "Okey, we change our flow" after that okayla...             |
| Pengkaji | 181. | Okey la, luckily kitak boleh manage, boleh survive ba time  |
|          | 182. | ya                                                          |
| Klien 1  | 183. | Cuma yala that one day memang balik tu nangis-nangis...     |
| Pengkaji | 184. | Kamek cannot brain 300 orang sehari... ya Allah...          |
| Klien 1  | 185. | Haa yaala, imagine belum lagi hospital waktu hantar juga    |
|          | 186. | kat kamek orang kan... hospital hantar and then hospital    |
|          | 187. | nya perlu urgent, because sidak pelu pake ambulans hantar   |
|          | 188. | dekat kitorang and then waktu tu belum ada yang pandai      |
|          | 189. | swab...waktu tu kita area Kesihatan awam Sahaja yang ada    |
|          | 190. | training untuk swabbing. So diorang kena hantar, so we      |
|          | 191. | need to atur the flow untuk we pastikan the hospital dulu   |
|          | 192. | kena swab... so sometimes public tak understandlah          |
|          | 193. | bendaya...                                                  |
| Pengkaji | 194. | So, hospital dolok kena swab?                               |
| Klien 1  | 195. | Aaa hospital, maksudnya kalau diorang bawa patient,         |
|          | 196. | dorang kena potong queue, because diorang pakai             |
|          | 197. | ambulans.                                                   |
| Pengkaji | 198. | Ohh... sama macam kamek dolok, kamek pernah juak            |
|          | 199. | kenak swab dekat klinik kk sia, kamek orang yang first kena |
|          | 200. | swab sebab kena kuarantin...                                |
| Klien 1  | 201. | Haa yess...                                                 |
| Pengkaji | 202. | Ya juak ada symptom ya...                                   |
| Klien 1  | 203. | Nya ada priority nya bah...                                 |
| Pengkaji | 204. | Ha yalah pernah juak nangga sidak public yang sidak         |
|          | 205. | ngerepak, apahalla sidak tok lambat gilak...pasya macam     |
|          | 206. | macam disumpah                                              |
| Klien 1  | 207. | Haa yes....                                                 |
| Pengkaji | 208. | Kamek nangga... kamek diam jak "ohh okay" ...kamek          |
|          | 209. | fahamlah sebab kamek ada cousin yang macam ktk juak,        |
|          | 210. | doktor, nurse. Sidak pun selalu juak madah benda            |
|          | 211. | macamnya, kamek fahamlah tapi bila orang orang sekitar      |
|          | 212. | kita, kita mampu nangga jak, nak nganok pun sik berani      |
| Klien 1  | 213. | That's why...waktu tu memang stress lah... memang stress    |
|          | 214. | even waktu kamek vaccination, you only have 2 weeks,        |

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|          | 215. | kamek kerja straight 2 weeks, only one day cuti. Ya pun       |
|          | 216. | kamek rasa kamek perlu lah 1 day off...kadang-kadang          |
|          | 217. | sebab kamek manage data juak nak, so until pukul 9 malam,     |
|          | 218. | pukul 12 memang I manage data...                              |
| Pengkaji | 219. | Kol berapa kitak salu tidur mun malam?                        |
| Klien 1  | 220. | Waktu ya pukul 1 pagi, and then you wake up at 5 sebab        |
|          | 221. | you kena pergi Serian, sebab kamek kan pulang balik Serian    |
|          | 222. | nak, you kena pergi Serian and then start you punya           |
|          | 223. | vaccination sebab you kena datang sebab kamek kan             |
|          | 224. | manage vaccination, kamek kena datang untuk atur              |
|          | 225. | vaccination ya...                                             |
| Pengkaji | 226. | Tapi kamek proudla, orang macam kitak orang tok...boleh       |
|          | 227. | handle well... okay... soalan yang ketiga, what aspects of    |
|          | 228. | your work environment contributes most to your stress or      |
|          | 229. | anxiety?                                                      |
| Klien 1  | 230. | Ada yang kamek sebut ya tok, memang kalau yang high           |
|          | 231. | burden, maksudnya kalau terlampau ramai and you are           |
|          | 232. | alone, that's when you are really stressful. Kalau you ada    |
|          | 233. | support, for example you ada macam dua MO kah tiga MO         |
|          | 234. | kah, okay lagi lah. Ya actually tak lah stress sangat, stress |
|          | 235. | in term of mental saja... mental in term of... sebab you      |
|          | 236. | know nak diagnose patient benda ya bah, ya more to            |
|          | 237. | knowledge lah. Tapi kalau benda lain actually not that        |
|          | 238. | stressful sebenarnya. Cuma bila sik ramai orang...            |
| Pengkaji | 239. | Apa sebabnya actually? kurang staff ka or macam ne kah?       |
| Klien 1  | 240. | Memang kami punya healthcare staff memang ada kurang,         |
|          | 241. | most likely sebab satu is rami orang sikmok Sarawak           |
|          | 242. | lah...even Balai Ringin sik jauh oh, nya bukan rural bah,     |
|          | 243. | even hantar Balai Ringin pun ramai yang sik maok pergi,       |
|          | 244. | belum lagi kitak imagine kalau yang Kapit, ya lagilah. Even   |
|          | 245. | kita orang Kuching pun nak pergi Kapit macam mana?            |
|          | 246. | Hahaha. So you imagine kalau orang dari semenanjung pun       |
|          | 247. | susah nak datang, maksudnya pun faham juaklah...faham         |
|          | 248. | juak sebab kita yang tok pun rasa macam jauh                  |
|          | 249. | sangat...kamek rasa because of staff pun distribution ya      |
|          | 250. | maybe.... Tapi satu gik sebab kita dolok sebelum dunia        |
|          | 251. | covid, kita semua fizikal. So, pergi khusus fizikal, so       |
|          | 252. | imagine kalau kita ada dua saja MO. So sorang pergi           |
|          | 253. | khusus, you alone lah...and then tambahan waktu ya,           |
|          | 254. | kamek bukan MYC, waktu ya kamek banyak burdenlah...           |
|          | 255. | so, MYC yang selalu pergi meeting, pergi apa semua, so        |
|          | 256. | yang ya lah...                                                |
| Pengkaji | 257. | Ohhh...memang kitak madah tadik memang kekurangan             |

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|          | 258. | stafflah yang menyebabkan kitak pun... the most contribute      |
|          | 259. | ya...                                                           |
| Klien 1  | 260. | Hmm yaa... kalau saya, memang kekurangan staff because          |
|          | 261. | bila saya ada a lot of... <b>saya pernah ada period where I</b> |
|          | 262. | <b>have a lot of staff, saya sangat happy!</b>                  |
| Pengkaji | 263. | Haa... rasa macam okeylah meringankan beban sikit lah           |
|          | 264. | ha....                                                          |
| Klien 1  | 265. | Haa yaa okeyy because you feel like... you nak manage           |
|          | 266. | patient pun you ada masa untuk berfikir...                      |
| Pengkaji | 267. | Ya, betul-betul...                                              |
| Klien 1  | 268. | If you cukup MO, waktu ya lah continue the same. Semua          |
|          | 269. | treatment sama. Sik fikir dah, so keluar... bila nakya baruk    |
|          | 270. | you rasa macam this is my purpose of being a doctor... you      |
|          | 271. | boleh tengok satu-satu, boleh berfikir... sebab sometimes,      |
|          | 272. | patient sik datang dengan you padah exactly apa daknya          |
|          | 273. | sakit...                                                        |
| Pengkaji | 274. | Betul-betul...                                                  |
| Klien 1  | 275. | Daknya kadang-kadang, kita pun nak jumpa doktor pun ada         |
|          | 276. | benda kita macam ada tapis sikit lah. So bila you ada masa,     |
|          | 277. | you boleh start build rapport... then you feel fun lah untuk    |
|          | 278. | check patient...                                                |
| Pengkaji | 279. | Sorry to ask...pernah sik dalam sigeek kejadian kitak           |
|          | 280. | tersalah bagi penyakit ka apa ka, diagnosis lah?                |
| Klien 1  | 281. | In term of treatment...kamek rasa sekda kot... Cuma             |
|          | 282. | biasanya kamek akan dapat detect diagnosis. Nya kamek           |
|          | 283. | asa memang semua akan confirm ada something tersilap,           |
|          | 284. | tapi basically bila you detect saja... that's important thing.  |
|          | 285. | Jangan you detect lepas you bagi patient-patient dah makan      |
|          | 286. | ubat... ha... that's why very important if you macam kan        |
|          | 287. | you ada MA, ada nurses, you ada daknya kan... so contoh         |
|          | 288. | kamek selalu kadang-kadang, kita tertulis ubat nak, ubat        |
|          | 289. | patientnya hypertension... and then kita mahu continue          |
|          | 290. | ubatnya...sometimes, kan kalau kita bukak kad patient nak,      |
|          | 291. | nya ada certain kad nak nya sik betul susun bah...              |
| Pengkaji | 292. | Aaa betul...                                                    |
| Klien 1  | 293. | Ha... so ada yang tarikh sebelumnya, so sometimes kita          |
|          | 294. | continue sem, kita terbaca tarikh yang sebelum-sebelumnya       |
|          | 295. | ha...so that's why important, bila farmasi ni akan tengok       |
|          | 296. | kan?                                                            |
| Pengkaji | 297. | Double check agik...                                            |
| Klien 1  | 298. | Aaa nya akan double check, so nya akan padah, "oh doctor,       |
|          | 299. | kitak tukar ubat ka apa?" so, you just check back lah... "ohh   |
|          | 300. | sik, saya mahu continue yang sebelum ya" ... ha maca mya        |

|          |      |                                                               |
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|          | 301. | lah... I think that's the only biasa saya salah tulis ya lah, |
|          | 302. | tapi by pharmacist akan tolong lah...                         |
| Pengkaji | 303. | Ya just a minor mistake jaklah kan...                         |
| Klien 1  | 304. | Yess...                                                       |
| Pengkaji | 305. | ha...tapi, goodlah sebab ada double check oleh sidak nurse,   |
|          | 306. | sidak farmasi...                                              |
| Klien 1  | 307. | That's why KKM, teamwork... hahaha                            |
| Pengkaji | 308. | Okey, move to section 2, coping mechanism...what              |
|          | 309. | strategies do you use to manage stress and emotional strain   |
|          | 310. | at work?                                                      |
| Klien 1  | 311. | Ohh okay, yang tok nak, biasanya, sebabkan stress,            |
|          | 312. | emotional nak? Kamek jenis yang meluah...saya jenis yang      |
|          | 313. | meluah, that's why I usually everytime macam contoh saya      |
|          | 314. | di klinik, I usually have atleast one person yang memang      |
|          | 315. | saya rapat. So, saya akan marah...saya akan                   |
|          | 316. | berceritalah...saya jenis macam ya... macam "kenak rami       |
|          | 317. | gilak ooo" ataupun bila saya kenak marah dengan boss...       |
|          | 318. | "kenak boss ya" ... ha macam ya lah... hahaha                 |
| Pengkaji | 319. | Dengan colleague kitak ka?                                    |
| Klien 1  | 320. | Haa... dengan colleague kamek biasanya...sebab biasanya       |
|          | 321. | kalau colleague daknya tauk apa yang berlaku... so daknya     |
|          | 322. | selalu akan kelaka dengan colleague daknya pun                |
|          | 323. | lah...basically... and then ofcourse manage stress saya,      |
|          | 324. | saya ada banyak hobi indoor...kalau saya stress... saya       |
|          | 325. | pergilah buat... saya suka buat DIY rumah ha... saya buat     |
|          | 326. | bendaya kah, saya polah painting kah, painting with           |
|          | 327. | number... tauk nak                                            |
| Pengkaji | 328. | Ooo... tauk-tauk...                                           |
| Klien 1  | 329. | Saya suka yang art pun... walaupun saya sik kreatif, sebab    |
|          | 330. | tu painting with number...hahaha...kita ikut sahaja...        |
| Pengkaji | 331. | Hahah... okey faham-faham...                                  |
| Klien 1  | 332. | Ataupun kalau dekat klinik kan...saya biasanya kalau saya     |
|          | 333. | duduk nak, kalau dah abis patient nak, saya stress nak, so    |
|          | 334. | pergilah mengemas barangkah...that's how I relieve benda      |
|          | 335. | ya...                                                         |
| Pengkaji | 336. | Ohhh... kitak pande melukis kah?                              |
| Klien 1  | 337. | Sik...that's why mek madah painting with number               |
|          | 338. | hahaha... follow saja... maybe saya jenis orang yang suka     |
|          | 339. | follow things, instructions...                                |
| Pengkaji | 340. | Macam lego?                                                   |
| Klien 1  | 341. | Ha... macam lego kan diy house ya kan, saya suka ikut         |
|          | 342. | instruction...saya sik suka yang macam sekda instruction...   |
| Pengkaji | 343. | Sama... hahaha...kitak main lego kah?                         |

|          |      |                                                              |
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| Klien 1  | 344. | Lego... sik main sebab lego mahal, tapi nya puzzle macam     |
|          | 345. | lego... tapi bukan lego pun jenama....                       |
| Pengkaji | 346. | Brick la nak....                                             |
| Klien 1  | 347. | Aok...brick, block...                                        |
| Pengkaji | 348. | Okey... soalan yang kelima, ohh macam yang soalan            |
|          | 349. | kelima tok relate dengan soalan keempat tadiklah haa         |
|          | 350. | macam peer support...                                        |
| Klien1   | 351. | Haa... yess... peer support, family... ha duak ya mesti...   |
| Pengkaji | 352. | Nakne lebih kuat kitak pun connection?                       |
| Klien 1  | 353. | Kamek rasa family... walaupun kamek sik bercerita dengan     |
|          | 354. | family... tapi bagi kamek, family is very important sebab    |
|          | 355. | daknya is the one yang selalu dengan kita... hari-hari       |
|          | 356. | dengan kita. If daknya sik understand kita pun kerja, you    |
|          | 357. | akan tambah stress you...sebab I happen to have experience   |
|          | 358. | this lah...sebab waktu ya, waktu covid ya lah...you          |
|          | 359. | imagine balit akhir...bangun akhir, so if you punya family,  |
|          | 360. | macam family sik faham especially kalau yang dah             |
|          | 361. | berkahwin, macam kamek, mak kamek lah... mak kamek           |
|          | 362. | akan macam “kenak kau balik akhir” that thing akan           |
|          | 363. | tambah stress... tapi kalau yang dah kahwin, lagilah...wife  |
|          | 364. | nya yang tak faham... dia akan like, kenak you sekda masa    |
|          | 365. | dengan family...ha... dengan anak...macam tu lah... so       |
|          | 366. | your family is the one yang you need to release... support   |
|          | 367. | you... friends tempat kita cerita-cerita jak... hahaha....   |
| Pengkaji | 368. | Haa... tempat kita huhahuha jak... hahaha...so far family    |
|          | 369. | kitak okey lah nak...                                        |
| Klien 1  | 370. | Family mek okay, sebab daknya dah faham. Mek salu citaa      |
|          | 371. | dengan sidak, you need to tell them lah sebab macam family   |
|          | 372. | kamek bukan dari medical background...ada family             |
|          | 373. | memang dari mak bapaknya medical background, adik            |
|          | 374. | beradik semua medical...so family mek bukan semua            |
|          | 375. | medical background... sekda yang medical.                    |
| Pengkaji | 376. | Kitak first ka?                                              |
| Klien 1  | 377. | Kamek first, pasya ada sorang baruk dapat nurses... cousin   |
|          | 378. | kamek...tapi, waktu ya, dalam family kecik mek, sekda        |
|          | 379. | yang medical... banyak yang cikgu, engineer, pensyarah...    |
|          | 380. | so, if daknya sik understand, then they will be like “kenak  |
|          | 381. | toktoktok ohh” ... pasya kalau ada event sik dapat pergi     |
|          | 382. | ha...daknya akan rasa macam “ehhh” ha...macam ya la.         |
| Pengkaji | 383. | Kitak selalu ka termiss event family ka, segal ada kerja     |
|          | 384. | ka...                                                        |
| Klien 1  | 385. | Luckily, kamek bila di klinik dah kurang lah... sebab klinik |
|          | 386. | kan pukul berapa macam ya nak, kecuali if saya ada           |

|          |      |                                                              |
|----------|------|--------------------------------------------------------------|
|          | 387. | oncall...oncall you have no choice lah tapi, daknya pun      |
|          | 388. | akan atur masa. So that, event ya sik berlaku waktu saya     |
|          | 389. | ada oncall.                                                  |
| Pengkaji | 390. | Ohh... faham-faham                                           |
| Klien 1  | 391. | Ha...that's why support penting... ha...                     |
| Pengkaji | 392. | Yes...betul-betul... okey, yang keenam, have you             |
|          | 393. | encountered any barriers in accessing mental health          |
|          | 394. | resources or support                                         |
|          | 395. | systems? If yes, could you describe them?                    |
| Klien 1  | 396. | Yang ni kan, im not sure kalau tempat lain lah...tapi macam  |
|          | 397. | tempat saya dulu,nowadays saja yang quite good sebab         |
|          | 398. | kalau dolok, kita sekda jumpa klinikal psikologi. Semua      |
|          | 399. | dekat hospital...waktu dekat area kameklah... kamek          |
|          | 400. | siktauik yang Kuchinglah. So, you nak cari macam contoh      |
|          | 401. | if you have depression nak, you kena pergi hospital saja,    |
|          | 402. | and then biasanya if you sik kenal orang, doktor yang ya,    |
|          | 403. | you rasa macam mok cari help ka...nya macam sebab            |
|          | 404. | stigma ya...stigma ya, bila orang ada jumpa doktor, contoh   |
|          | 405. | jumpa dengan psikologis nak, the stigma orang akan tengok    |
|          | 406. | "ehh, dia ada masalah mental kah?"... even in healthcare...  |
|          | 407. | and then daknya start lah carik masalah you... "adakah nya   |
|          | 408. | tok keja nya slow..." tapi sekarang, we have even in         |
|          | 409. | kesihatan awam, kita ada klinikal psikologis dah. So easier. |
|          | 410. | Even now, every year ada check stress yang DASS score        |
|          | 411. | ya...every year...dolok sekda... waktu kamek mula-mula       |
|          | 412. | masuk dolok, sekda...no such thing. So, if you have to       |
|          | 413. | continue lah... now maybe sidaknya dah start pentingkan      |
|          | 414. | mental health in healthcare worker kot...tapi even ya pun    |
|          | 415. | sik cukup sebenarnya...                                      |
| Pengkaji | 416. | Betul...ya kan sik accurate gilak...                         |
| Klien 1  | 417. | Ada sik cukup sebenarnya...that's why, kamek rasa nya ada    |
|          | 418. | improvement la tapi still ada barrier nya...sebab even       |
|          | 419. | klinikal psikologis pun sik berapa, sorang dua orang         |
|          | 420. | jak...daknya pun ada nangga patient sidaknya pun             |
|          | 421. | juak...ha...                                                 |
| Pengkaji | 422. | Bila baruk ada yang kitak madah dass ya tek?                 |
| Klien 1  | 423. | Actually, nya sepatutnya dah lamak...Cuma maybe ada          |
|          | 424. | division nya sik implement benda ya... actually benda ya     |
|          | 425. | dah lamak sebab nya ada cost, nya ada program nya            |
|          | 426. | pun...memang untuk staff...tapi yang kamek rasa, yang        |
|          | 427. | recently...maybe... kamek pun sik ingat bila sidaknya start  |
|          | 428. | ya...waktu kamek first masuk 2016, sekda. Houseman           |
|          | 429. | memang sekda orang peduli dengan mental health...siktauik    |

|          |      |                                                              |
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|          | 430. | kinek toklah... waktu houseman memang sikda orang            |
|          | 431. | peduli dengan you punya mental health la...that's the        |
|          | 432. | problem, hahaha...                                           |
| Pengkaji | 433. | Ahahha betul...                                              |
| Klien 1  | 434. | Sebab houseman, you punya mental health lah penting.         |
| Pengkaji | 435. | Senior nak... macam kamek denga salu buli junior...          |
| Klien 1  | 436. | Haa... selalu... kena buli... you dahla baru keluar dari U,  |
|          | 437. | walaupun you tek kononnya belajar banyak nak, tapi           |
|          | 438. | praktikal is different bah. So, waktu ya lah orang marah     |
|          | 439. | you...macam-macam la... tapi houseman, memang waktu          |
|          | 440. | ya sekda orang peduli pasal mental health...                 |
| Pengkaji | 441. | Yalah, stigma orang kinek pun even sampe kinek pun           |
|          | 442. | Masyarakat still pike orang macam kita macam kaunselor,      |
|          | 443. | doktor macam mental kita tok okey, kuatlah, boleh handle     |
|          | 444. | everything lah...actually no...kita jak yang kena kuat       |
|          | 445. | actually.                                                    |
| Klien 1  | 446. | Ha... bena-bena. But not all macam kita... haa that's why    |
|          | 447. | houseman I think mental health memang penting la...sebab     |
|          | 448. | time houseman la time kita kena anak....                     |
| Pengkaji | 449. | Memang kamek ada dengar daripada kawan kamek juaklah,        |
|          | 450. | doktor juak...kamek rasa kedak kitak juaknya, dah keja di    |
|          | 451. | Kuching, Hospital Umum sia...nya padah, memang zaman         |
|          | 452. | nya dari HO, memang kenak buli jak nya... memang salu        |
|          | 453. | kenak anak, sikit jak mistake nya, orang anak...             |
| Klien 1  | 454. | Yes..ha...nya understandable lah, mek faham. Senior, MO      |
|          | 455. | pun mental, daknya deal with life bah, tapi...houseman...    |
|          | 456. | kita tauk juak perasaan houseman juak...that's why service   |
|          | 457. | mental health untuk houseman memang pentinglah.              |
| Pengkaji | 458. | Memang betul... kamek nangga nya pun, tedah juak kamek       |
|          | 459. | nangga nya...macam kadang-kadang sik terurus juak bah,       |
|          | 460. | mun orang sik tido...                                        |
| Klien 1  | 461. | Memang, sik tido...dolok lagilah, dolok kamek sempat jam     |
|          | 462. | 36 jam hour oncall ya...you oncall dari pagi tok, sampe pagi |
|          | 463. | esok, pasya sambung gik next...time ya memang teruk.         |
| Pengkaji | 464. | Faham-faham...HO tok nya pangkat paling rendah nak ?         |
| Klien 1  | 465. | Nya kira macam still training, u still ada responsible, Cuma |
|          | 466. | not fully responsible... nya still ada orang di atas you,    |
|          | 467. | supervisor lah... kira macam pakarlah maksudnya MO...        |
|          | 468. | HO, MO, then pakarlah...                                     |
| Pengkaji | 469. | Okey-okey...so, soalan yang ketujuh, how do your             |
|          | 470. | colleagues and management teams support or influence         |
|          | 471. | your mental well-being? Sama jak nak? Berkaitan kitak dah    |
|          | 472. | jawab tadik...                                               |

|          |                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Klien 1  | 473.                                                                                                                 | Ha aok sama...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Pengkaji | 474.<br>475.<br>476.<br>477.                                                                                         | Ha yang tok pun berkaitan juak...Do you feel that your workplace adequately addresses the mental health needs of its staff? Why or why not? Kitak pun dah menjawab juak tadik                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Klien 1  | 478.                                                                                                                 | Yes...improve tapi I think there's need to get better lah...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Pengkaji | 479.<br>480.<br>481.                                                                                                 | Okay, yang kesembilan, what changes or improvements would you suggest to better support the mental health of healthcare workers like yourself? Just in your opinion lah...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Klien 1  | 482.<br>483.<br>484.<br>485.<br>486.<br>487.<br>488.<br>489.<br>490.<br>491.<br>492.<br>493.<br>494.<br>495.<br>496. | Yang tok kamek rasa the first thing improvement nak...suggest better support...aaa address the root cause. Which is, apa cause nya? stuffing...tapi ofcourse memang susahlah kata orang nak, mun kamek orang belajar tok nak, resource ya, semua sentiasa limited... haa kita pun resources ya...tapi, another thing yang kamek rasa yang penting is leader. Maksudnya, first they need to understandlah... how people work dekat dibah. Because apa yang kamek pernah kerja dari klinik nak, kinek tok kamek di PKB and then kamek nak jadi leader...so, waktu kamek di klinik dolok, apa yang kamek notice nak, sometimes kita kan dah banyak kerja, dahlah nya sik berik staff and then nya tambah lagi kerja kita...pernah dengar sik ohh makin you pandai buat nak, makin banyak kerja you ohh |
| Pengkaji | 497.                                                                                                                 | Haa.. aok betul-betul...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Klien 1  | 498.<br>499.                                                                                                         | That's the problem lah... sebab leader, first nya kenak motivate lah ha...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Pengkaji | 500.                                                                                                                 | Betul... siklah marah jak nak...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Klien 1  | 501.<br>502.<br>503.<br>504.                                                                                         | Ha, bila orang sik dapat polah kerja nak, there's a reason... tapi first daknya kena motivate and then daknya kena macamne nak suggest support mental health untuk kami... improvementnya...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Pengkaji | 505.                                                                                                                 | Faham-faham...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Klien 1  | 506.<br>507.<br>508.<br>509.<br>510.<br>511.<br>512.<br>513.<br>514.<br>515.                                         | Tapi yalah, root course ya lah, kamek memang, mun cukup stuffing memang kamek happy...hahaha...kamek suka environment kamek di klinik, because kamek pun staff waktu ya, sangat work together...Cuma bila kitak orang sik cukup orang, memang sakit. Orang salu madah, you multitasklah, sekda... multitask dahh... you try imagine kadang-kadang MA dah sikda juak, kamek lah pergi ambik vital sign, kamek dah multitask dah...hhahaha...dah terlampau dah...kameklah jahit, sebab waktu ya, kamek ada seorang MA, kamek, and then ada sorang nurse saja...                                                                                                                                                                                                                                       |

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|          | 516. | and then waktu ya kamek nang dh sik dapat, terpaksa suruh     |
|          | 517. | MA mek escort patient, nurse kamek nangga MCH,                |
|          | 518. | maksudnya orang mengandung...                                 |
| Pengkaji | 519. | Nasib bait sidaknya okay...patient kitak ada yang marah       |
|          | 520. | marah ka...                                                   |
| Klien 1  | 521. | Nya ada, tapi sik banyak. That's good bila you kerja di rural |
|          | 522. | meksa...maksudnya sub rural. Mun kitak pergi dekat            |
|          | 523. | bandar, kamek siktauklah, kamek sik pernah kerja              |
|          | 524. | bandar...tapi mek suka di Balai Ringin sebab patient nya...   |
| Pengkaji | 525. | Memahami...                                                   |
| Klien 1  | 526. | Ha... daknya very respect doktor. Nya ada yang marah          |
|          | 527. | marah, tapi biasanya kamek orang akan padah "pakcik,          |
|          | 528. | kitak sik dapat tunggu, kitak balit lok, kelak kitak datang   |
|          | 529. | balit" ...sebab kadang-kadang daknya kan datang ambil         |
|          | 530. | ubat hypertension lah...so kita just communicate lah          |
|          | 531. | sebenarnya dengan patient...tapi most of them okey.           |
|          | 532. | Makcik-makcik tua kan macam "takpa doktor, takpa" ...         |
|          | 533. | kita pun baruk lega sikit...                                  |
| Pengkaji | 534. | Kadang-kadang sidaknya pun menyumbang kepada emosi            |
|          | 535. | kitak orang juak nak...                                       |
| Klien 1  | 536. | Betul-betul...mun daknya rasa nak marah, kamek pun nak        |
|          | 537. | marah...                                                      |
| Pengkaji | 538. | Hahaha faham...nasib baitlah sidaknya okay jak...             |
| Klien 1  | 539. | Aok...daknya okay jak...very good...                          |
| Pengkaji | 540. | Okay, soalan kesepuluh, tok andai katalah, sekiranya mun      |
|          | 541. | kitak dah pangkat besar, mun dah jadi leader apa semua        |
|          | 542. | nak, apa intervensi ataupun program yang kitak rasa boleh     |
|          | 543. | meningkatkan mental well-being of frontline healthcare        |
|          | 544. | workers?                                                      |
| Klien 1  | 545. | Intervention nak? Yang tok mek ada dua jak...first nak, nya   |
|          | 546. | orang akan padah something macam realistic lah...sebab        |
|          | 547. | yang kamek fikir lah, why not, if dekat klinik, contoh        |
|          | 548. | tempat-tempat nak, nya ada satu sempat where you can          |
|          | 549. | release your stress...                                        |
| Pengkaji | 550. | Untuk staff?                                                  |
| Klien 1  | 551. | Aok...untuk staff... satu bilik or ruang kah... ofcourse nya  |
|          | 552. | come with the cons lah. Macam disadvantages lah...takut       |
|          | 553. | ada yang ngular indah...                                      |
| Pengkaji | 554. | Betul-betul.                                                  |
| Klien 1  | 555. | Tapi maybe you can put strict like you hanya boleh masuk      |
|          | 556. | during lunch hour, after office hourse sampai pukul 6...so    |
|          | 557. | that after you kerja you release your stress...               |
| Pengkaji | 558. | Aok, release kat sia, bila balit rumah jak... happy...        |

|          |      |                                                                |
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| Klien 1  | 559. | Aok...you happy dah... that's a thing lah yang kita sekda      |
|          | 560. | fasiliti Kesihatan untuk Kerajaan, mek siktau yang             |
|          | 561. | swasta... because I think swasta maybe mungkin ada...          |
| Pengkaji | 562. | Mungkin ada, tapi kita jak yang siktau kan...                  |
| Klien 1  | 563. | Haa yes...kerajaan meksa sekda, tapi ya pun kamek faham        |
|          | 564. | juak sebab agik klinik pun sik cukup bilit untuk               |
|          | 565. | consultation, ni kan nak letak bilik ya, tapi why not benda    |
|          | 566. | ya kita just think lah...think later, contoh kita nak buat     |
|          | 567. | bangunan klinik, maybe just satu...later lah later             |
| Pengkaji | 568. | Betul... tapi reasonable juak yang kitak suggest tok...        |
| Klien 1  | 569. | Because, then at that time, you atleast boleh relieve your     |
|          | 570. | stress. Takdalah you balik rumah pun you nak marah anak        |
|          | 571. | you ka...hahaha...                                             |
| Pengkaji | 572. | Betul-betul...                                                 |
| Klien 1  | 573. | Haa atleast adala tempat macam ya... which I think yang        |
|          | 574. | bukan Kesihatan, swasta maybe ada. Mun kitak pernah            |
|          | 575. | nannga, contoh nak, kamek pernah nannga, kamek selalu          |
|          | 576. | jeles hahaha kamek nannga tiktok nak, kamek Nampak             |
|          | 577. | macam dak shopee pun office, dekat Singapore kah, ada          |
|          | 578. | tempat untuk staff nya duduk, atleast minum kopi kah...kita    |
|          | 579. | ada pantry... tapi... hahah...hmm...pantries...tempat          |
|          | 580. | untuk makan jak bah...sebab daknya ada tempat untuk            |
|          | 581. | release stress daknya...so, very fun lah, tapi yalah, ofcourse |
|          | 582. | Kesihatan nya ada disadvantages nya sebab kita kadang          |
|          | 583. | kadang manusia nak, kita perlu deal dengan emergency,          |
|          | 584. | takut salah guna tempat ya... tempat daknya bertapak dari      |
|          | 585. | tempat CPR patient... ya takut juak sebenarnya hahaha...       |
|          | 586. | tapi yalah, just make a rule lah, hanya boleh guna waktu       |
|          | 587. | free time....                                                  |
| Pengkaji | 588. | Okey... seterusnya, can you share a specific experience        |
|          | 589. | where you felt your mental health was positively or            |
|          | 590. | negatively impacted by your work? Yang negative tadik          |
|          | 591. | covid 19 nak? yang positif?                                    |
| Klien 1  | 592. | Positif mental health ka...nya sik la juak mental health       |
|          | 593. | ohh... tapi sometimes yang macam kamek padalah,                |
|          | 594. | contoh nak if you have stress nak, you ada high burden         |
|          | 595. | semua, macam banyak patient, macam kamek time covid            |
|          | 596. | ya, nya help kamek untuk think...apa next kamek mok            |
|          | 597. | polah. Tapi nya sekda... nya more to yang stress ya la kot     |
|          | 598. | yang triggered kamek berfikir, mun sik kita akan macam         |
|          | 599. | relex jak...sik trigger gilak untuk berfikir...                |
| Pengkaji | 600. | Kamek ingat gik yang kitak padah tadik yang kitak rasa         |
|          | 601. | happy bila staff banyak ya... haaa. Ya pun boleh               |

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | 602. menyumbang sekali kitak rasa positively kitak pun mental<br>603. health...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Klien 1  | 604. Haaa... aok... betul-betul...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Pengkaji | 605. Okay-okay...ya pun boleh include juaklah nak... so last<br>606. question, what advice would you give to new healthcare<br>607. workers about maintaining their mental health in this<br>profession?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Klien 1  | 608. Untuk new healthcare worker...nya kamek akan Nampak<br>609. jahat oh...hahahaha...kamek selalu mek jumpa yang<br>610. kamek rapatlah... kamek just padah nak, if you kena marah,<br>611. contoh housemanlah, kira daknya new lah nak...if you<br>612. kenak marah nak, you masuk telinga kanan, you keluar<br>613. telinga kiri jak. You just benda yang bagus you terima,<br>614. benda sik bagus yang macam...you just ignore. I<br>615. understand. Sebab some of them, kalau daknya nganok ya,<br>616. bukan setakat nganok, daknya memang menyumpah...<br>617. yang menyumpah ya kita sikmok dengar sebenarnya...yang<br>618. molah you down. Sebab kamek jenis yang if you kenak<br>619. marah, if salah you, kamek boleh terima bah. But, no need<br>620. sampai menyumpah.                                                                                                              |
| Pengkaji | 621. Betul-betul. Jangan over the limit la ohh...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Klien 1  | 622. Aok, betul. Don't over limit. You marah, marahla...I<br>623. understand lah you marah sebab apa. Tapi jangan<br>624. terlampau, ha.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Pengkaji | 625. Kitak pernah kah? kena sumpah ka...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Klien 1  | 626. Kamek sik pernah kena sumpah, Cuma kamek pernah<br>627. kenak anak for a thing that I don't do. Which is kamek agak<br>628. marah la waktu ya, tapi mungkin sebab kamek jenis yang<br>629. type who I don't care eh...kamek macam untuk something<br>630. yang bukan kamek polah, and then kamek terpaksa tulis<br>631. surat tunjuk sebab, then kamek just tulis-tulis jaklah. And<br>632. then I just list down... kamek pernah ada kes di mana waktu<br>633. ya kamek oncall malam, mek houseman, mek oncall<br>634. malam. And untuk orang oncall malam, kita jaga acute bed<br>635. jak. The one that you need to review is acute bed. So, bukan<br>636. acute bed, you sik perlu review. Just kalau ada incase ada<br>637. apa-apa problem, then baru you review... okey... and then<br>638. waktu ya, houseman sebelum kamek handover sekda<br>639. problem dengan yang non acute bed... |
| Pengkaji | 640. Apa acute bed?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Klien 1  | 641. Acute bed maksudnya yang kritikal. Patient yang<br>642. kritikal...acute bed, maksudnya nya perlu penjagaan yang<br>lebihlah.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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| Pengkaji | 643.                                                                                                                 | Okey-okey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Klien 1  | 644.<br>645.<br>646.<br>647.<br>648.<br>649.<br>650.<br>651.<br>652.<br>653.<br>654.<br>655.<br>656.<br>657.<br>658. | Untuk non acute bed maksudnya sik kritikal gilak yang dekat hospital. So, kalau you jaga malam, you only jaga acute bed biasanya... yang kritikal dengan new admission. So, yang non acute if daknya ada problem, baru kitak orang tengok...and then what happen is, esok pagi kamek nanggalah acute, and then kamek ada admission... semua dah settle dah... what happen is, kan pagi orang dah tengok nak non acute ya nak, and then pagi esoknya, mesti ada orang lain kan tengok non acute ya? Kamek yang masih jaga acute untuk orang yang post night... and then what happen is, patient yang dekat non acute, daknya sik update chart. Ada chart kan kita ambik darah tiap-tiap hari, and then nya ada berapa bacaannya. Orang yang semalam, yang hari sebelumnya, sik update ohh...and saya kena marah because I tak update. Pelik sik? |
| Pengkaji | 659.                                                                                                                 | Tapi bukan kitak yang sik update?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Klien 1  | 660.<br>661.                                                                                                         | Bukan...hahaha...just because I'm the on-night person. Kerja malam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Pengkaji | 662.                                                                                                                 | Kitak on shift time ya...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Klien 1  | 663.<br>664.<br>665.<br>666.<br>667.<br>668.<br>669.<br>670.                                                         | Kamek shift malam...tapi shift malam sik perlu jaga non acute...how can I nak belek satu-satu...unless lah management tertinggalkah, sik ikut managementnya kah...then I understand. Sikkan saya nak bukak charting nya malam-malam. And then, saya kena tulis surat tunjuk sebab...so I got angrylah sebab kamek nang sik suka emo gilak hahaha...memang problem...so, what happened is kamek tulis jaklah...                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Pengkaji | 671.<br>672.                                                                                                         | Walaupun bukan salah kitak, kitak sik dapat mempertahankan ka or...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Klien 1  | 673.<br>674.<br>675.<br>676.<br>677.<br>678.<br>679.<br>680.<br>681.<br>682.<br>683.<br>684.                         | No... if you are houseman, your voice is nothing...so, you just tulis surat tunjuk sebab nya madah tulis and then tampal dekat papan board lah...mungkin kamek tok jenis yang macam I don't care, bukan salah aku...then, kamek tulis, "I am sorry that I am on night people..." kamek list semua kerja kamek malam ya, "did not update a chart for a non acute bed". Ha...kamek tampal. Mun acute bed ada problem, then kamek understandlah...kamek boleh cakap okaylah...that's why kamek madah mun untuk new healthcare benda yang betul, good thing, you just ambil. Benda yang orang marah you, benda yang melebihi, you just ignore jaklah. Ignore, you memang akan rasa down...                                                                                                                                                          |
| Pengkaji | 685.                                                                                                                 | Bulaklah sik madah down ya...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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| Klien 1  | 686. | You balik ya, you just pergilah whatever make you happy...  |
|          | 687. | walaupun ada certain orang sik sihat nak, pergi makanlah... |
|          | 688. | pergila makan. Just jangan think of that thing... mun yang  |
|          | 689. | belum masuk healthcare worker, kamek dah padah dah,         |
|          | 690. | student nak, mun belum ambik medic mun belum abis pun       |
|          | 691. | nak, maybe kamek akan padah, pandai is satu, and the thing  |
|          | 692. | you need to have mental very strong...                      |
| Pengkaji | 693. | Yes, mental kena kuatlah...                                 |
| Klien 1  | 694. | Mun sik strong mental, jangan ambik...                      |
| Pengkaji | 695. | Betul-betul. First, memang minat kena ada lah...            |
| Klien 1  | 696. | Yes... minat, knowledge...tapi third yang orang sik pernah  |
|          | 697. | tauk waktu kamek even mek waktu sekolah menengah pun,       |
|          | 698. | never think of a mental ya mesti strong.                    |
| Pengkaji | 699. | Yalah kitak perlu carry sepanjang tahun... yalah tokkan     |
|          | 700. | profession kitak nak...                                     |
| Klien 1  | 701. | Because sampe pencen bah...ahhaha...that time kita ada      |
|          | 702. | rasa macam kenak aku abis medic dolok oh...                 |
| Pengkaji | 703. | Hahaha...kitak ada rasa menyesal sik masuk?                 |
| Klien 1  | 704. | Ofcourse...hahaha...kamek rasa sapa jak sik                 |
|          | 705. | pernah...maybe ada kot yang sik pernah menyesal...          |
| Pengkaji | 706. | Memang betul-betul nya minat kali nak mun sik pernah        |
|          | 707. | menyesal...                                                 |
| Klien 1  | 708. | Haa sebab ofcourse memang pernah ada rasa sometimes         |
|          | 709. | kenak kamek ambik medic dolok oh...bagus kamek ambik        |
|          | 710. | engineering ka, mek suka tapi mek fikir juak engineering    |
|          | 711. | pun susah juak, dolok cikgu kamek selalu madah chemical     |
|          | 712. | engineer you akan pergi outstation lah...so sebab ya kamek  |
|          | 713. | tukar dolok, alu ambik doktor...                            |
| Pengkaji | 714. | Segal kitak mika banyak nak outstation apa semua...         |
| Klien 1  | 715. | Aok...                                                      |
| Pengkaji | 716. | Belum pernah gik kamek dengar, doktor ka, nurse ka, yang    |
|          | 717. | sik menyesal...hhahah...                                    |
| Klien 1  | 718. | Yes...nya atleast ada terdetik walaupun kita sik rasa       |
|          | 719. | menyesal sampe kitak maok berhenti...                       |
| Pengkaji | 720. | Betul-betul, ada rasa ya lah...                             |
| Klien 1  | 721. | Memang akan ada rasa especially bila kita dah terlampau     |
|          | 722. | stress nak... kita akan rasa "kenak aku ambik doktor dolok" |
|          | 723. | tapi kamek rasa bidang lain pun sama jak                    |
|          | 724. | sebenarnya...hahah...                                       |
| Pengkaji | 725. | Nya setiap pekerjaan ada lain masalahnya...sikda benda      |
|          | 726. | yang senang di dunia tok tek kiranya...                     |
| Klien 1  | 727. | Yes, Cuma cara kita cope jak nya...                         |
| Pengkaji | 728. | So cara kitak tek camne, kan kitak pernah rasa tek nak,     |

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|          | 729. | camne kitak adapt dengan situasi ya? I mean kitak dah          |
|          | 730. | boleh selesakan dirik kitak dalam profession tok apa           |
|          | 731. | semua...                                                       |
| Klien 1  | 732. | Adapt... mungkin sebab kamek dah rutin...kamek selalu          |
|          | 733. | polah benda ya...so bila kita dah biasa polah... kamek jenis   |
|          | 734. | yang ikut pengalaman, kamek more to praktikal, so bila kita    |
|          | 735. | dah biasa buat, kita dah tauk camne selok-belok nya. So,       |
|          | 736. | contoh pengalaman dengan patient ya nak, initially kitak       |
|          | 737. | akan rasa stress bena nak...tapi bila kitak dah biasa, kitak   |
|          | 738. | dah tauk dah camne mok atur...prosedur apa semua ya.           |
|          | 739. | Camne nak atur balik, camya lah.                               |
| Pengkaji | 740. | Okey-okey, ya cara kitak adapt teklaah, kitak perlu nangga...  |
| Klien 1  | 741. | Kamek jenis yang tengok flow-flow. Sebabnya kamek suka         |
|          | 742. | instruction kot. Kamek suka structured pun... contoh           |
|          | 743. | macam yang 300 orang ya tek manas nak, so kamek dalam          |
|          | 744. | otak kamek dah fikir camne structure untuk flow nya jadi       |
|          | 745. | smooth...                                                      |
| Pengkaji | 746. | Kitak suk suka new things la...                                |
| Klien 1  | 747. | Aok, kamek sik suka new things sebenarnya. Walaupun            |
|          | 748. | new things bagus, tapi bila new things, kitak rasa macam       |
|          | 749. | kena handle lah sometimes...tapi mun dah terpaksa, then        |
|          | 750. | kamek akan lebih kerja keras giklah...yalah yang               |
|          | 751. | menyebabkan kamek boleh positif... bila dah stress, kamek      |
|          | 752. | akan start macam fikir fikir sebab kamek sik suka new          |
|          | 753. | things sebab kita malas nak fikir...                           |
| Pengkaji | 754. | Aok, betul-betul.                                              |
| Klien 1  | 755. | Malas nak fikir benda baru, tapi bila kita dah stress, that    |
|          | 756. | time jadi kreatif...jadi more kreatif...                       |
| Pengkaji | 757. | Betul-betul, nya akan jadi berusaha lebih keras sikit... fikir |
|          | 758. | macam ne...so, overall kitak pun specific mental health is     |
|          | 759. | just burnout lah nak... stress... anxiety ada?                 |
| Klien 1  | 760. | Anxiety sik...                                                 |
| Pengkaji | 761. | Panik kah or something else...                                 |
| Klien 1  | 762. | Sekda, kamek rasa sikda kot...maybe kamek happy person         |
|          | 763. | kot hahaha                                                     |
| Pengkaji | 764. | Bagusla...okey last question, kitak rasa nak personality kita  |
|          | 765. | tok boleh affect ka kita pun profession? especially mental     |
|          | 766. | health pun setting...                                          |
| Klien 1  | 767. | Yes. Sebab personality nak, that's why ada certain orang,      |
|          | 768. | nya jenis yang coping...so that's very good actually untuk     |
|          | 769. | mental health. Tapi ada certain orang, nya jenis more          |
|          | 770. | reserve...that's is when mental health nya ada problem         |
|          | 771. | sikit.                                                         |

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| Pengkaji | 772.         | Macam kitak tek suka meluah nak... its good lah...                                                                 |
| Klien 1  | 773.<br>774. | Haa aok, kamek jenis suka meluah walaupun orang padah<br>macam bergosip jak... atleast kamek ada cara untuk coping |
| Pengkaji | 775.         | Betul-betul...                                                                                                     |
| Klien 1  | 776.<br>777. | Kita bukan bergosip, kita bercerita dengan certain orang<br>jak...kita more to release tension...                  |
| Pengkaji | 778.         | Kitak ambivert or...                                                                                               |
| Klien 1  | 779.         | Kamek introvert...                                                                                                 |
| Pengkaji | 780.<br>781. | Okey...so ya jak teklah soalan bonus yang kamek tanyak<br>tadik...so, ada apa-apa gikka kitak mok cerita?          |
| Klien 1  | 782.         | So far, macam sikda gik dah kot...                                                                                 |
| Pengkaji | 783.<br>784. | So, kita tamatkan sesi interview kita, thank you once again<br>sebab dah sudi jadi participant kamek...            |
| Klien 1  | 785.         | Welcome...                                                                                                         |
| Pengkaji | 786.         | Okay...                                                                                                            |