

**THE RELATIONSHIPS OF WORKING MOTIVATION, HARDY
PERSONALITY, SOCIAL SUPPORT, AND PSYCHOLOGICAL
DISTRESS AMONG NURSES WORKING IN SOC TRANG
GENERAL HOSPITAL, VIETNAM**

QUACH NGOC HUE

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OF THE REQUIREMENT FOR
THE DEGREE OF MASTER OF ARTS
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ABSTRACT

The study concerns psychological aspects of nurses. The purpose is to examine the relationship between working motivation, hardy personality, social support, and psychological distress. Data were collected from 209 registered-nurses in 16 units in Soc Trang Hospital in Vietnam, 2012 using a quantitative method. A self-administrated questionnaire was used in this study. One part consisted of items about demographics, the other items concerning psychological aspects including general questionnaire, on working motivation, hardy personality, and social support.

The finding, indicating that the nurses got the psychological distress, is high at 45% while working motivation, hardy personality, and social support are low at 41.6% (working motivation), 49.3% (commitment), 66.5% (control), and 40.2% (social support) respectively. However, the challenge of hardy personality is high at 30.2%. It also showed three factors could predict the level of psychological distress in the nurses is 29.3%. The working motivation is the most important factor relevant to psychological distress levels.

These findings reinforce the relevance of intervening in the organizational structure to increase control upon jobs and adjust the levels of psychological demands.

KEY WORDS: PSYCHOLOGICAL DISTRESS / WORKING MOTIVATION /
HARDY PERSONALITY / SOCIAL SUPPORT

113 pages

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LIST OF ABBREVIATIONS

ST	Soc Trang
GHQ	General Health Question
PD	Psychological distress
Moti	Working motivation
SSa	Social support part a
SSb	Social support part b
Hardy personality	Hardy
Hacom	Hardy commitment
Hacha	Hardy challenge
Hactr	Hardy control

CHAPTER I

INTRODUCTION

This chapter includes the rationale and significance of the problem with following with the concept of stress, the types of stressor, objects, and research questions and definition of the term used in the study.

1.1 The rationale and justification

1.1.1 Background information

In the daily life, everyone have to face with stressful situations. It is significant to realize that stress is not an illness or disease. Stress is a nature condition, so everyone cannot be avoided. Stress is not always bad. On the one hand, stress may improve people's activities and life quality. In small doses, it can give motivation for a person to do his/her best. In fact, stress frequently provides for individuals with the power and incentive reaction on trial every day at the workplace and at home. In the other hand, if stress happens so much it may also have negative effects. When people expose themselves with stress for a long time, their minds and bodies may not be functioning well. Therefore, a person should protect himself/herself by learning how to realize the signs or symptoms of stress and coping step by step in order to decrease its damaging impacts. According Canadian Centre for Occupational Health and Safety (2008), when some things made the feeling of disappointment, displeasure, or while the work's trial begins too requirement, so the risk signals of stress begins to be seen (Health Canada, 2010). The society is developing with rapid speed. It expects human increase dramatically about receiving, processing information, and taking action. As a result, job-related stress happens when the job demand is not appropriate with the abilities, resources, or work's requirements. Furthermore, the work's safety is an

important issue. Job stress is also not the new issue in society, especially job stress among nurses in the hospital.

Nurse stress is clarified as the result of the feeling and physical response to the interactions between the nurses and their environment of workplace that the requirements of the job surpass abilities and resources (Maddi, & Kobasa, 1984). Nursing is one of the most stressful occupations because of the requirement for keen and professional skill to face with emergency situations. Nurses have the largest numbers and work as the first contact with patient in the health care system (Aoki M, Keiwkarnka, & Chompikul, 2011). It addresses increasingly complex patient's demands with poor support, fast changing situations, deficiency of resource and staff, and face with death and dying (Aiken et al., 2001). Therefore, nursing quality is one of the most important factors governed in medical service system.

Nowadays, since medical technology is advancing every day, healthcare professionals are demanded to gain significant skills and knowledge, so they have been dealing with increasing occupational stress. Nurses are the staff that has the working condition very specific, and high responsibility. They must undertake many tasks at the same time, and limited time. They even work on those days off, holidays, and service for those patients who, have the risk of infection, such as hepatitis B, hepatitis C, tuberculosis, cholera, HIV / AIDS, etc...(Tao, & Kubo, 1996). They try to successfully complete the assigned responsibilities, and to achieve the effect. Therefore, they really are creating a terrible pressure, and may be fall into depression. Particularly, nurses who spend the most time for patient care, must work in stressful working conditions. Consequently, nursing's health and attitude may be affected by the stress, meanwhile their attitudes may also affect to their quality of services, and even treatment outcomes.

1.1.2 The growing problem of work-related stress among nurses

How work-related stress impacts nurses are very crucial, and which factors in their work environment lead to the greatest burden. Moreover, achievement more knowledge is also a great crucial in working conditions of nurses. In the recent years, increasing signs of occupational stress denote among nurses. In the recent studies, nursing has been recognized is a strenuous occupation (Eliadi, 1990). In research of

the Health and Safety Executive indicates that the work-associated stress continue high suffer in the occupations, such as nursing, teaching, administrators in government (Health and Safety Executive, 2005). In a report from Singapore about one-third of nurses reported to have no or mild work stress, another 32.4% at moderate, and 35.4% rated the level of work stress as significant or extreme (Boey et al., 1997). A study in Vietnam about the proportion of nurses having occupation stress in three hospitals (from hospital in 1 level to level 3) was high with 45.2%, 42.8%, 32.5%, respectively (Tài, Xuân, & Linh, 2008).

Today, stress is a costly and common issue in the workplace. One-third of high levels of stress were report for workers, who look at their works as one stressor in their lives (about one-quarter). Most of workers thought that a previous generation has less the job-stress than them. Stress is also the main cause of turnover in organizations to be suggested by some evidences (NIOSH, 1999). If stress last continuously at the place of work, employees will raise the signs of physiological, and psychological dysfunctions. It also decreased motivation in their excelling position (NIOSH, 1999). The rate of hepatitis B virus exposure in health providers was of 18-25%, in which the incidence rate was of 6.3%, too much pressure of work makes the stress among health providers very high (Vỹ, 2007). Another study in South Africa found employees in health care of two public hospitals were 11.5% HIV positive. The rates were highest among nurses, and student nurses (Connely et al, 2007).

In the worldwide, the incidence of chronic illnesses and technology increases in the advancement, nurses will constantly be dealt with stress in the workplace. The result of work-related stress was informed in increasing turnover rate and leads to many nurses gradually to give up their job (Shader et al., 2001). The rate of nurses intending to leave their job was reported in hospitals, such as in Singapore at 20.4%, Ireland at 23%, and the USA at 22.7% (Aiken et al., 2001). Nursing shortage increases, for example, in 2000, the shortage of registered nurses in the US, was estimated around 6 percent. However, it is emphasized that the shortage will increase intensively, causing a shortage of 29 percent in 2020 (US-Department of Health and Human Services, 2002). The 'wastage' number is about 33,500 nurses every year. The nurses or medical providers have high levels of stress. It was informed in many counties about these terrible outcomes. Stress among nurses also causes reducing

nursing quality. As a result, it is one of the causes that fewer graduate students choose in this job now (Tarnow-Mordietal et al, 2000).

1.1.3 The factors influencing to stress level

"Job stress results from the interactions between the nurses, and their work environment; where the demands of the job exceed capabilities and resources" (Lazarus, and Folkman, 1984). Nursing profession was emphasized more job stress because of high amount and quality in psychological burdens. (Miki, 2002). Various factors are associated with occupational stress, such as:

- The time of service, the wide range of tasks
- Not pleasant, not enough facilities
- Contacted with many diseases- causing agent, accident at work.
- Many aspects of relation with patients, and families
- Contradiction with colleagues or leaders.
- Not satisfactory with income, not advancing in career
- Family economic, husband's abuse or family in-law (Tài, et al, 2008)

Moreover, some common stressors across nursing include emergency cases, shortage nurses and lack of assistance or positive feedback from a chief of nurses. It creates distance between individuals of the same organization. (McGrath, Reid, & Boore, 1989). Many researches of stress and pleasure of nurses have concentrated on general nursing factors, and a little attention relation to nurses' income (Wheeler, 1997). Furthermore, a boring job; less creativity; high accuracy required that happen continuously in the long time are easy to cause a stress condition. The work environment in the health care system also is one of the sources of workload. Thus, improving workplaces is needed to decrease nurses' occupational stress. As an individual, everyone has motivation, the potential power helps to oneself to become a better person, do hard work, and make the good life. People have highly motivation, they often set their benefits for themselves. Therefore, they hope to achieve and have a feeling of its' worth. Stress-resistant individuals own a type of feeling about themselves and their lives. It has been called "stress hardiness". Individuals who have hardiness, they can control the situations in their lives. Hardiness refers their strong ability to view stress and alternate as challenges and

opportunities, instead of threats. On the other hand, people who cannot control stress, will feel more powerless, risky and depressed by alternation and unstable. They retreat from stress, prefer stability, so they are more likely to feel their life boring and meaningless" (Greene, and Nowack, 1996). Moreover, the necessary of social support has stressed in the literature. It can effect to lessen the PD and the development of well-being (Sarason, and Gurung, 1997). In the social support fundamentals considered involving to the reciprocation of resources between two people and assistance for the influenced person (LeSergent, & Haney, 2004). Although the SS has the interest impacts regarding to such result have been well established (Lincoln & Taylor, 2005), studies highlighting the lack of such useful impacts are also common in the literature (Bolger, & Amarel, 2007). The studies rely on this reason to concentrate on the balance degree between giving and receiving of social support. It is suggested that the beneficial impact of achieved SS may base on the exchange of assistance is recognize as reciprocal (i.e., giving and receiving is balance amounts of support) (Rook, 1987). The beneficial effectiveness of SS for physical and health have been discovered in a number of researches. SS was also mentioned that the level of the relationship between stressors and PD responses (Cohen, & Wills, 1985). Therefore, social support seems not only directly but also indirectly related to PD through perception of stressors. SS has also been emphasized as a main factor in management of stressors in the workplace as well as prevention of PD among nurses (Jenkins , & Elliott , 2004)

1.1.4 The consequence of work-related stress

In the world, stress poses the effects on physical and psychological well beings of workers. The stress prolonged, it leads to burnout. Stress is indicated as a risk problem for many careers, and nurses particularly are the one of professions to be influenced. If job stress lasts a long time, it will impede work's quality. It also leads to increase the time of illness, and the rate of job turnover (Bonnie, 2007). Stress causes an expenditure for individuals in health problems, such as in healthy and job displeasure. It influences for organizations, such as regular absentee and turnover. It may affect upon the quality of taking care of patients as well. (Nakakis, & Ouzouni, 2008).

Work-related stress is arguably one of the most serious occupational health hazards in the 21st century in industrialized countries, for example, in USA, an excess of \$150 billion is lost annually to stressor and stress related problems (Nad, Ramasoota, Chompikul, 2010). Stress may be experienced as a result of a wide need in job demand. It can devote to a broad scope of consequences, which may relate the health of workers. It may be a sickness, a damage, or alternation in their behavior and the ways of their lives (NIOSH, 1999). Occupational stress indicates a threat to most businesses and the amount of expenditure through compensation payments from results relating to stress, such as damages, or the low productivity of the company. The studies reckon that stressful internal factors relating to nursing organizational management, and it is one of the reasons influence work-related stress among nurses (NIOSH, 1999).

“Stressed workers are more likely to be unhealthy, poorly motivated, less productive, and less safe at work” (Nolan, Cushway, & Tyler, 1995). Stress occurs in many aspects of health professional and can have serious consequences for the health of an individual, as well as problem for organization. The consequences have been reported such as, depression, burnout, anxiety and sleep problems as occurring frequently (NIOSH, 1999). PD and poor health in nurses lead higher turnover problem (Leiter, Harvie, & Frizzell, 1998). Stress may be considered as a basic problem in several diseases of chronic health risks such as cardiovascular disease, muscle and skeletal and mental disorders (NIOSH, 1999). Nursing are requested to be more knowledge and skills in order to achieve the quality and safe patient care. If nurses are stress because tiresomeness she will neglect patient. Nurses have job stress in the chronic stage may be less productive and not be able to provide quality health care. It will cause the patient more serious, even led to death (Kinoti, & Livesley, 2004).

Stress may leads to diseases and may decline in decision-making. Stress causes to increasing health care expenditure, disability and workers' exhaustion that weakens and leads to considerable medical errors (Institute of Medicine, 2004). Therefore, nurses need to learn the way identifies their stress in the workplace and cope effectively with these stressors. Then, they can obtain and keep both their physical and psychological health. It makes to decrease work quality and mental health themselves. Studies propose that all lost working days related to stress between

50% and 60%. It is also representation of a great cost in human distress as well as impaired economic activities (European Agency for Safety and Health at Work, 2000). Increasing requirements in health care system relates the shortage of nurses because of the advantages in new technology, the expectancy of longevity, and the continued number of people living with severe and chronic diseases (Buchan et al., 2008). It also indicated that the negative effects of nursing shortage may cause on the quality of taking care of patients (Aiken et al., 2001). Social and family pressure will make nurses' work to become "tired and stressed" so much.

1.1.5 Types of stressors

There is two types of different stress that is eustress, and distress. Stress is a moderate level or "Eustress" is an crucial motivator and it is supposed common and essential. If stress is too much, repeated, and continuous, it will become an opposite problem or "Distress". Distress can lead to physical illness and psychological disorder (McVicarA, 2003). Many people don't recognize there are these two categories. We often use the word "stress" to tell bad situations in daily life. Therefore, many people thought that all stress is not good for them, which is not true (Harry, Natalie, & Dombeck, 2008).

- Eustress is the beneficial stress that encourages you to work. It can be a motivator and improve motivation to gain the complete job. Everyone should have a little of stress in their life to last to be happy, challenged, encouraged, and profit. It has as following characteristics:

- Motivation, focuses power
- Feels exciting
- Is short-term
- Improves performance
- Is perceived as within our coping abilities

- In contrast, bad stress, or distress as well as negative stress. When eustress has too much to bear or cope with or it is not existed to lead the distress appear. It becomes strain, and don't have any happiness in the challenge. This is the kind of stress cause to low decision making, and most of us are familiar and confront of it. The symptoms of physiological distress exist, and go up in rapid breathing, high

blood pressure, and common strain. Its symptoms are overeating, loss of appetite, drinking, smoking and negative coping mechanisms. Some common characteristics are:

- Demotivating and displaces energy
- Feels unpleasant /painful
- Causes anxiety, concern, or worry
- May lead to mental and physical problems
- Perceived as outside of our dealing capability
- Lessen overall performance

1.1.6 Justification of study

Nursing is considered as a requesting career because experienced nurses in key specialties are in short supply, and shortages are intense (Gray, 1999). However, it is difficult for nurses to decline their burdens created by their professionals. Making a healthy environment in the workplace for nurses creates a need keep an adequate nurse in the workplace. It also promotes the quality and safety of taking care of patients. Therefore, the ability to successfully deal with psychological distress is significant for stressor management among nurses. In Vietnam, the rate of patient is double in some months, so nurses have to take care of double patients on the same time. Following the rule, a nurse takes care of four to five patients, but nurse has to take care of ten – fifteen patients. Nurses have to work very hard, so they sometime have conflict with the supervisor or the doctor as they could not complete their work on time as well as conflict with patient because of their tiredness and work overload. Although there is a significant growth about the poor physical, and mental health of the nurses, these issues were concerned a little in Vietnam, especially Soc Trang province. Since nurses' stress can result in deprivation of their health status, and could consequently associate with quality of services they provide to patients. It is imperative to explore the factors that may contribute to nurses' psychological distress, particularly those related to their working conditions, social relationships, and personal traits. The study investigates the relationship of psychological distress with three mentioned factors among nurses in the public hospitals in Soc Trang province in Vietnam.

1.1.7 The contribution of the study

a. The consequences of this research will provide a better understanding about stressors in nurses. It may also identify of strategies to promote work environments for the nurses with outcome benefits for the quality of nursing care. It is crucial for nurses to recognize which factors cause them to get PD in order to cope with it.

b. The results of this study also provide to the policymakers in ST Province with necessary knowledge about the work burden of nurses. Because of the workload's burden in public hospitals, it is crucial for hospital leaders to understand what stress of nurse is. Then, they can plan to utilize staff efficiently and to take nurses on. Hospital managers and policy makers in the hospital should recognize those problems and provide optimal support to help nurses, who take care of patient directly and permanent in the health service delivery system.

1.2 Objective

1.2.1 General objective

To explore the relationships of working motivation, hardy personality, social support, and psychological distress among nurses working in Soc Trang General Hospital in Vietnam.

1.2.2 Specific objective

1) To explore the levels of perceived psychological distress among nurses in Soc Trang General Hospital in Vietnam.

2) To investigate the relationships of working motivation, and psychological distress among nurses.

3) To investigate the relationships of hardy personality, and psychological distress among nurses

4) To investigate the relationships of social support, and psychological distress among nurses

1.3 Research question

1.3.1 General question

What are the relationships of working motivation, hardy personality, social support and psychological distress among nurses working in Soc Trang General Hospital in Vietnam?

1.3.2 Specific questions

Q1: What is the relationship between working motivation, and psychological distress stress among nurses?

Q2: What is the relationship between hardy personality, and psychological distress among nurses?

Q3: What is the relationship between social support, and psychological distress among nurses?

Q4: To what extent can working motivation, hardy personality, and social support predict and psychological distress among nurses?

1.4 Definition of the terms used in the study

1.4.1 Psychological distress (PD)

In this study, psychological stress is negative feeling, emotion, behavior, or psychosomatic symptoms. It will be measured by using the General Health Questionnaire (GHQ-28).

1.4.2 Hygiene factors are extrinsic to the job. This study concerns about job satisfaction in the workplace. It depends on the requirements for the work to avoid dissatisfaction at work. If these factors are reflected to deficiency of employees, they

may lead to unpleasantness with occupation, by company policy, supervisors, interpersonal relationship, pay and benefits, working condition, and security. (Herzberg, 1966 & 1968)

1.4.3 Motivational factors are built to work-itself. It relied on a one's requirements for individual's development. When they exist, motivator factors may increase work satisfaction. If they are effective, then they can promote a person to gain over-average performance and attempt. In this study, the motivational factors give actively satisfaction, emerging from inner situations of the career itself, such as achievement, promotion opportunities, responsibility, and personal growth. (Herzberg, 1966 & 1968)

1.4.4 Hardy personality was described as “A constellation of personality characteristics that function as a resistance resource in the encounter with stressful life events” (Kobasa, 1979). It has been characterized as an association of three attitudes such as commitment, control, and challenge, which promote the courage and motivation that are necessary to change stressful situation from potential risk into chances for individual growth (Maddi, 2006). It will be explore from the Hardy personality questionnaire.

1.4.5 Social support was defined as emotional, instrumental assistance and protection provided to the nurse respondents in the course of their duties (Larocco, House, & French, 1980). This study referred to emotional support rendered by the sources outside the hospital, such as relative, spouse or family member as well as friends.

❖ Chapter summary

This chapter aims to emphasize the factors and burden was caused by psychological distress. This study depend on the relationship of variables understand about the context of nurses in Soc Trang General Hospital, and prove for the administrations to know and have the suitable solution for the nurses. It also helps for nurses to improve their abilities to deal with psychological distress.

CHAPTER II

LITERATURE REVIEWS

There has been considerable research in recent times attempting to understand and conceptualize psychological distress in nurses. However, there is scarce research that studies employing specific psychological distress to serve as the foundation of the proposed conceptual framework relating to the relationship among various variables and psychological distress in nurses. The purpose of this chapter is present, an overview of concepts psychological theories used in this study particularly, Herzberg two factor theory, Hardy personality theory, and Social support theory. In addition, a critical review of the relevant published articles are presented and analyzed in order to propose the conceptual framework for this study. This chapter is composed of five parts, including the concept of stress, the workplace's stress, psychological aspects, a critical review of previous studies, and the conceptual framework.

2.1 The concept of stress

The term "Stress is an umbrella term for an increasingly wide variety of conditions, responses, and experiences" (Fisher, 1986). Lazarus and Folkman described stress as "the relationship between individual and environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (Lazarus, and Folkman, 1984). Stress is individual response to any external pressure or situation. Nowadays, stress is accepted as a considerably serious health risks for various physical and mental health effects. People all react to stress in different ways. Some people react in trouble some situations better than the other individuals. Stress in nurses has been explored in a number of studies. Literature indicates that stress in nurses is caused by different factors such as workload, conflict at work, role ambiguity, duties for patients, the experience of nurses working in high stress environment, lack of feedback and temporarily situations (Van, Brief, &

Schuler, 1981). In addition, the literature reveals an association between stress and the background of nurse practice. Nurses are often required to be able to perform multitask. They frequently deal with time pressures, have to maintain their capacities in the fast development of technological, and lay themselves at risk of physical threat (Shader et al., 2001)

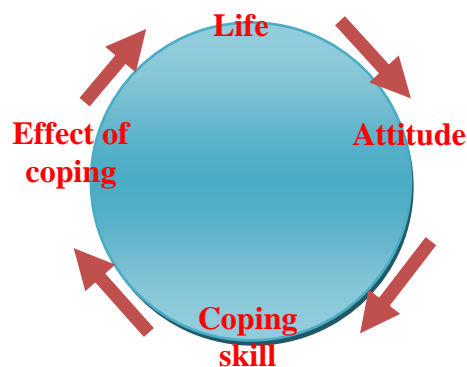


Figure 2.1 Stress cycle

In the figure 2.1, it shows the cycle of the stress. It is indicated that the life often get stress not only sadness, but only happiness. However, how the individual's attitude responses to that stress as positive or negative reaction, and how the individual's skill faced with stress as the threat or the challenge. Finally, it is the effects of coping depend on the individual's experience.

2.2 Workplace's stress

Workplace' stress is "the harmful physical and emotional response that happens when there is a conflict between job demands on the employee and the amount of control an employee has over meeting these demands" (National Institute for Occupational Safety and Health, 1997). Recent research has been conducted to explore the factors that may be responsible for stress in the workplace and effects of exposure to stressors for an employee or organization. In commonly, the association of

high requirements and a low control in a job over the circumstance may cause stress in the workplace.

The different factors contribute to PD including work overload, expandable hours worked, noxious work environments, lack of autonomy, isolation. Moreover, there are the far space between the relationships among coworkers and management, and lack of promoted chances or motivation to improve in the skill level (Colligan, & Higgins, 2006). A wide series of psychological disorders including anxiety, depression post-traumatic disorder relates PD. Moreover, there are other types of emotional strain relating unpleasure, fatigue, pressure, not adaptive behaviors (attack, substance misuse), and weaken cognitive (concentration and memory problems, etc.). Therefore, these situations may lead to work performance to be weakened, higher absenteeism, low work productivity or harm (Colligan, & Higgins, 2006). PD is also combined with different biological responses that may lead eventual to damaged health, such as cardiovascular disease, or in greatly death cases (National Institute of Occupational Safety and Health, 1997).

2.2.1 Stressors in the workplace

Job stressors have been classified differently. They are grouped into six major sources of tension at work including role based PD, relation between coworkers and with patients, work promotion factors, organizational structure, and the context of work and family (Cartwright, & Cooper., 1997). It also was classified into five categories, three of those concentrated on stressors of social psychological in the workplace (Ivancevich, & Matterson., 1980). They classified the regular organizational psychology by level of thinking and studying relating to personal, group, and organizational level. These approaches have achieved a rather wide point of view, they have been attempted to develop types into many specific stressors could be classified. It has been suggested “a much narrower set of categories: role overload, role insufficiency, role ambiguity, role boundary, role conflict, and responsibility”. (Thompson, Murphy, & Strading, 1994).

2.2.2 Signs of psychological distress

The symptoms are the exterior show of PD. The researches showed some of changes that cause individual, who is standing with PD. They also indicated that this change could be in appearance, habits and behavior, the below list show some of the changes to be described suffering from PD (Williams and Cooper (2002:16-17).

- Altered appearance
 - Lack of attention in appearance
 - Looks tired
- Looks miserable
 - Look fearful, nervous, or excited
- Behavior change
 - Surly, aggression
 - Altered mood, lack of concentration
 - Low decision-making, decrease efficiency
- Habits change
 - Eating, and drinking more or less
 - Smoking a lot
 - Increased absence, more accident

However, two types of symptoms of PD were suggested by Cartwright and Cooper relating to individual and organizational problem. They debate that hypertension, low-spirited mind, irritability, and overeat drinking are personal problem. However, organizational symptoms faced with stressor reaction are high worker turnover, high absence, and decrease quality control (Cartwright and Cooper, 1997)

2.3 Psychological aspects

Psychology endeavors to describe and interpret awareness, behavior and social interaction. Empirical psychology is firstly contributed to experience and behavior of human. Moreover, psychology refers to application of this knowledge to different fields of human relating to problems of individuals' lives every day and the treatment of mental illness (European Agency for Safety and Health at Work, 2000).

Stress has many causes, such as physical, psychological, emotional and social factors. A person's experience of stress-related illness can be changed by unconscious psychological processes. One researcher described "work-related stress" as the problem experienced by a person when they recognize that they cannot cope with the demands of their work. Therefore, PD at work causes mental harm.

2.3.1 Psychological distress

On a daily life, many employees do not see their stress on the job. Several researchers have indicated that reliable events are more likely to result in emotion distress for the employees. It also potentially leads to the symptoms combination with psychological disorder (NIOSH, 1999). A widespread concern on PD exists in post-industrialized countries. A study in the USA conducted that 29% of workers experience various level of PD at their workplace (Sauter S ML et al., 2003). There are some scientific proofs to be suggested that contact with work-related stress a long time relating to several types of chronic diseases including high blood pressure, cardio-vascular diseases, specially psychological distress (NIOSH, 2007). In the USA, for example, the costly on health care is about 50% higher for employees, who reported high levels of stress at workplace (WHO, 1999) Stress factors can effect job satisfaction, health, and safety of operations; they can also cause staff burnout (Edward D, & Burnard P, 2003)

Several studies explore the associations of stress exposures and health outcomes with potential confounders of the PD. It was identified the association between occupational stress and worse health effects. (Benjawan Tawatsupa et al., 2010). Some of the symptoms of psychological distress on employees may encompass:

- Loss of interest in hobbies, and daily activities
- Difficult eating, lost sleeping, sadness, and outbursts of unreason anger
- Bad physical symptoms such as headaches, stomach pain, and muscle fatigue
- Feelings of so tired, feelings of guilt, hopelessness, or feeling powerless

There are many psychological theories and concepts of the ancient psychologist contributor to psychology, such as Aristotle psychologist (384-322 BCE). After review literature of psychological concepts, I realize that three theories can be

contributed to explain my research questions. These theories include Hygiene-Motivation, Hardy personality, and Social support theories. These theories have the relationship of PD. The satisfaction and dissatisfaction at workplace usually emerged from various elements, and it makes individual to become PD. If social support is not suitable it creates more pressure to individual (Edwards, & Cooper, 1990). Therefore, when the life is stressful, hardiness may decline the number and severity of illness reports. As a result, these models are put into practice as theoretical framework in order to interpret PD factors among nurses.

2.3.2 Herzberg two factor theory

Herzberg's basic theory is involved to understanding the relationship between employer and employee, understanding and combination go together within the Psychological perspective. (Herzberg, 1978)

2.3.2.1 Herzberg's main theory and its significance

Theory of motivation-hygiene was also called as the two-factor theory. It has got spread regard because it has a practical approach to employees' motivation. Reactions about good emotions are commonly mentioned to work content (motivators), while reactions about bad feelings are associated with career environment (hygiene factor). Motivational and hygiene factors were perceived and classified by Herzberg into two aspects influence to separate sides of career satisfaction. This faith is unlike from the traditional approach of work satisfaction and dissatisfaction (Herzberg, 1966). Herzberg classified these job factors into two categories: (Herzberg, 1968)

a. Hygiene factors include Pay and benefit, hospital policy & Administration, interpersonal relationship, and Job security

b. Motivational factors contain Recognition, Achievement, Responsibility, Work condition, and Promotional opportunities

In the workplace, what employers want and do to give satisfaction to them is very important for improved productivity. "Motivation as an internal energy, based on an individual's needs that encourage oneself to accomplish

something" is defined by Vroom (1964). Two-Theory of Motivation were suggested by Herzberg (1968) that these two factors lead to satisfaction Of employees in the workplace including hygiene factors and motivation factors. For the hygiene factors, if there is not a career context, the employees can lead to work's dissatisfaction. Hygiene factors has a simply role to preclude employees' dissatisfactory. In the other hand, these factors do not improve motivation's levels. However, if it don't have it, it will appear dissatisfaction. Contrary to hygiene factors, motivation factors can really motivate workers to enjoy and run their works. These factors relate to how workers really do on the job. It may be entered to workers' job in order to expand internal motivation within the labour force (Herzberg, 1976).

Salary is an interesting point as it can be a motivator or hygiene factor regarding to the meaning of itself. If hygiene factor is representative of achievement at work salary will be a motivator. Conversely, "Salary does not have any other meaning than 'buying power', it just is considered as a hygiene factor" (Daft, 2003). Herzberg was to reckon that satisfaction and dissatisfaction at workplace usually emerged from various factors. It was not responses opposite to the similar factors because it had always been mentioned in the past (Herzberg, 1964). It is the factors which promote people at work are different. Herzberg's studies illustrated that people will attempt to gain 'hygiene' demands because they are unpleasure these needs. However, satisfaction is temporary when the satisfied effect disappears. Moreover, organizational management lowly neglect to comprehend that human is not 'motivated' by addressing 'hygiene' demands. In fact, people have impulse by help themselves to gain and satisfy the elements as actual motivators, such as attainment, advancement, progression, etc. It represents for a very deep degree of meaning and satisfaction (Frederick Herzberg, 1968). Herzberg recognized a specific type within the study reactions that it is called "possibility of growth". It was "referred to 'growth' or 'personal growth' in terms of Herzberg's primary motivators. 'Growth' should be seen as an aspect of advancement, and not confused with the different matter of 'possibility of growth" (Herzberg, 1968).

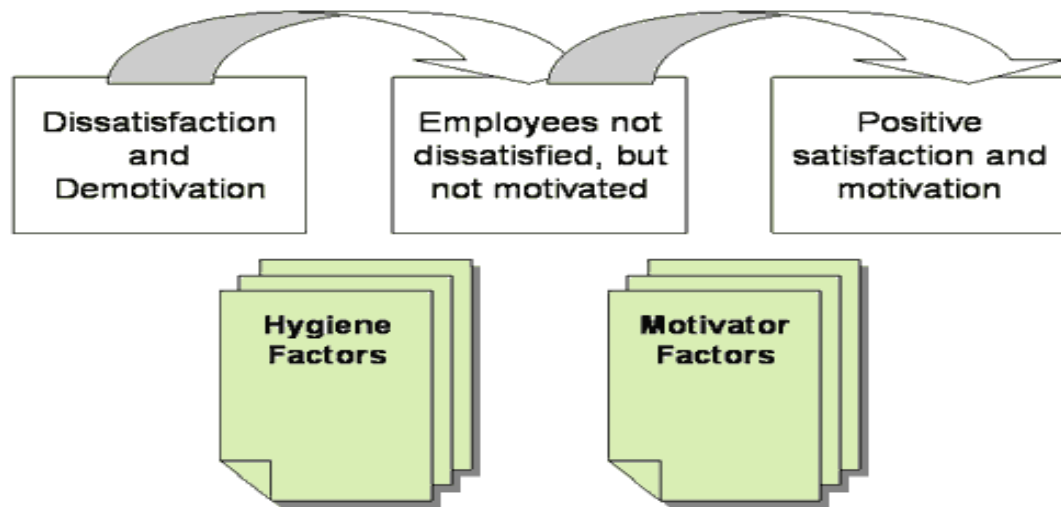


Figure 2.2 Two factor theory of Herzberg

2.3.2.2 Process Theories of motivation

It describes how workers gain motivation and how they find out behaviors to achieve their demands. What determination can made them to get most successful choice. Process explanations of motivation suggest that motivation varies from situation to situation. Herberg says “ Having dissatisfaction does not motivate a worker to do a good job, but only to say in it” (Herzberg, 1968).

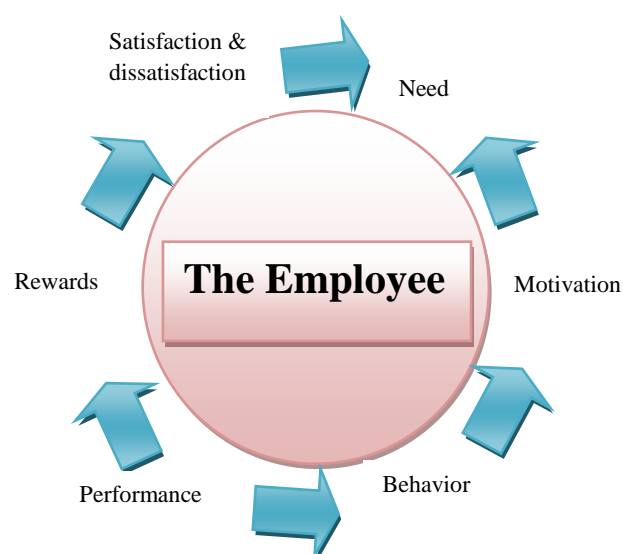


Figure 2.3 Process theories of motivation

*** Strong and weakness of this theory:** “Hygiene factors prevent dissatisfaction but they do not lead to satisfaction. They are necessary only to avoid bad feelings at work. On the other hand, motivators are the real factors that motivate employees at work” (Herzberg, 1968)

2.3.3 The hardy personality theory

Beginning to appear from the medical literature, it was first recognized the concept of Hardiness as a protest element in the early 1980's (Kobasa, 1982). Initial findings involve to people, who go through high levels of stress, but stay healthy (Eustress). It had a different structure from individual personality who go through high levels of stress, but got sick (Distress). The basic area in the structure of the personality was called as Hardiness. It was described as “the use of ego resources necessary to appraise, interpret and react to healthy stressors” (Pollock, 1989). Although it keeps to use regularly in the background of medicine and illness, researchers are initiating to describe Hardiness as a promoting factor of common health. It helps the individual to maintain both psychologically and physically well-being despite faced with strain circumstances or experience (Maddi, & Kobasa, 1984).

Employees who attend to hold high hardy point of view reckoned that the doing way with tension situations by confronting with them (better avoiding) and battling to modify them from risk factors into chances. In society, the hardy workers were much related in constructing types of mutual impact with their considerable others that underlined support and cheer together (Tarnow-Mordietal et al., 2000). The weaken process such as mental health breakdown and performance deficiency that may emerged as to contact of risky stressful circumstance. If the individual has high hardiness level it cannot affect more. The hardy personality is an incident capacity in the individuals. The commitment was described as a tendency to relate oneself in the daily activities in the life and has an actually interest in and inquisitiveness about the around world (activities, things, other people). The control was indicated as an inclining to realize and act, if a person can deal with the events happen around himself /herself through his /her's own endeavor. Finally, the challenge was defined as the faith that alternation, rather than firm, is the simple mode of life. The challenge also creates motivating opportunities for personal promotion rather than harms to job

security. It promotes the encouragement and motivation to involve in the disparate tasks but necessary in the interactions of social support, facing with the change, and facilitating self-care (Aoki et al, 2011).

The stressors of events can be reduce to lowest level by turning alternations into benefits and resolving contradictions through hardy coping action. A person may deepen relationships with considerable others by giving and getting assistance through the interaction of hardy society, and encouragement (Subramanian, & Vinothkumar, 2009). The final result of such a hardy tendency encompasses overtime, “the full expression of the capabilities, learning from both positive and negative experiences and growing in vitality, fulfillment and wisdom” (Lyon, & Werner, 1987). Hardiness alters particularly two appraisal compositions. It decrease the appraisal of risk and increases person’s expectation that facing endeavours will be winning (Nad et al., 2010).

Hardiness is indicated relating to the person’s action, issue concentrated to facing strategies in dealing with PD situations (Gentry, & Kobasa, 1984). In turn, these two ways are thought to decline the quantity of psychological suffering and to improve well being of an individual. Moreover, another internal resource of hardiness is self esteem contributing to get over something relating work stress. There are three main factors in the Hardy personality theory:

a. Commitment: devotion to jobs, families, and other valued activities. It measures the level that individuals seek relevance rather than avoiding. Commitment contains a vital motivational quality that forces the person's patience in following a target even in the reality of reiterative barrier, for example, “By working hard, you can always achieve your goal” (Maddi, 2006).

b. Control settles with the level of personal attempts to overcome their situation rather than feeling helpless. Awareness of control or the level of a tension factor is seen as under an individuals’ control are such crucial in the evaluation of danger, for example “Most days, life is really interesting and existing for me” (Maddi, 2006).

c. Challenge accounts the degree to people endeavor to prefer learning from experiences than frightened feeling, for instance “My mistakes are usually

difficult to correct”. It looks at change as expected, and normal. A challenge is to overcome, but is not a stressor (Maddi, 2006)

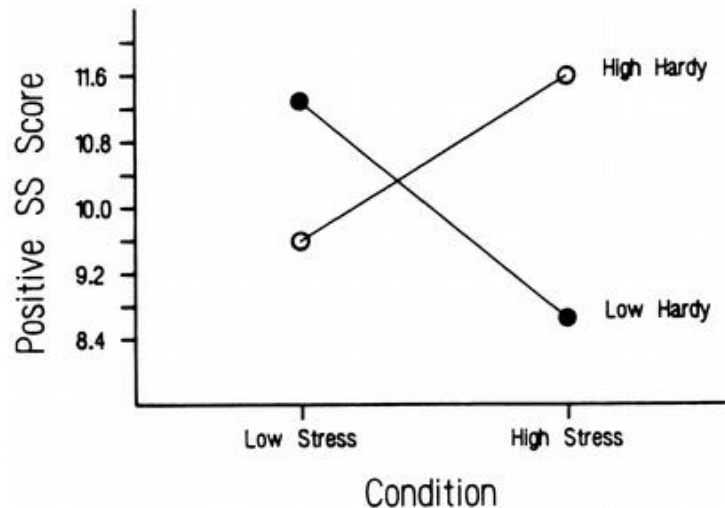


Figure 2.4 Effects of stress and hardiness on positive self-statements (SS)

2.3.4 Social support

Social support mentions to “the comfort, assistance, and/or information one receives through formal or informal contacts with individuals or group” (Wallston et al., 1983). SS can be described as an emotion that a part is taken care of the others. This assistance is available from a part of the other people and the supportive part of social network. Social support was divided into emotional support and instrumental support. Lack of social support from colleagues and poor interpersonal relationship caused considerable PD (Boey et al., 1997). The assistance acted as a form of protection from life’s stress. Many sources of SS include family members, friends, colleagues, organization, etc. It is proposed that SS depends on the “Person-Environment fit” (Patricia, 1982), and emotional support

2.3.4.1 Person-Environment fit model

The Person-Environment fit theory indicates how impact factors relate to an individual and to the workplace context. It is described by motivation, capacity, and some other factors. This model mentions strongly to work-

related stress, as if an individual is not suitable with their workplace environment they will be surely to get PD. Moreover, an employee also does not have the motivation at the workplace, tension can happen. Work-related strain may also happen because a person is not enough capacity to accomplish the requirements at the workplace. This can be created by insufficiency of ability, knowledge, skill, or experience. This can also be occurred by deficiency funds or support available. An employee will be very stressful if the means are not available to help them to complete tasks. PD at the workplace is a thing that many people must cope with it. It can be indicated by person-environment fit issues (Rainham, 1994). A person will become stress if he/her is not suitable in a position and the tools available. Therefore, matching abilities with the needs is very crucial. This theory is a part of organizational psychology. It may help to deal with contradictions at the workplace. It is very vital to know that this theory can apply well in the workplace environment to make sure success. In addition, personality traits such as locus of control and hardiness have been found to moderate the need for support from others in the face of stress (Lefcourt et al., 1984). Goodness of fit in this model is thought to depend on the balance between the individual demands and the resources available from the environment to satisfy those needs. It is the subjective perception of the goodness of fit between needs and available resources that is thought to influence mood most directly. This model predicts that outcome will be optimal when individuals are able to find and to use effectively the support that fits their demands. This model also emphasizes the providers of support must be sensitive to individual needs in order to provide meaningful assistance.

2.3.4.2 Emotional support

People usually get emotionally and may go through sadness, depression, and anxiety during times of stress. The support of family and friends can encourage emotional support by comfort them that he/she is a useful person, who is interested by others. The warm care provided by others can help an individual, who confront of PD better (Tayler, 1995). In the life, the relationship between PD and lower SS worsen health problem.

2.4 Previous studies

The aim of this section is to present the previous empirical research studies relating to psychological distress, and three risks factors to be proposed in conceptual framework.

2.4.1 The studies relating to the concept of psychological distress

The aims of the studies relating to psychological distress in nurses can be identified into three aspects including factors contributing to psychological distress in nurses, how improve psychological distress, and the consequence of psychological distress. Each aspect is presented as follow.

The studies indicates that there are top five stressors contributing to psychological distress in nurses, including a massive casualty event, tardy physician support, overloads of daily work, overloads of homework, and tiresome administrative work (Liu, 2010; & Lambert, 2004). A study explored psychological distress to be significant influenced to work-related stressors and nurses' perception. It is indicated that, less experienced; young nurses, who contact more time with patients, have more psychological distress (Livingston, & Livingston, 1984). Nursing staff, getting physical, emotion work, and being exposed to psychological distress, is one of the professional groups to be affected the most frequently (Wall et al, 1997). Moreover, the issues are at the workplace that nurses find out psychological distress of previous researches have also explored factors that improve the happen of role distress for nurses. They effect and predict level well being of the nurses. It is not only psychologically but also physically. Some of the quotable situations presented as follow:

1) Aware Lack of work control (Fielding, & Weaver, 1994). Low job control, low work support, high job demands relationships (Baba, Galperin, & Lituchy, 1999; Chapman, 1993).

2) Being altered among various care units in the organization, being undue work overload, and lack of crucial resources (Carson et al., 1996; McGibbon, 1997).

3) Uncooperative of patients and their families in treatment and care. (Walcott-McQuigg and Ervin, 1992).

4) Shift alternation (Robinson, Lewis, 1990).

5) Low relationships with managers, physicians, and colleagues, and a prolonged time of working period in an intensive care unit (Decker, 1997; Watson, & Feld, 1996).

6) Lack of organizational commitment (Lee, & Henderson, 1999).

7) Managing work and family duties (Shiu, 1998)

2.4.2 The studies relating to Herzberg theory and psychological distress

2.4.2.1 Job satisfaction and psychological distress

The benefits achieved from a job such as income, resources, social context, mind satisfaction, and social support help individuals gain equilibrium in the life while their absence can harm people's mental health (Murphy, & Athanasou, 1999). In fact, it is commonly benefit in human's mental health for work because jobless influence to depression, tension, and even the end of their life (Blakely, Collings, & Atkinson, 2003). PD also has stronger impacts to job satisfaction of employees than others, whereas variables of demography such as gender differences can lessen the relationship between PD and job satisfaction (Babin, & Boles, 1996). The relationship between PD and job satisfaction found a positive direct by Tuten and Neidermeyer (2004), where employees impose stress on themselves to achieve higher performance and a higher pay level (Tuten, & Neidermeyer, 2004). PD has been viewed as an antecedent of job satisfaction. It was argued that stress and job satisfaction are negatively related. However, some factors including the awareness of ability, the perceived control can reduce this relationship (Sullivan, & Baghat, 1992). Organizational manager, lack of nursing staff in order to take care of patient were investigated relating to unit type mental health nurses' stress arose as mediating factors between stress and job satisfaction (Nakakis & Ouzouni, 2008).

2.4.2.2 Working motivation and psychological distress

The results indicated that nurses who have more motivation in

their works are more satisfied with their performance, and less likely to leave the profession, but if the nurses are de-motivated it leads to negatively impact to the performance. It is also mentioned the dissatisfaction predictors that lead to leave the profession of nurses such as, workplace violence, workplace risk and harms, extended working hours, impact of night shift, nurse shortage, feeling low paid, unsuitable workload and lack of promotion. (Abdulahadi, & Jshi, 2009). Furthermore, a study explored that nurses' competence in providing support has a crucial effect on healthcare the quality and service (Murphy, & Athanasou, 1999). Excessive stress is likely to have a negative influence on such interpersonal capacities.

In the literature, indicates a relationship among psychological distress and high demands at work, job insecurity, interpersonal conflicts, and low organizational justice of nurses in the workplace. (Revicli, & May, (1989)., Arsenault, Dolan, & Ameringen, 1991)

2.4.3 The studies relating to hardy personality and psychological distress

Hardiness has been indicated that major personality factors serve as a resistant source for stressors. From a theoretical aspect, hardiness is a constellation of personal characteristics to be functionated as a source encounters to stressful life events (Kobasa, Maddi, & Kahn, 1982). If people can possess characteristics of the hardy, they are able to keep healthy under stress. The researchers found that people possessing hardy personality had the ability to turn stressful circumstances of their life into chances for personal development and growth (Kosaba et al., 1982). In previous hardiness studies (Rhodewalt & Aguttsdottir, 1984; Weibe, 1991), hardiness was also related to less harmful effects and psychological distress. In a similar study, the researchers discovered high hardy people evaluated stressful circumstances as positive and individuals experience stressful events as negative to be low hardy. Weibe mentioned that hardiness impacted to cognitive appraisal in such a way that the stress event was reduced and chances psychological awake. Hardy individuals were found to have the ability turning distress into esters (Selye, 1976)

In nursing literature, hardy personality among nurses has been studies relating to psychological distress and burnout (Fusco, 1994; & McCranie et al, 1987).

Simoni, & Paterson (1997) found that nurses who have hardy personality, are more resistant to strain, psychological disorder, and burnout. Bryan (1994) concedes the nurses may be “tougher” than others, with hardy personality being the main factor to preventing emotional exhaustion and turning stressful events into value challenges (Bryan, 1994).

2.4.4 The studies relate to social support and psychological distress

In the nursing literature, social support is indicated not only an important factor in managing job-related stress but also a predictor of dissatisfaction (Boyle et al, 1991; Fagin et al., 1995; Carson et al., 1996). A number of researchers have found that higher level of social support relates to better health, low burnout (Fielding, & Weaver, 1994), higher job satisfaction, and less turnover (Decker, 1997). Cohen and Wills (1985) have found the linkage between social support and outcome of the psychological and physical health of human. The finding of the study is described by two main points.

1) Social support will help people to have a stable emotions and good experience. It impact to the neuro- endocrine and immune system. It also causes them to emotion better whereby people can practice good health behaviors directly affect to health. Moreover, SS can facilitate each individual to solve their better situation. Moreover, social support can facilitate each individual to solve their better situation.

2) Social resources can lessen the risk of disease relating crucial life events, because it can make to decrease the stressors in the crucial event. Obviously, psychological distress happens when people feel of inferiority, and they cannot aid themselves. This circumstance will break the equilibrium of the immune system and neuro-endocrine. Simultaneously, it will appear health risk behavior to human. They can be low ability to attend to their own health.

Goldberger and Breznitz (1982: 776-778) indicated that the effect of social support, as follows:

1) Social resources can lessen the occur chance of psychological distress situations

2) If the situation that has happened has influenced to a serious individual, social resource can abate the personal's awareness to that event. It also reduces the serious level of stressful situation.

3) The stress degree that happen to partially depend on the level to a potential condition of psychological distress. Social support can change the linkage between stressful role and the event cause psychological distress.

4) Social support can affect to coping strategies and it can reduce the relationship between the stressful situation and its impacts in this way.

Many researchers found the inverse linkage strongly between perception support resources, well-being, and symptoms of low mind health, PD. Several researches indicated that social resources strong impacts to human's healthy (Headey & wearing, 1992); on PD (Cohen & Hoberman, 1983); other researches indicated that more common influences of social resources on PD in depression as well as anxiety (Norbeck & Tilden, 1983).

Furthermore, main effects of social support brought to obviously benefit on well-being, and reduce psychological distress, social support occur to change the unfavorable impacts of life conditions and stressors on mental health (Cohen & Hoberman, 1983). Therefore, a better understanding of support processes was required in order to aim increasing suitable support. Nurses play an important role in providing support to patients who may be going through physical and psychological suffering. Nurses' perceptions of professional support are influenced to their reactions to patients. It was proved by some evidence (Booth et al., 1996). Thus, the relationship between support in the workplace and PD would seem particularly important to understand to this professional group. Norbeck (1985) points out nurses who get more social support lead to less stress and job dissatisfaction, as well as psychological distress (Norbeck, 1985).

From above- , it is argued that existing studies have focused on exploring the relationship between one or two sets of variables and psychological distress in nurses. According to Wei-Wen Liu, he indicated that stressors are crucial events, such as delayed support, overloads of routine work, overloads of assignments (Liu et al., 2010). Judkins indicated that the hardiness, especially commitment and challenge was associated with levels of stress (Judkins, 2001). The other researcher emphasized that

the displeasure factors in the workplace lead to the situation nurses leave their professionals. These factors include violence in the workplace, risk work and injuries, unreasonable workload, impact of night shift, unsuitable salary, shortage problem, and lack of promotion (World Health Organization (2007). It has been explored that there is considerable negative relationship between PD and occupational satisfaction (Eliadi, 1990). It is also indicated that the support of society as a moderator of stress (Cobb, 1976)

In addition, some studies, reveal that high hardy personality, motivation in working condition, and suitable social support may contribute to decreasing the level of psychological distress (Maddi, & Kobasa, 1984; Tarnow-Mordi et al., 2000; Boey et al., 1997). However, the relationship among all four sets of variables has not been explored and identified yet in nursing profession, including motivation working, hardy personality, social support relating to psychological distress. From above theories, the details of conceptual framework were approved in figure 2.4. It is applied as theoretical framework in order to interpret the relationship of all variables among nurses.

2.5 The Conceptual framework

Figure 2.5 below shows the conceptual framework developed for this study

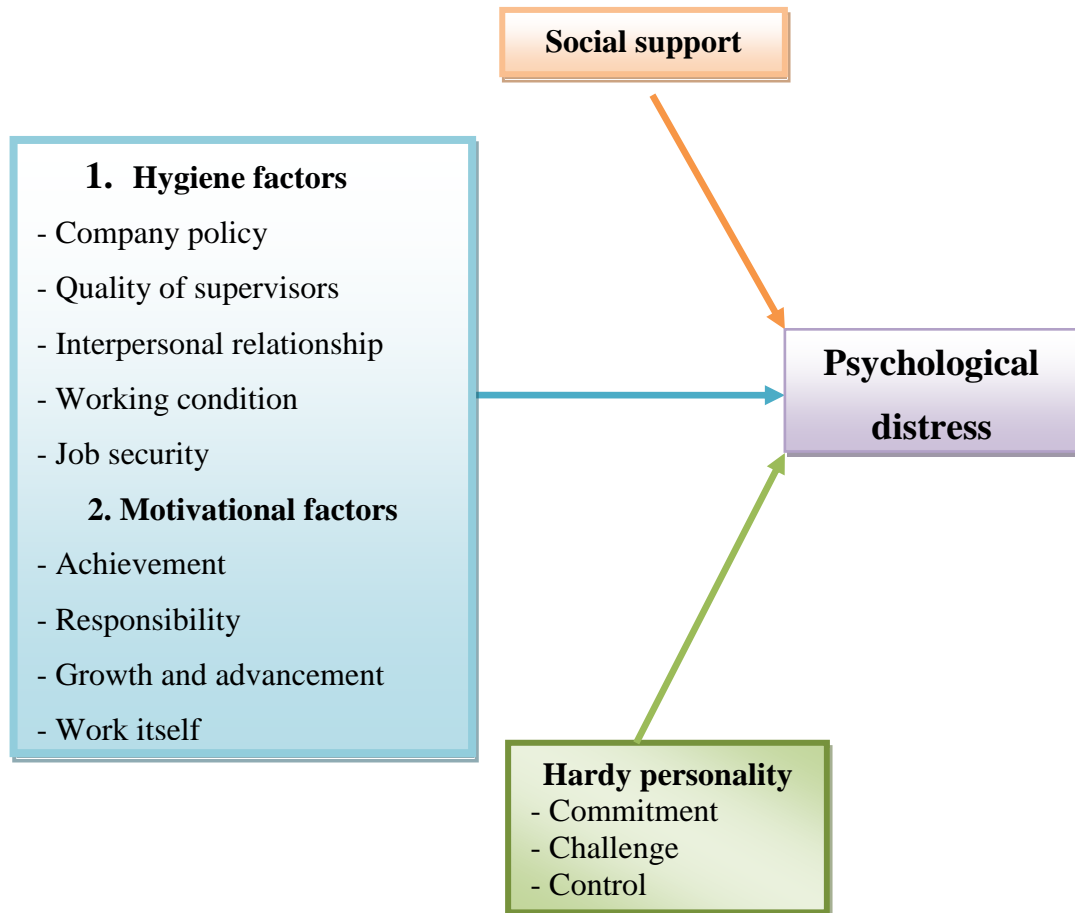


Figure 2.5 The conceptual framework of the relationship among the risk factors and psychological stress

2.6. Research hypothesis

Based on the conceptual framework, the following hypotheses were tested in study:

1) There is the relationship between working motivation, and psychological distress.

2) There is the relationship between hardy personality, and psychological distress

3) There is the relationship between social support, and psychological distress

4) The combination of working motivation, hardy personality, and social support could predict psychological distress among nurses

❖ **Chapter summary**

This chapter aims to review the concept of stress, a critical of previous studies, as well as the conceptual framework in this study. Moreover, It was reviewed the psychological perspective that three theories contribute to the conceptual framework including Hygiene-Motivation, Hardy personality, and Social support relating to psychological distress.

CHAPTER III

RESEARCH METHODOLOGY

This study uses a cross-sectional design with quantitative method. The study objectives were to examine how individual personality, working motivation, and social support relate to psychological distress among nurses. It was carried out in Soc Trang General Hospital from July, 2012 to August, 2012.

3.1 Research Design

This study is a non-experiment research using quantitative method to obtain and analyze cross-sectional data from the participants. The focal population is nurses who work in Soc Trang General Hospital in Soc Trang Province- Vietnam.

3.1.1 Site description

The area of this research is Soc Trang Province is located in the South of Vietnam and is a coastal province in the Mekong Delta with 3299,8 km² area. The South-West of this province is adjacent to Cambodia and the West is Thailand Gulf. It is about 230 km from Ho Chi Minh City. There are many channels and rivers in this province, but the transportation is convenient. It is far Ho Chi Minh City 230 km. ST province includes ten districts & a town. Population is of over 1.2 million includes majority ethnic Kinh (65 percent) as well as Khmer (29 percent) and Chinese (6 percent) minorities. The urban population is 251.238 people, and 1.038.113 people in the rural area with 3 main religions: Buddhist, Catholic, and Protestant.

There are ten district hospitals, and three hospitals in the central of ST Province with 1.000 nurses. ST General hospital with 700 beds is the largest hospital of ST province. Each district in the province has a level-two hospital about 50 beds and each commune has one medical station. IN Soc Trang General Hospital, there are 22 Units/Wards. But there are only 16 Units that have inpatients.



Figure 3.1 Map of Vietnam



Figure 3.2 Map of Soc Trang Province

3.1 2 Informants selection

The sample universe of this study includes 348 nurses, which comprises a whole nurse population in this study. There were 234 nurses aged from 24-52 years old who met in the research criteria. In order to reflect actual workloads among nurses, that serve inpatients, and to avoid the effects of new hired nurses' adaptation to new work environment, only nurses who had been working in Soc Trang Hospital for at least five years were included. In addition, since nurses holding a supervisory position were not dealing directly with patients, they were excluded from this study

3.2 Research Instrument

3.2.1 The questionnaire

The research instrument used in this study was a self-administered questionnaire with five components. The sample of actual questionnaire used is presented in Appendix A.

3.2.1.1 Demographic characteristics

This part of the questionnaire consisted of items regarding demographic characteristics of the participants including sex, age, working unit, and the number of working years in this hospital in this hospital.

3.2.1.2 Psychological distress

General Health questionnaire was used to measure Psychological distress (Goldberg, 1972). The response set is associated with psychological reactions to stress (Drottning et al., 1995). It consists of 28 items that were responded to by checking one of four responses: not at all, no more than usual, rather more than usual, and much more than usual.

3.2.1.3 Working motivation

This scale was based on Herzberg Motivation-Hygiene theory. It has two dimensions regarding hygiene factors and motivation factors. The hygiene factors lead to dissatisfactions, and motivation factors lead to satisfaction of employees. This questionnaire focus on the working motivation It includes 29 items that were responded to by checking one of six responses: strongly disagree to strong agree.

3.2.1.4 Hardy personality

The Hardiness was measured by Hardy personality questionnaire (Kobasa, 1979). This scale was comprised of three dimensions including commitment, challenge, and control. It contains 20 items that were responded by two parts

- Part A has two dimensions including commitment and challenge; commitment includes six questions, and challenge has eight questions. They were answered by one of four levels: not at all true, a little true, quite true, and completely true.

- Part B has control including six questions to be answered by one of two levels.

The number of response level of hardiness question is different from three variable parts, including commitment and challenge have four levels, but control has only two levels, Therefore, The Z-score (Z-Hardy) was used to calculate the value for all items of Hardy personality in order to make as a single construct. Z-score has an interval attribute and allows correlation and multiple regression analyses.

3.2.1.5 Social support

This measuring was used by social support questionnaire. It has 27 items (Sarason et al., 1983). It was also responded by two parts.

Part A: Who is the support person? (SSa) checking by one of six responses including father/ mother, brother or sister, husband/wife, friend, yourself, and no one.

Part B: How much is the nurse satisfied with the support? SSb) it was checked by one of six responses from very dissatisfied to very satisfied.

3.2.2 Data collection.

After receiving the approval letter from Ethical Committee Board in Mahidol University, the formal letter was submitted to the leaders of Soc Trang Hospital to asking permission for collecting data in the hospital. The purpose and the process of this study were also explained to participants, after getting the permission. Then, reviewing literatures related to those scales and other aspects of this study, the questionnaire was translated the first draft of in the Vietnamese language. Parts of the first draft were translated from those scale was described above. The questionnaires comprising of five parts including the Social-demographic factors, psychological

distress using the General Health Questionnaire-28, working motivation, hardy personality, and social support will be distributed to the focal population. Then, the equivalence of the questionnaire was checked by experts, who are not only the English experts, but also the researchers in Soc Trang hospital for a long time. Their judgments were the face validity of the items. The questionnaire was confirmed then back translated into English in order to ensure content validity.

The respondents were explained about the purpose of this study. Moreover, the protection of human rights to the director and nurses was presented. They were training about “Stress and psychological distress in the workplace” at Soc Trang hospital by the Nursing department in ST hospital. It must be noted that the researcher is holding a chief position in this study site. The direct distribution of the questionnaires from the chief to nurses under supervision, thus, may result in biased or involuntary responses. In order to minimize such impact, research assistants were appointed to distribute the questionnaires, which were enveloped, to the nurses. The respondents were asked to return completed questionnaires to a return box within two weeks. The boxes were put in each units/wards in the hospital in order to keep confidentiality for the participants’ answering. The data collection was conducted in Soc Trang hospital in Vietnam from July, 2012 to August, 2012.

3.3 Data Analysis

Descriptive and correlation statistics are used in this study. For hypotheses testing, a multiple linear regression was conducted. All statistical analysis was computed by the statistical SPSS v.18.0 (Statistical Package for the Social Sciences).

3.3.1 Construct validation

A pilot-test was done in 30 randomly selected nurses in ST hospital using the self-administered questionnaires before data collection. The pilot respondents were further asked to provide comments on any questions, statements, and the content of the questionnaire. The questionnaire was distributed to the target respondents after the questionnaire was adjusted any flaws in order to ensure the reliability and validity of

the questions. Reliability of the questionnaire was tested by using Cronbach's Alpha for reliability test. Pilot-test was done twice because Cronbach's Alpha is very low for the first pretest. Minor adjustments were done according to the experts' suggestion based upon their responses in order to make sure that the questionnaire items could be understood by the respondents; this becomes the final questionnaire. The results of the second pretest were calculated as follows; Cronbach's Alpha including psychological Distress: $\alpha = 0.811$, Motivation: $\alpha = 0.946$, social support: $\alpha = 0.844$, Hardy personality: $\alpha = 0.62$. These questionnaires were standard and assessed by the pilot study, so the validity of all questions was achieved.

3.3.2 Correlation and regression analysis

The Pearson correlation was performed in order to examine the relationship between each constructs. Multiple linear regression was conducted to determine association among working motivation, hardy personality, social support, and psychological distress. A P-value of <0.05 was regarded as significant.

3.4 Ethical considerations

Ethical consideration deals with different criteria and stages, it is important and has to be critically taken into account through processes of research particularly before, during and after data collection. For this research, ethical approval from Mahidol University's Institutional Review Board (IRB) was obtained in advance prior to collecting data in the research site.

3.4.1 Permission to carry out the study was claimed. The letter was pointed out the clearly purpose of the study. It was sent to hospital ethics committee and to the Chief of Nursing at ST Hospital in order to ask permission to be conducted this study.

3.4.2 Informed Consent

Informed consent is a crucial part in dealing with participants at a first stage before the study or interview begins; it must therefore be given by participants whether the consent will be provided in written form or verbal speech depending upon convenience and willingness of participants. Prospective participants were well-informed about objectives of study, duration of their participation. Participants were informed that they could withdraw their participation at any time they want and their participation was voluntary.

3.4.3 Privacy and Confidentiality

A researcher committed him/herself to keeping all collected data and information completely confidential. Participants' profile will not be disclosed to outsiders besides researcher and the participants. All collected data and information was used for research purpose only.

3.5 Benefits of the study obtained by the respondents

- Some useful information on basic coping strategies of stressor self prevention against health problem was distributed to the respondents upon their participation
- The questionnaire and the respondents' self-assessment of PD may increase their self-awareness about PD and coping in work environment of hospital.
- Professional benefits to be gained may include knowledge contribution to improve the future health care work environment.
- The proposed benefits of the study outweigh to decline the potential minimal risk to participants.

❖ Chapter summary

This study uses a cross-sectional design with quantitative. Multiple regression was used to predict the levels of psychological distress among three factors. The main data source was the questionnaires distributed to nurses in Soc Trang

General Hospital who met the research inclusion criteria. The survey instruments were comprised of five parts: Demographic characteristic, General Health Questionnaire, Working motivation question items, Hardy personality question items, and Social support question items. All instruments were validated by previous studies. The study questionnaire was piloted tested and its validity was confirmed.

CHAPTER IV

RESEARCH RESULTS

This chapter presents informant about the characteristics of the respondents, descriptive statistics of each variable. The study results as well as their interpretations were illustrated. The major data for this study was obtained through a survey of the ST General Hospital. This study was intended to identify the relationship of Motivation, Hardy personality, Social support, and Psychological distress among nurses, who are working in ST Hospital in Vietnam through a self-administered questionnaire. The data was collected in July, 2012.

4.1 Questionnaire response rate

A total of 234 participants were recruited out of the 348 nurses in Soc Trang General Hospital met the selection criteria.. 234 questionnaires were distributed to the respondents and 209 were returned, accounting for 89% rate. According to Seaberg (1998:254), “adequate as 10% of the sample should be sufficient to control the sampling error”. Finally, from 209 the self-questionnaire, this dataset was used to investigate the level of nurses’ psychological distress, and the relationship among psychological distress and its factors.

In this chapter, a description of the analysis and interpretation of data will be detailed. All statistics were computed by the Statistical Package for Social Sciences (SPSS). Then, Multiple linear regression was performed to examine the association between PD variables and three above-mentioned factors.

4.2 Demographic characteristics of the study sample

Table 4.1 Demographic characteristics by gender and age (n=209)

Variables	N	%	Mean	SD
Gender				
Male	68	32.5		
Female	140	67.5		
Age			36.06	7.75
24-30	74	35.4		
31-35	36	17.2		
36-40	32	15.3		
41-45	32	15.3		
46-50	30	14.4		
>50	5	2.4		

Of the 209 registered Nurses (table 4.1), the majority respondents were female with 141 (67.5%) and the next was male with 68 (32.5%).

Age distribution of the respondents was divided into four groups and statistical analyses carried out. The mean age of study participants was 36.06 (SD = 7.75). Minimum and maximum ages were 24 and 52 years old. The results showed that the majority of the respondents from 24- 30 and 31-35 were made up with 74%, and 36%, respectively of the total sample. The results show that the subjects are mature adults that have been in the professional for some time.

Table 4. 2 Demographic characteristics by number of working years (n=209)

Variables	N	%	Mean	SD
Years of working			13.58	7.5
5-10			95	45.5
11-15			32	15.3
16-20			40	19.2
21-25			22	10.5
>25			20	9.5

Table 4.2 indicates that professional working of nurses ranged from 5 to 32 years with a mean of 13.58 (SD = 7.5) years of experience. The results also show that most of the respondents have been working in the hospital from 5-10 years (45.5%), following by 16-20 years (19.2%), and 11-15 years (15.3%). The nurses who have been working in the hospital more than 25 years are the least (9.5%).

Table 4.3 Demographic characteristics by unit/department (n=209)

Variables	N	%
Work unit/department		
1. Internal Medicine 1	9	4.3
2. Internal Medicine 2	12	5.7
3. Internal Medicine 3	8	3.8
4. Adult & Elderly ICU	7	3.3
5. Pediatric	15	7.2
6. Pediatric ICU	14	6.7
Work unit/department		
7. Contagious disease	10	4.8
8. Obstetric	36	17.2
9. Surgery	30	14.4
10. Trauma	13	6.2
11. Recuperative	15	7.2
12. Ophthalmology	4	1.9
13. Otorhinolaryngology	4	1.9
14. Dental	2	1.0
15. Examination	27	12.9
16. Mental	3	1.4

Following the result of work unit/department (table 4.3), the majority of nurses included in the study were from the obstetric (17.2%) and surgery (14.4%) departments. The minorities were from Dental (1.0%) and Mental (1.4%) departments.

4.3 Descriptive statistics for each study variable

4.3.1 Psychological distress of the sample

The levels of psychological distress were measured by four level of responses to the 28 General Health Questionnaire statements. The number and percentage of responses to each level is presented in table 4.4. Since all statement were not asked in the same direction, the scores for some statements were reversed prior to calculating means and standards deviations of overall psychological distress and other factors’ scores as well as the mean and standard deviation of psychological distress variable will be described in the below table.

Table 4.4. Psychological Distress of the sample

PSYCHOLOGICAL DISTRESS					
	(N/%)	Better than Usual	Same as Usual	Worse than usual	Much worse than usual
1. felt perfectly well in good health		6(2.9)	79(37.8)	92(44)	32(15.3)
	(N/%)	Not at all	No more	Rather more	Much more
2. feeling need of a good tonic		7(3.3)	9(4.3)	50(23.9)	143(68.40)
3. felt that you are ill		11(5.3)	13(6.2)	63(30.1)	122(58.4)
4. feeling run-down and out of sort		4(1.9)	31(14.8)	78(37.3)	96(45.9)
5. getting any pain in your head		8(5.3)	36(17.2)	74(35.4)	91(43.5)

Table 4.4. Psychological Distress of the sample (cont.)

PSYCHOLOGICAL DISTRESS				
	N(%)	Not at all	No more	Rather more
6. feeling of tightness or pressure in your head		12(5.7)	31(14.8)	79(37.8)
7. having hot or cold spells		6(2.9)	10(4.8)	62(29.7)
8. lost much sleep over worry		7(3.3)	22(10.5)	88(42.1)
9. lost much sleep over worry		6(2.9)	15(7.2)	87(41.6)
10. felt constantly under strain		8(3.8)	21(10)	69(33)
11. getting edgy and bad-tempered		10(4.8)	19(9.1)	82(39.2)
12. getting scared pr panicky for no reason		12(5.7)	14(6.7)	55(26.3)
13. found everything too much for you		5(2.4)	29(13.9)	76(36.4)
14. feeling nervous and strung-up all the time		3(1.4)	22(10.5)	75(35.9)
15. thinking of yourself as worthless person		20(9.6)	8(3.8)	36(17.2)
16. felt that life is entirely hopeless		22(10.5)	7(3.3)	39(18.7)
17. felt that life is not worth living		17(8.1)	5(2.4)	34(16.3)
18. could not do anything as your nervous were too bad		2(1)	4(1.9)	52(24.9)
19. found yourself wishing to be dead & away from all		1(0.5)	3(1.4)	36(17.2)
				169(80.90)
		Quicker	Same	Longer
21. been managing to keep yourself busy & occupied		13(6.2)	18(8.6)	99(47.4)
				79(37.8)

Table 4.4. Psychological Distress of the sample (cont.)

PSYCHOLOGICAL DISTRESS				
	More than	Same	Rather less	Much less
22. felt on the whole you were doing things well	10(4.8)	20(9.60)	117(56)	62(29.7)
23. satisfied with the way you are carried out your task	3(1.4)	29(13.9)	120(57.4)	57(27.3)
24. felt you are playing a useful part in things	9(4.3)	15(7.2)	116(55.5)	69(33)
25. felt capable of making decision about things	14(6.7)	27(12.9)	104(49.8)	64(30.6)
26. able to enjoy your normal day to day activities	13(6.2)	35(16.7)	110(49.8)	51(24.4)
27. thought of you might make away with yourself	71(34)	86(41.1)	35(16.7)	17(8.1)
28. found the idea of taking your own life kept coming into your mind	52(24.9)	73(34.9)	48(23)	36(17.2)
Total	$\bar{X}=3.2661$	$SD=.29782$	71(34)	94(45)

From result from the table 4.4, the levels of psychological distress reported in any items were quite high. It also showed that overall psychological distress among the nurses is high with $\bar{X}= 3.2661$, and $SD =.29782$. Among 209 nurses, 45% of them responded that they had high level of psychological distress, and 34% responded that they had rather high level of psychological distress.

4.3.2 Working motivation of the sample

Working motivation was measured by 29 items. Table 4.5 indicates frequency distribution of responses to each level of agreement on each statement. Mean and standard deviation of overall working motivation scores was calculated and presented.

Table 4.5 Working motivation of the sample

(N/%)	WORKING MOTIVATION				
	Strong disagree	Disagree	Mild disagree	Mild agree	Strong agree
1. satisfied relationship of peers my department	31(14.8)	107(51.2)	45(21.5)	15(7.2)	10(4.8)
2. to be respected by peers in my department	29(13.9)	109(52.2)	52(24.9)	9(4.3)	9(4.3)
3. feel my peers respond to my needs	11(5.3)	81(38.8)	71(34)	25(12)	18(8.6)
4. employer encourage me in profession	15(7.2)	92(44)	58(27.8)	18(8.6)	20(9.6)
5. satisfied level of assistance supervisor give	22(10.5)	69(33)	73(34.9)	24(11.5)	14(6.7)
6. satisfied relationship with my supervisor	21(10.1)	106(50.7)	43(20.6)	27(12.9)	8(3.8)
7. to be respected by my supervisor	24(11.5)	101(48.3)	49(23.4)	22(10.5)	5(2.4)
8. feel my direct supervisor is competent	37(17.7)	97(46.4)	4(1.9)	19(9.1)	46(22)
9. satisfied policies regarding carry my duty	24(11.5)	79(37.8)	62(29.7)	27(12.9)	8(3.8)
10. satisfied in decision regarding policies	12(5.7)	77(36.8)	72(34.4)	28(13.4)	13(6.2)
11. employer is fair in make policy's decision	23(11)	68(32.5)	63(30.1)	31(4.8)	15(7.2)

Table 4.5. Working motivation of the sample (cont.)

	WORKING MOTIVATION				
	Strong disagree	Disagree	Mild disagree	Mild Agree	Strong agree
12. corporate policies & procedure is effective	27(12.9)	103(49.3)	51(24.4)	16(4.8)	10(7.7)
13. satisfied policies are consistent my value	20(9.6)	75(35.9)	73(34.9)	28(13.4)	11(5.3)
14. satisfied with my achievement in my job	27(12.9)	115(55)	36(17.2)	22(10.5)	5(2.4)
15. find my job rewarding	20(9.6)	109(52.2)	58(27.8)	12(5.7)	7(3.3)
16. satisfied with my salary	16(7.7)	45(21.5)	75(35.9)	43(20.6)	12(5.7)
17. satisfied my promotion chances in my job	18(8.6)	97(46.4)	61(29.2)	18(8.6)	10(4.8)
18. satisfied autonomy I have in job's procedure	23(11)	99(47.4)	65(31.1)	14(76.7)	5(2.4)
19. satisfied to meet my job's needs	28(13.4)	95(45.5)	63(30.1)	16(7.7)	5(2.4)
20. to be challenged by my work	1(0.5)	66(31.6)	15(7.2)	94(45)	15(7.2)
21. satisfied amount duties for job's need	17(8.1)	93(44.5)	70(33.5)	17(8.1)	5(2.4)
22. satisfied employer's recognition my fulfill	15(7.2)	106(50.7)	60(28.7)	5(2.4)	19(9.1)
23. satisfied chance from employer to develop	21(10)	100(47.8)	54(25.8)	21(10)	11(5.3)

Table 4.5. Working motivation of the sample (cont.)

WORKING MOTIVATION					
	Strong disagree	Disagree	Mild disagree	Mild Agree	Strong agree
24. have an opportunity to develop others	19(9.1)	90(43.1)	24(11.5)	59(28.2)	12(5.7)
25. satisfied tasks' variety to enable me to do	20(9.6)	71(34)	91(43.5)	5(2.4)	6(2.9)
26. satisfied duty's level I have in my job	10(4.8)	48(23)	115(55)	6(2.9)	3(1.4)
27. satisfied duty level I have over other work	18(8.6)	74(35.4)	71(34)	26(12.4)	5(2.4)
28. satisfied duty's level employer give me	25(12)	103(49.3)	51(24.4)	15(7.2)	4(1.9)
29. happiness recognition's level from my peers	10(4.8)	60(28.7)	109(52.2)	25(12)	2(1)
Total	19(9.1)	87(41.6)	60(28.7)	24(11.4)	6(2.9)
	2.6014	.67515			

From the table 4.5, it showed that working motivation among the nurses is low with $\bar{X}=2.6014$, and $SD=.67515$. Overall among 209 nurses, 41.6% of them disagreed, and 28.7% had mild disagreement to overall working motivation statement.

4.3.3 Hardy personality of the sample

Hardy personality variable was divided by three dimensions, including commitment, challenge, and control. Frequency distribution of responses to each item is presented in table 4.6, as well as means and standard deviations of overall scores of commitment, challenge, and control.

Table 4.6 Hardy personality of the sample

HARDY PERSONALITY				
COMMITMENT	(N/%)	Not all true	little true	quite true
1. most of life is wasted in meaningless activities		112(53.6)	62(29.6)	35(16.7)
2. find difficult to imagine enthusiasm concerning work		80(38.3)	73(34.9)	54(25.8)
3. does not matter if people work hard for fewer bosses profit		101(48.3)	46(22)	62(29.6)
4. ordinary work is too boring to be worth doing		124(59.3)	41(19.6)	44(21.1)
5. beliefs in individuality is only justifiable to impress others		106(50.7)	56(26.8)	47(22.5)
6. People seem not know they are creatures after all		96(45.9)	49(23.4)	64(30.6)
Total	$\bar{X}= 1.7472$	SD=.47818	55(26.3)	51(24.4)

From result from the table 4.6, it showed that commitment is low with $\bar{X}= 1.7472$, and $SD=.47818$. Among 209 nurses, 49.3% of which respond to low commitment. Although the commitment has four levels, there were not respondents who gave the answer to the extreme side of high commitment.

Table 4.6 Hardy personality of the sample (cont)

CHALLENGE	(N/%)	Not all true	little true	quite true	complete true
1. The young owe the old complete economic security		43(20.6)	66(31.6)	58(27.8)	42(20.1)
2. A retired person should be free of all taxes		45(21.5)	40(19.1)	28(13.4)	96(45.9)
3. New laws is not passed if they damage one's income		38(18.2)	36(17.2)	49(23.4)	86(41.1)
4. No justify if endanger to health, food, & shelter of others		37(17.7)	53(25.4)	34(16.3)	85(40.7)
5. Pensions are the right of retired, or illness cannot work		18(8.6)	50(23.9)	49(23.4)	92(44)
6. people work for a living are manipulated by the bosses		33(15.8)	48(23)	66(31.5)	62(29.7)
7. Think of you as free person leads frustration & difficulty		85(40.7)	47(22.5)	45(21.5)	32(15.3)
8. Often I do not really know my own mind		106(50.7)	49(23.4)	37(17.7)	17(8.1)
Total	$\bar{X}=2.5919$	51(24.4)	49(23.4)	46(22)	63(30.2)

From result from the table 4.6, it showed that challenge is rather high with $\bar{X}= 2.5919$, and $SD=.57528$. Among 209 nurses, 30.2% of which respond to high challenge. However, it is rather high with 24.4 % at the low level of challenge.

Table 4.6 Hardy personality of the sample (cont.)

CONTROL (N/%)	1	2
1a. Becoming a success as hard work; luck has little or nothing to do with it	137(65.6)	72(34.4)
1b. Getting a good job depends mainly on being in the right place at the right time		
2a. most of us are the victims of forces we can neither understand nor control	146(69.9)	63(30.1)
2b. taking an active part in political & social affairs, people can control world events.		
3a. Most people don't realize their live's level are controlled by chance happenings	139(66.5)	70(33.5)
3b. There is really no such thing as "luck"		
4a. Sometimes I can't understand how supervisors arrive at work evaluations.	127(60.8)	82(39.2)
4b. There is a direct connection between how hard I work and the evaluations I get.		
5a. Many times I feel that I have little influence over the things that happen to me	153(73.2)	56(26.8)
5b. I cannot believe that chance or luck plays an important role in my life.		
6a. What happens to me is my own doing	130(62.2)	79(37.8)
6b. Sometimes I feel that I don't have enough control over the directions my life is		
Total	$\bar{X}= 1.1252$ SD=.16305	70(33.5)

From result from the table 4.6, it showed that control is low with $\bar{X}= 1.1252$, and SD=.16305. The control has two levels, so it indicated that control among of 209 nurses is low with 66.5%.

4.3.4 Social support of the sample

Social support was divided into two part a, and part b. Both parts have 27 questions. The frequency distribution of responses as well as mean and standard deviation of level of satisfaction in overall social support is presented in table 4.7.

Table 4.7 Social support of the sample

SOCIAL SUPPORT					
			SSa (N/%)	SSb (N/%)	
1. Whom can you really count on to listen to you when you need to talk?	1. Father/Mother	85(40.7)	1. Very dissatisfied	7(3.3)	
	2. Brother or sister	34(16.3)	2. Fairly dissatisfied	65(31.1)	
	3. Husband/wife	58(27.8)	3. A little dissatisfied	3(1.4)	
	4. Friends	23(11)	4. A little satisfied	73(34.9)	
	5. Yourself	4(1.9)	5. Fairly satisfied	52(24.9)	
	6. No one	5(2.4)	6. Very satisfied	9(4.3)	
2. Whom can you really count on to help you if a person you think was a good friend insulted you & told he/she did not want to see you again?	1. Father/Mother	82(39.2)	1. Very dissatisfied	15(7.2)	
	2. Brother or sister	26(12.4)	2. Fairly dissatisfied	54(25.8)	
	3. Husband/wife	71(33.9)	3. A little dissatisfied	10(4.8)	
	4. Friends	19(9.1)	4. A little satisfied	66(31.6)	
	5. Yourself	1(0.5)	5. Fairly satisfied	40(19.1)	
	6. No one	10(4.8)	6. Very satisfied	24(11.5)	

Table 4.7 Social support of the sample (cont.)

SOCIAL SUPPORT					
SSa			SSb		
3. Whose lives do you feel that you are an important part of?	1. Father/Mother	132(63.2)	1. Very dissatisfied	17(8.1)	
	2. Brother or sister	18(8.6)	2. Fairly dissatisfied	13(6.2)	
	3. Husband/wife	45(21.5)	3. A little dissatisfied	44(21.1)	
	4. Friends	7(3.3)	4. A little satisfied	93(44.5)	
	5. Yourself	3(1.4)	5. Fairly satisfied	39(18.7)	
	6. No one	4(1.9)	6. Very satisfied	3(1.4)	
4. Whom do you feel would help you if you were married and had just separate from your spouse?	1. Father/Mother	70(33.5)	1. Very dissatisfied	4(1.9)	
	2. Brother or sister	54(25.8)	2. Fairly dissatisfied	57(27.3)	
	3. Husband/wife	49(23.4)	3. A little dissatisfied	94(45)	
	4. Friends	28(13.4)	4. A little satisfied	2(1)	
	5. Yourself	5(2.4)	5. Fairly satisfied	359(16.7)	
	6. No one	3(1.4)	6. Very satisfied	17(8.1)	
5. Whom can you really count on to help you out in a crisis situation, even though they would have to go out of their way to do so?	1. Father/Mother	85(40.7)	1. Very dissatisfied	10(4.8)	
	2. Brother or sister	34(16.3)	2. Fairly dissatisfied	60(28.7)	
	3. Husband/wife	72(34.4)	3. A little dissatisfied	91(43.5)	
	4. Friends	7(3.3)	4. A little satisfied	9(4.3)	
	5. Yourself	4(1.9)	5. Fairly satisfied	29(13.9)	
	6. No one	3(1.4)	6. Very satisfied	10(4.8)	

Table 4.7 Social support of the sample (cont.)

SOCIAL SUPPORT			
	SSa		SSb
6. Whom can you talk frankly, Not watch what you say?	1. Father/Mother	78(37.3)	1. Very dissatisfied 4(1.9)
	2. Brother or sister	46(22)	2. Fairly dissatisfied 52(24.9)
	3. Husband/wife	54(25.8)	3. A little dissatisfied 8(3.8)
	4. Friends	269(12.4)	4. A little satisfied 102(48.8)
	5. Yourself	3(1.4)	5. Fairly satisfied 36(17.2)
	6. No one	2(1)	6. Very satisfied 7(3.3)
7. Who helps you feel that you truly have something positive to contribute to others?	1. Father/Mother	7(36.8)	1. Very dissatisfied 6(2.9)
	2. Brother or sister	30(14.4)	2. Fairly dissatisfied 60(28.7)
	3. Husband/wife	63(30.1)	3. A little dissatisfied 7(3.3)
	4. Friends	33(15.8)	4. A little satisfied 88(42.1)
	5. Yourself	2(1)	5. Fairly satisfied 37(17.7)
	6. No one	4(1.9)	6. Very satisfied 11(5.3)
8. Whom can you really count on to distract you from your worries when you feel under stress?	1. Father/Mother	91(43.5)	1. Very dissatisfied 9(4.3)
	2. Brother or sister	29(13.9)	2. Fairly dissatisfied 59(28.2)
	3. Husband/wife	55(26.3)	3. A little dissatisfied 1(0.5)
	4. Friends	16(7.7)	4. A little satisfied 92(44)
	5. Yourself	11(5.3)	5. Fairly satisfied 40(19.1)
	6. No one	7(3.3)	6. Very satisfied 8(3.8)

Table 4.7 Social support of the sample (cont.)

SOCIAL SUPPORT					
SSa			SSb		
9. Whom can you really count on to dependable when you need help?	1. Father/Mother	105(50.2)	1. Very dissatisfied	15(7.2)	
	2. Brother or sister	41(19.6)	2. Fairly dissatisfied	9(4.3)	
	3. Husband/wife	43(20.6)	3. A little dissatisfied	55(26.3)	
	4. Friends	14(6.7)	4. A little satisfied	94(45)	
	5. Yourself	3(1.4)	5. Fairly satisfied	30(14.4)	
	6. No one	3(1.4)	6. Very satisfied	6(2/9)	
10. Whom can you really count on to help you out if you had just been tired from your job or expelled from school?	1. Father/Mother	90(43.1)	1. Very dissatisfied	13(6.2)	
	2. Brother or sister	35(16.7)	2. Fairly dissatisfied	7(3.3)	
	3. Husband/wife	47(22.5)	3. A little dissatisfied	62(29.7)	
	4. Friends	32(15.3)	4. A little satisfied	84(40.2)	
	5. Yourself	4(1.9)	5. Fairly satisfied	32(15.3)	
	6. No one	1(0.5)	6. Very satisfied	11(5.3)	
11. With whom can you totally be yourself?	1. Father/Mother	97(46.4)	1. Very dissatisfied	5(2.4)	
	2. Brother or sister	31(14.8)	2. Fairly dissatisfied	46(22)	
	3. Husband/wife	42(20.1)	3. A little dissatisfied	10(4.8)	
	4. Friends	33(15.8)	4. A little satisfied	107(51.2)	
	5. Yourself	4(1.9)	5. Fairly satisfied	34(16.3)	
	6. No one	2(1)	6. Very satisfied	7(3.3)	

Table 4.7 Social support of the sample (cont.)

SOCIAL SUPPORT				
	SSa		SSb	
12. Whom do you feel really appreciates you as a person?	1. Father/Mother	92(46.9)	1. Very dissatisfied	15(7.2)
	2. Brother or sister	32(15.3)	2. Fairly dissatisfied	42(20.1)
	3. Husband/wife	39(15.8)	3. A little dissatisfied	6(2.9)
	4. Friends	40(19.1)	4. A little satisfied	114(54.5)
	5. Yourself	5(2.4)	5. Fairly satisfied	23(11)
	6. No one	1(0.5)	6. Very satisfied	9(4.3)
13. Whom can you really count on to give you useful suggestion that help you to avoid making mistake?	1. Father/Mother	89(42.6)	1. Very dissatisfied	3(1.4)
	2. Brother or sister	43(20.6)	2. Fairly dissatisfied	45(21.5)
	3. Husband/wife	53(25.4)	3. A little dissatisfied	2(1)
	4. Friends	16(7.7)	4. A little satisfied	27(12.9)
	5. Yourself	2(1)	5. Fairly satisfied	128(61.2)
	6. No one	6(2.9)	6. Very satisfied	4(1.9)
14. Whom can you really count on to listen openly and uncritically to your innermost feelings?	1. Father/Mother	83(39.7)	1. Very dissatisfied	13(6.2)
	2. Brother or sister	33(15.8)	2. Fairly dissatisfied	51(24.4)
	3. Husband/wife	56(26.8)	3. A little dissatisfied	4(1.9)
	4. Friends	27(12.9)	4. A little satisfied	103(49.3)
	5. Yourself	6(2.9)	5. Fairly satisfied	32(15.3)
	6. No one	4(1.9)	6. Very satisfied	6(2.9)

Table 4.7 Social support of the sample (cont.)

SOCIAL SUPPORT					
SSa			SSb		
15. Who will comfort you when you need it by holding you in their arms?	1. Father/Mother	123(58.9)	1. Very dissatisfied		8(3.8)
	2. Brother or sister	23(11)	2. Fairly dissatisfied		6(2.9)
	3. Husband/wife	39(18.7)	3. A little dissatisfied		58(27.8)
	4. Friends	11(5.3)	4. A little satisfied		97(46.4)
	5. Yourself	6(2.9)	5. Fairly satisfied		31(14.8)
	6. No one	7(3.3)	6. Very satisfied		9(4.3)
16. Whom do you feel would help if a good friend of yours had been in a car accident and was hospitalized in serious condition?	1. Father/Mother	83(39.7)	1. Very dissatisfied		6(2.9)
	2. Brother or sister	23(11)	2. Fairly dissatisfied		58(27.8)
	3. Husband/wife	84(40.2)	3. A little dissatisfied		12(5.7)
	4. Friends	10(4.8)	4. A little satisfied		84(40.2)
	5. Yourself	8(3.8)	5. Fairly satisfied		41(19.6)
	6. No one	1(0.5)	6. Very satisfied		8(3.8)
17. Whom can you really count on to help you feel more relaxed when you are under pressure or tense?	1. Father/Mother	85(40.6)	1. Very dissatisfied		7(3.3)
	2. Brother or sister	27(12.9)	2. Fairly dissatisfied		5(2.4)
	3. Husband/wife	74(35.4)	3. A little dissatisfied		63(30.1)
	4. Friends	15(7.2)	4. A little satisfied		31(14.8)
	5. Yourself	6(2.9)	5. Fairly satisfied		99(47.4)
	6. No one	2(1)	6. Very satisfied		4(1.9)

Table 4.7 Social support of the sample (cont.)

SOCIAL SUPPORT					
SSa			SSb		
18. Whom do you feel would help if a family member very close to you died?	1. Father/Mother	87(41.6)	1. Very dissatisfied	4(1.9)	
	2. Brother or sister	21(10.1)	2. Fairly dissatisfied	60(28.7)	
	3. Husband/wife	76(36.4)	3. A little dissatisfied	18(8.6)	
	4. Friends	13(6.2)	4. A little satisfied	80(38.3)	
	5. Yourself	3(1.4)	5. Fairly satisfied	45(21.5)	
	6. No one	9(4.3)	6. Very satisfied	2(1)	
19. Who accepts you totally, including both your worst and your best points?	1. Father/Mother	139(66.5)	1. Very dissatisfied	11(5.3)	
	2. Brother or sister	32(15.3)	2. Fairly dissatisfied	57(27.3)	
	3. Husband/wife	24(11.5)	3. A little dissatisfied	4(1.9)	
	4. Friends	8(3.8)	4. A little satisfied	99(47.4)	
	5. Yourself	5(2.4)	5. Fairly satisfied	40(19.1)	
	6. No one	1(0.5)	6. Very satisfied	5(2.4)	
20. Whom can you really count on to care about you, regardless of what is happening to you?	1. Father/Mother	130(62.2)	1. Very dissatisfied	12(5.7)	
	2. Brother or sister	36(17.2)	2. Fairly dissatisfied	10(4.8)	
	3. Husband/wife	25(12)	3. A little dissatisfied	53(25.4)	
	4. Friends	2(1)	4. A little satisfied	99(47.4)	
	5. Yourself	7(3.3)	5. Fairly satisfied	29(13.9)	
	6. No one	9(4.3)	6. Very satisfied	6(2.9)	

Table 4.7 Social support of the sample (cont.)

SOCIAL SUPPORT			
	SSa		SSb
21. Whom can you really count on to listen to you when you are very angry at someone else?	1. Father/Mother	92(44)	1. Very dissatisfied 18(8.6)
	2. Brother or sister	25(12)	2. Fairly dissatisfied 62(29.7)
	3. Husband/wife	53(25.4)	3. A little dissatisfied 2(1)
	4. Friends	23(11)	4. A little satisfied 95(45.5)
	5. Yourself	10(4.8)	5. Fairly satisfied 23(11)
	6. No one	6(2.9)	6. Very satisfied 9(4.3)
22. Whom can you really count on to tell you, in a thoughtful manner, when you need improve some way?	1. Father/Mother	82(39.2)	1. Very dissatisfied 4(1.9)
	2. Brother or sister	56(26.8)	2. Fairly dissatisfied 59(28.2)
	3. Husband/wife	54(25.8)	3. A little dissatisfied 5(2.4)
	4. Friends	13(6.2)	4. A little satisfied 106(50.7)
	5. Yourself	1(0.5)	5. Fairly satisfied 289(13.4)
	6. No one	3(1.4)	6. Very satisfied 7(3.3)
23. Whom can you really count on to help you feel better when you are feeling generally down-in-dumps?	1. Father/Mother	104(49.7)	1. Very dissatisfied 8(3.8)
	2. Brother or sister	40(19.1)	2. Fairly dissatisfied 44(21.1)
	3. Husband/wife	48(23)	3. A little dissatisfied 4(1.9)
	4. Friends	69(2.9)	4. A little satisfied 114(54.5)
	5. Yourself	6(2.9)	5. Fairly satisfied 25(12)
	6. No one	5(2.4)	6. Very satisfied 14(6.7)

Table 4.7 Social support of the sample (cont.)

SOCIAL SUPPORT					
	SSa			SSb	
24. Whom do you feel truly loves you deeply?	1. Father/Mother	98(46.9)	1. Very dissatisfied		10(4.8)
	2. Brother or sister	51(24.4)	2. Fairly dissatisfied		28(13.4)
	3. Husband/wife	15(7.2)	3. A little dissatisfied		43(20.6)
	4. Friends	19(9.1)	4. A little satisfied		89(42.6)
	5. Yourself	24(11.5)	5. Fairly satisfied		31(14.8)
	6. No one	2(1)	6. Very satisfied		8(3.8)
25. Whom can you account on to console when you are very upset?	1. Father/Mother	93(44.5)	1. Very dissatisfied		11(5.3)
	2. Brother or sister	30(14.4)	2. Fairly dissatisfied		60(28.7)
	3. Husband/wife	64(30.6)	3. A little dissatisfied		2(1)
	4. Friends	14(6.7)	4. A little satisfied		93(44.5)
	5. Yourself	5(2.4)	5. Fairly satisfied		38(18)
	6. No one	3(1.4)	6. Very satisfied		5(2.4)
26. Whom can you really count on to support you in major decisions you make?	1. Father/Mother	121(57.9)	1. Very dissatisfied		16(7.7)
	2. Brother or sister	22(10.5)	2. Fairly dissatisfied		5(2.4)
	3. Husband/wife	27(21.9)	3. A little dissatisfied		65(31.1)
	4. Friends	9(4.3)	4. A little satisfied		98(46.9)
	5. Yourself	19(9.1)	5. Fairly satisfied		18(8.6)
	6. No one	11(5.3)	6. Very satisfied		7(3.3)

Table 4.7 Social support of the sample (cont.)

SOCIAL SUPPORT					
SSa			SSb		
27. Whom can you really count on to help you feel better when you are very irritable, ready to get angry at almost anything?	1. Father/Mother	96(47.4)	1. Very dissatisfied		2(1)
	2. Brother or sister	36(17.2)	2. Fairly dissatisfied		58(27.8)
	3. Husband/wife	43(20.6)	3. A little dissatisfied		17(6.2)
	4. Friends	25(12)	4. A little satisfied		90(43)
	5. Yourself	5(2.4)	5. Fairly satisfied		32(15.3)
	6. No one	4(1.9)	6. Very satisfied		10(4.8)
Total	1. Father/Mother	97(46.4)	1. Very dissatisfied		9(4.3)
SSb:	2. Brother or sister	33(15.8)	2. Fairly dissatisfied		42(20.1)
	3. Husband/wife	51(22.4)	3. A little dissatisfied		28(13.4)
	4. Friends	18(8.6)	4. A little satisfied		84(40.2)
	5. Yourself	6(2.9)	5. Fairly satisfied		38(18.2)
	6. No one	4(1.9)	6. Very satisfied		8(3.8)

Following the result, it was shown that the sources of social support based on the father/mother, husband/wife, and brother/sister with 46.4% (97/209), 24.4% (51/209), and 15.8% (33/209) respectively. From result from the table 4.7, it showed that social support among the nurses is moderate with \bar{X} = 3.2729, and SD =.53533. Among 209 nurses, 40.2% of the respondents reported little satisfaction, but 20.1 % responded to be fairly dissatisfied with social support.

4.4 Multiple Regression Analysis

4.4.1 The assumption testing

The figure (Appendix B) showed that the overall pattern of the residuals was similar to the bell-shaped pattern (normal curve) observed when plotting a histogram of normally distributed data. For this study, the figure (Appendix B) also showed that the plot of residuals was close to straight line- assume linearity of residuals, it was well enough to support a conclusion that the residuals are normally distributed. There was also no pattern as appear in the Scatterplot -> assumed constant variance (Appendix B)

In the Model summary table, the Durbin-Watson statistics shows $d = 2.004$ (Appendix B) which is close to 2. It was indicated that there is no autocorrelation among the residuals.

Table 4.8 Pearson correlation among Working motivation, Social support, and Hardy personality with Psychological distress.

Variables	PD	Moti	Hardy	SSb
PD	1			
Mote	-.510**	1		
Hardy	-.153*	.081	1	
SSb	-.059	-.136	-.120	1

** Correlation is significant at the 0.01 level (two tailed)

*Correlation is significant at the 0.05 level (two tailed)

To examine the levels of relationships between all research variables, Pearson correlation coefficients were computed, and are presented in Table 4.8. It was found that the relationship between working motivation (Moti), and psychological distress (PD) is significant ($r = -.510$, $p < .05$), the relationship between hardy personality (Hardy) and psychological distress is also significant ($r = -.153$, $p < .05$), but the relationship between social support and psychological distress is not significant ($r = -.059$, $p > .05$).

It appears that all independent variables are not significantly correlated with each other, indicating that these variables are independent from each other. It also showed that no pairs of predictor variables are highly correlated ($r > 0.80$). Therefore, there is no multicollinearity problem exist in this dataset.

4.4.2 Multiple regression results

In order to test hypothesized relationship between working motivation, hardy personality, and social support, a multiple regression analyses were conducted.

The ANOVA table (Appendix B) shows $F=28.325$; $df=3$; $P\text{-value}=0.000$ (sig), so the observed significance level (p-value) is smaller than 0.05, indicating that the regression model as a whole significant and the relationship between the three predictors and psychological distress is linear.

Table 4.9 Multiple Regression Analysis of Psychological distress of nurses

Variables	β	$*\beta$	SE	t-value	R^2	F-ratio
Motivation	-.229	-.519	.026	-8.744	.260	72.81**
SS	-.081	-.145	.033	-2.427	.277	39.45*
Hardy	-.118	-.128	.055	-2.162	.293	28.33*

** $P < .001$, * $p < 0.05$

The Regression equation

$PD = \alpha + \beta \text{ Moti} + \beta \text{ SSb} + \beta \text{ Hardy} = 4.126 + (-.229) \text{ Moti} + (-.081) \text{ SS} + (-.118) \text{ Hardy}$

A regression analysis (table 4.9), using stepwise method was performed in order to test the hypothesized relationship among variables. The result showed that Moti has statistically significant negative association with psychological distress with $B = -0.229$, $p < .001$. Therefore, we reject the null hypothesis that there is no relationship between working Motivation and psychological distress. Nurses who have high level of motivation tend to have low psychological distress. Next, the outcome showed that social support has statistically significant negative association with psychological distress at $B = -0.81$, $P < .05$. Hence, we reject the null hypothesis that

there is not relationship between social support and psychological distress. Nurses who have high level of social support lead to have low psychological distress. The result also showed that Hardy has statistically significant negative association with psychological distress at $B = -0.118$, $P < .05$. The null hypothesis was rejected that there is not relationship between Hardy personality and psychological distress. Nurse who have high hardy personality tend to have low psychological distress.

Following the result $R^2 = .293$, indicating that the three variables (working motivation, hardy personality, and social support) can account for 29.3% of the observed variation in level of psychological distress. It was also identified that β of working motivation is larger than Hardy personality, and social support. It indicates that the level of working motivation has the largest relative contribution among all variables, followed by social support, and Hardy personality. Therefore, working motivation is the most important factor relating to psychological distress level.

❖ Chapter summary

The total of 209 questionnaires was completed. The analysis results confirmed the relationship between psychological distress with working motivation, hardy personality, and social support. It indicated that the nurses, who have low of working motivation will have high level of psychological distress than those who are more satisfied with their working condition. The nurses who have lower level of hardy personality tend to have high level of psychological distress than those with higher level of hardy personality. The nurses who have low social support tend to have high psychological distress than who receive higher level of social support. It also mentioned that the level of working motivation has the largest relative contribution among all variables, followed by Hardy personality, and social support. Therefore, working motivation is the most important factor relating to psychological distress level. The finding may contribute to the situation in the Soc Trang Hospital. It can help for the administrators recognize the problems of nurses as well as medical staff and find out the way to reduce the level of psychological distress as well as to improve the working motivation, and social support to fit their demands and working condition.

CHAPTER V

DISCUSSION

This chapter presents a discussion regarding the relationships of working motivation, hardy personality, and social support with psychological distress among nurses. The extent to which these three predictors could concurrently contribute to the level of psychological distress is also discussed.

5.1 Discussion

Is there relationship between working motivation and psychological distress?

From table 4.9, the result shows that working motivation has strong negative association with psychological distress ($\beta = -.229, p < .05$). It supports the alternative hypothesis that there is a relationship between working motivation and psychological distress. It indicates that nurses, who have high level of working motivation tend to have low level of psychological distress.

Working motivation is the most important factors relating to psychological distress as reflected in nurses' responses to the general health questionnaire. Nursing is a sensitive profession that keeps a crucial role in the society. Not only motivated by high salary, rapidly promotion, and security in the workplace as the other professionals do, but also sense of responsibility to save the life of patients. It was said that, registered-nurses are "the eyes and ears of the hospital for judging whether a patient is recovering normally" (Denise, 2002).

Karasek's (1979) job strain model posits that the interaction between job demands and job decision latitude is the primary source of work-related psychological distress, and that the risk of strain will be higher in situations where demands are high

and decision latitude is low. The model suggests that there is an optimum balance between demands (including workload, work scheduling) and control (such as skill discretion, decision authority). From the model it would imply that if there is optimum balance, the nurses will be satisfied their job and have low psychological distress as a result. Working motivation can also be believed as part of the person's psychological resources (Holland, 1985).

Is there relationship between social support and psychological distress?

From Table 4.9, the result shows that social support has significant negative relationship with psychological distress ($\beta = -.081$, $p < .05$). It supports the hypothesis that there is a relationship between social support and psychological distress. It also indicates that nurses, who have high level of social support tend to have low level of psychological distress.

Less encouragement and support at work were reported because there was alternations in the work condition. Hence, social support was associated with psychological distress. This was found to have influences with psychological distress in many studies (Jenkins, & Elliott., 2004; Cohen, & Wills., 1985; 2006; Bolder, & Amarel., 20070). In the society with less support and more loneliness, it could lead to get psychological distress easily. If health problems under pressure lasts a long-term, it is confirmed that this health problems may be a psychological stressor.

How can social support affect a person's well-being? It is mentioned that there is three possible aspects: first, social support directly reduces stressors influence to the individual; second, it impacts directly to health; last, social support can reduce the relationship between psychological stress and well-being (Payne, & Jones, 1987). It seemed that a high level of social support, both internal and external work, lead to healthy. In addition, there is very little research on occupational stress has looked effects of social support from outside the work (Kessler et al., 1987). Those findings here are consistent with those in the literature, namely support from family outside work, were more effective than that of colleagues or friends. Although families may not be able to solve any practical problem at work, they offer socio-emotive support which gratifies basic human needs for acceptance, esteem, and security. Furthermore,

when these workers are concerned, support from family can also be very tangible, in terms of funds, manpower supply, etc.

These results could be explained in terms of the Person-Environment Fit theory. People have differences in their needs and abilities because they have differences in their motivations and demands. When there is a unsuited fit between the individual's characteristic, and the properly work's characteristics, it will lessen in workers' well being (French et al., 1982). In terms of the management of stress, this was a case of motivation deficit, and intervention programs should firmly target this particular kind of misfit. In several studies, it is suggested that a wide network of social contacts was coordinated in a considerable resistance to prevent an illness after contact with a popular cold virus. Researches reckon that if there is a broad of social support may assist to safeguard the body's immune system as a shield against stressors (Cohen & Mannarino, 1997)

It should be noted that, although the regression result indicates social support as having significant negative contribution to psychological distress, the correlation analysis found that the association is marginally significant ($r = -.059$, $p = 0.97$). This states the necessity to further confirm such hypothesis by increasing the sample size of the study.

Is there relationship between hardy personality and psychological distress?

From Table 4.9, the result shows that hardy personality has negative relationship with psychological distress ($\beta = -.118$, $p < .05$). It also supports the hypothesis that there is a relationship between hardy personality and psychological distress and indicates that the nurses have high hardy personality they have less psychological distress.

Three relevant common arrangement of commitment, control, and challenge are included in hardy personality structure. Those functions as a resistance source confront of stressful circumstances as well as psychological distress. The commitment character was explained as a trend involving oneself in the life's activities. It has a curiosity and real appeal in the surrounding world (Kobasa, 1979). The control element was mentioned as a trend to think and action as if someone can

impact the situations happening around him /herself through one's own endeavour. Last, the challenge nature was indicated as the faith alternation rather than steadiness. It is the common modality of life and improves chances of individual's growth rather than dangers to safety. These three components provide together the motivation and courage required to change stressful circumstances from potential risks into chances for personal's development (Maddi, 2006).

The result of this study is consistent with a number of research studies concerning stress as well as psychological distress. Hardiness is often thought as an crucial factor in psychological restore or an individual-level trail-way leading to restore consequences (Bartone, 2006). Since 1979, fairly considerable researches have mentioned to hardiness that its beneficial impacts and buffers have the effect of stress on health and performance. However, not at all investigation has been able to prove such moderating, and effects. There is a conflict whether the impacts of hardiness are interactive or independent of levels of PD (Sinclair, & Tetrick. 2000). The individuals in high hardiness have the tendency to turn stressful situations into challenge and alternate them in the ways with less risk. As a consequence of these optimistic evaluations, the effect of the stressful circumstance is lessen. It leads to lessen negatively impact to the individual's health as well. (Kobasa, 1982). Psychological hardy people emerge to face with more influence with stressors by practice more active, confronting of solving-problem. They have less depression and fewer physical symptoms in coping stressors than those who have less hardy personality (Pengilly, & Dowd, 2000).

It is also emphasized that people's ability has high hardy personality, they control stressors better than the others because they recognize themselves and choose stressors as their challenge. They receive the stressors that they cope as to help their life more challenging and interesting. It is not as their burdening with additional pressures. Control is a sense and a main element in hardy personality. The Hardy personality is suggested as a moderating impact on this process; it will encourage the beneficial effects in mental health by behavioral coping, and utilizing social support. Moreover, it also contributes in effective self-care and health practices (Maddi, 2006).

Could the variation of psychological distress be explained by the three variables?

From Table (Appendix B), the result shows that 29.3% of variance in psychological distress is accounted for by the three factors (working motivation, social support and hardy personality), implicating that the conditions in the workplace i.e., working motivation, hardy personality and social could determine their psychological distress status.

However, since only 29.3 % of the variance of psychological distress was accounted for by the three variances, it implies that there might be some other factors that will have additional effects to psychological distress as well, for example

5.2 Limitation of study:

Although the striking finding of this study is the relationship of three factors with psychological distress, the limitations of the study should be noted.

- This study is only carried with registered-nurses who have been working in the hospital at least for five years. It excludes those who have been working less than that. Therefore, it could not see the whole picture of overall psychological distress among nurses when the impacts of self-adaptation were considered. The level of psychological distress may be different due to nurses' ability to adapt to their environment.

- The limited contact between researcher and respondents in a self-administered survey makes it difficult to address participants' concerns directly. Therefore, a qualitative study might help to capture detailed information of the sources of nurses' psychological distress.

- The respondents have limited time for answering and understanding the questions due to their high workloads, which resulted in limited time for face-to-face explanation from the researcher when they have questions about responding the survey.

- Some nurses are worried if answering the questionnaire is a violation to the hospital regulations. Some might think that answering the truth may affect to their work.
- The study only surveyed one hospital although there are 13 hospitals in Soc Trang Province. As a result, the generation of the study results to wider areas may be limited.

CHAPTER VI

CONCLUSION AND RECOMMENDATION

6.1 Conclusion

This study explored the relationship of working motivation, hardy personality, social support, and psychological distress among nurses working in Soc Trang General Hospital in Vietnam. It was carried out from 209 nurses, who had working in Soc Trang Hospital at least for five years. It is conducted from July, 2012.

The results are as follow:

1. The rate of female was 67.5%, and male was 32.5%, the age of nurses with a maximum age of 24, and a minimum of 52 years old. The majority of the nurses was from 24- 30 and 31-35 years old. 45.5% of total respondents had been in this profession for 5-10 years while 9.5% had been working for more than 25 years. The majority of the respondents worked in obstetric (17.2%) and surgery (14.4%) departments. The minorities were from Dental (1.0%) and Mental (1.4%) departments.
2. The overall' psychological distress among nurses were high while the levels of working motivation, hardy personality, and social support were low. Only the challenge dimension of hardy personality was relative high.
3. Working motivation, hardy personality, and social support have significant negative relationships with psychological distress, implying that when the nurses have low working motivation, hardy personality, and social support; they got high psychological distress.
4. Working motivation, hardy personality, and social support could account for 29.3% of the variance of psychological distress. It indicated that three independent variables have proportionate impacts on psychological distress. Among those three factors, working motivation is the best predictors of psychological distress, because working motivation only could account for as much as 26% ($R^2=0.26$) of the variance in the level of psychological distress.

In conclusion, this study found that working motivation was an important predictor, and could be a moderator interacted with individual hardy personality, which can be directly protective to reduce stressors to well-being. Moreover, social support cannot absent in the workplace, especially from supervisors as well as managers. Therefore, three independent variables in this study are imperative to the prevention of the psychological distress level in the workplace. As such, the study result affirms the importance of incorporating psychological distress in planning management and preventive programs.

6.2 Recommendations

From the results of the study, recommendations are as follows;

6.2.1 Recommendations for managerial practices

1. The result shows that working motivation is the best predictor of psychological distress because only working motivation alone accounted for 26% of variance in psychological distress ($R^2 = 0.26$). Thus, the hospital administrators should find out the way to build up the nurses' motivation. Based on the results from working motivation, job promotion, recognition, work-itself, and self-development opportunity should be improved. Moreover, the activities for better relationship between colleagues and administrators must be done.

2. Support in the workplace must be provided to help the nurses be able to cope with stress as well as psychological distress. It would be emotional support, esteem support, and tangible or information support.

6.2.2 Recommendations for further research

1. The study only examine the impact of support should put more focus on internal supports from the workplace as well.

2. As the combination of working motivation, hardy personality, and social support can account only for 29.3% of the variance of psychological distress,

other factors related to psychological distress should be concerned for further researches.

3. Qualitative research method should be applied for further research to explore how nurses have psychological distress and how they cope with it in more details.

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APPENDICES

3. felt that you are ill?				
4. been feeling run-down and out of sorts?				
5. been getting any pains in your head?				
6. been getting a feeling of tightness or pressure in your head?				
7. been having hot or cold spells?				
8. lost much sleep over worry?				
9. had difficulty in staying asleep?				
10. felt constantly under strain?				
11. been getting edgy and bad-tempered?				
12. been getting scared or panicky for no good reason?				
13. Found everything getting too much for you?				
14. been feeling nervous and strung-up all the time?				
15. been taking longer over the things you do? 1 Quicker than usual 2 Same as usual 3 Longer than usual 4 Much longer than usual

	1 More than usual	2 Same as usual	3 Rather less than usual	4 Much less than usual
16. been managing to keep yourself busy and occupied?				
17. felt on the whole you were doing things well?				
18. been satisfied with the way you are carried out your task?				
19. felt that you are playing a useful part in things?				
20. felt capable of making decisions about things?				
21. been able to enjoy your normal day to day activities?				
	1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
22. been thinking of yourself as worthless person?				
23. felt that life is entirely hopeless?				
24. felt that life isn't worth living?				
25. found at times you couldn't do anything because your nerves were too bad?				
26. found yourself wishing you were dead and away from it all?				

27. thought of the possibility that you might make away with yourself?	...1..... Definitely not2... I don't think so3..... Has crossed my mind4..... Definitely has
28. found the idea of taking your own life kept come to your mind?				

Part 3. Motivation-hygiene

Please read and answer carefully the questions. You will choose following six responses to be suitable with you.

	6 Strongly agree	5 Agree	4 mildly agree	3 mild dis- agree	2 Dis- agree	1 Strongly disagree
1. I am satisfied with my current relationship with my peers in my department						
2. I am respected by my peers in my department						
3. I feel that my peers respond to my needs						
4. My employer encourages me to get involved in professional organization						
5. I am satisfied with the level of assistance my supervisor gives me						

6. I am satisfied with my relationship with my supervisor						
7. I am respected by my supervisors						
8. I feel my direct supervisor is competent						
9. I am satisfied with my employer's policies regarding carrying out my job responsibility						
10. I am satisfied with my level of involvement in decision-making regarding policies for my area.						
11. I feel that my employer is fair in the decision they make about policies						
12. I feel corporate policies and procedures in relation to my position are effective						
13. I am satisfied that policies are consistent with my values.						
14. I am satisfied what I have achieved in my job						
15. I find my job rewarding						
16. I am satisfied with my						

salary						
17. I am satisfied with my chances for promotions in my current job						
18. I am satisfied with the autonomy I have over my work procedures						
19. I am satisfied that my job meets my professional needs.						
20. I am challenged by my work						
21. I am satisfied with the amount of from regular duties to pursue profession develop needs						
22. I am satisfied with the recognition I receive for my accomplishments from my employer						
23. I am satisfied with the opportunity any employer offers me to learn and develop.						
24. I have an opportunity to develop others						
25. I am satisfied with the variety of tasks that my job enables me to do.						
26. I am satisfied with the level of responsibility I						

have over my own work						
27. I am satisfied with the level of responsibility I have over work of others						
28. Overall, I am satisfied with the level of responsibility my employer gives me						
29. I am happy with the level of recognition I received from my peers						

Part 4: Hardiness measure

The items below consist of attitudes with which you may or may not agree. As you will see, many of the items are worded very strongly. This is so you can decide the degree to which you agree or disagree. Please indicate your reaction to each item according to the following scheme. Please read the items carefully. Be sure to answer on the basis of the way you feel now.

• Instructions part I

	1 Not at all true	2 A little true	3 Quite true	4 Completely True
1. Most of life is wasted in meaningless activity				
2. I find it difficult to imagine enthusiasm concerning work				
3. It doesn't matter if people work hard at their job; only a few bosses profit				

4. Ordinary work is too boring to be worth doing				
5. The beliefs in individuality is only justifiable to impress others				
6. Unfortunately, people don't seem to know that they are only creatures after all.				
7. The young owe the old complete economic security				
8. A retired person should be free of all taxes				
9. New laws should not be passed if they damage one's income				
10. There are no condition which justify endangering the health, food, and shelter of one's family or of one's self				
11. Pensions large enough to provide for dignified living are the right of all when age or illness prevents one from working				
12. Those who work for a living are manipulated by the bosses.				
13. Thinking of yourself as a free person leads to great frustration and difficulty				
14. Often I do not really know my own mind				

• **Instructions part II**

Please indicate which of the two statements provided in each item listed below better represents your attitude. Circle your choice for each item

1a. Becoming a success is a matter of hard work; luck has little or nothing to do with it

1b. Getting a good job depends mainly on being in the right place at the right time

2a. As far as world affairs are concerned, most of us are the victims of forces we can neither understand nor control

2b. by taking an active part in political and social affairs the people can control world events.

3a. Most people don't realize the extent to which their lives are controlled by accidental happenings.

3b. There is really no such thing as "luck"

4a. Sometimes I can't understand how supervisors arrive at work evaluations.

4b. There is a direct connection between how hard I work and the evaluations I get.

5a. Many times I feel that I have little influence over the things that happen to me

5b. It is impossible for me to believe that chance or luck plays an important role in my life.

6a. What happens to me is my own doing

6b. Sometimes I feel that I don't have enough control over the directions my life is taking.

Part 4. Social support questionnaire

The following questions ask about people in your environment who provide you with help or support. **All questions have two parts**

- **Part A**, list all people you know, excluding yourself. Whom you can count on for help or support in the manner described. Give the person's initials and their relationship to you.

Part B, Circle how you satisfied you are with the overall support you have. If you have no support for a question, check the words "No one", but still rate your level of satisfaction. Please answer all questions as best you can. All your responses will be kept confidential.

Question 1. Whom can you really count on to listen to you when you need to talk?

Part A:

1. Father/Mother

2. Brother or sister

3. Husband/wife

4. Friends

5. Yourself

6. No one

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 2. Whom can you really count on to help you if a person whom you thought was a good friend insulted you and told that he/she doesn't want to see you again?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 3. Whose lives do you feel that you are an important part of?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 4. Whom do you feel would help you if you were married and had just separate from your spouse?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 5. Whom could you really count on to help you out in a crisis situation, even though they would have to go out of their way to do so?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 6. Whom can you talk frankly, without having to watch what you say?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 7. Who helps you feel that you truly have something positive to contribute to others?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 8. Whom could you really count on to distract you from your worries when you feel under stress?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 9. Whom could you really count on to be dependable when you need help?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 10. Whom could you really count on to help you out if you had just been fired from your job or expelled from school?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 11. With whom can you totally be yourself?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 12. Whom do you feel really appreciates you as a person?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 13. Whom could you really count on to give you useful suggestion that help you to avoid making mistake?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 14. Whom could you really count on to listen openly and uncritically to your innermost feelings?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 15. Who will comfort you when you need it by holding you in their arms?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 16. Whom do you feel would help if a good friend of yours had been in a car accident and was hospitalized in serious condition?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 17. Whom you can really account on to help you feel more relaxed when you are under pressure or tense?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 18. Whom do you feel would help if a family member very close to you died?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 19. Who accepts you totally, including both your worst and your best points?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 20. Whom can you really count on to care about you, regardless of what is happening to you?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 21. Whom can you really count on to listen to you when you are very angry at someone else?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 22. Whom could you really count on to tell you, in a thoughtful manner, when you need to improve in some way?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 23. Whom could you really count on to help you feel better when you are feeling generally down-in-the-dumps?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 24. Whom do you feel truly loves you deeply?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 25. Whom can you account on to console you when you are very upset?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 26. Whom could you really count on to support you in major decisions you make?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

Question 27. Whom you can really count on to help you feel better when you are very irritable, ready to get angry at almost anything?

Part A:

- | | | |
|------------------|----------------------|-----------------|
| 1. Father/Mother | 2. Brother or sister | 3. Husband/wife |
| 4. Friends | 5. Yourself | 6. No one |

Part B: there is six levels

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. Very dissatisfied | 2. Fairly dissatisfied | 3. A little dissatisfied |
| 4. A little satisfied | 5. Fairly satisfied | 6. Very satisfied |

I appreciate the time you have taken to complete this form. Please check again to make sure you have completed all the items. If you have any questions about the form, please ask me. Thank you.

The questionnaire code

I. General question

Department (1-16):

1: internal 1	2: internal 2	3: internal 3
4: ICU –adult & Elderly	5: pediatric	6: ICU pediatric
7: contagious disease	8: obstetric	9: surgery
10: trauma	11: recuperative	12: ophthalmology
13: Otorhinolaryngology	14: dental	15: examination
16: mental		

Gender

Male: 1

female: 2

The level classify of questionnaire to account level of mean and standard deviations.

1. Psychological distress:

- The level 1 of psychological distress reveals low PD, and level 4 indicates high PD.

- The level of PD divided into four levels: 1 - 1.7 = low, 1.8 - 2.5 = rather low, 2.6 - 3.3 = rather high, and 3.4 - 4 = high

2. Working motivation

- The level of PD divided into five levels: The level of PD divided into five levels: 1 – 2 =very low, 2.1 - 3 =low, 3.1 - 4 =moderate, and 4.1 – 5= high, and 5.1 – 6 =very high.

3. Hardy personality:

- Commitment and challenge from question 1- 14. The level 1 reveals low hardy personality, and level 4 indicates high hardy personality.

+ Commitment: question 1-6 (Hacom). It was divided into four levels: 1- 1.7=low, 1.8 - 2.5 =rather low, 2.6 - 3.3= rather high, and 3.4 – 4= high.

+ Challenge: from question 7-14 (Hacha). The level of Challenge was divided into four level: 1 - 1.7 =low, 1.8 - 2.5= rather low, 2.6 - 3.3= rather high, and 3.4 – 4= high.

- Control from 15-20 question has two levels: level 1 is low, level 2 is high It was only two levels: 1-1.5=low and 1.5-2=high.

4. Social support

It was classified into five levels: 1 – 2 very low, 2.1 - 3 low, 3.1 – 4 moderate, 4.1 - 5 high, and 5.1 – 6 very high.

APPENDIX B

Table: Fieldwork and data analysis plan

Activities	June		July			August- December	January to April
	W2- W3	W 4	W 1	W 2	W3- W4		
Defense & Correct proposal							
Translate questionnaires							
Hospital approach to asking permission & contact with research assistance							
Pilot test questionnaires & collecting Data(15-20)							
Sending questionnaires & Collecting data							
Data Analysis							
Writing Thesis							

The tables from Regression analysis

ANOVA^d

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	4,800	1	4,800	72,809	,000 ^a
	Residual	13,648	207	,066		
	Total	18,449	208			
2	Regression	5,109	2	2,554	39,447	,000 ^b
	Residual	13,340	206	,065		
	Total	18,449	208			
3	Regression	5,406	3	1,802	28,325	,000 ^c
	Residual	13,042	205	,064		
	Total	18,449	208			

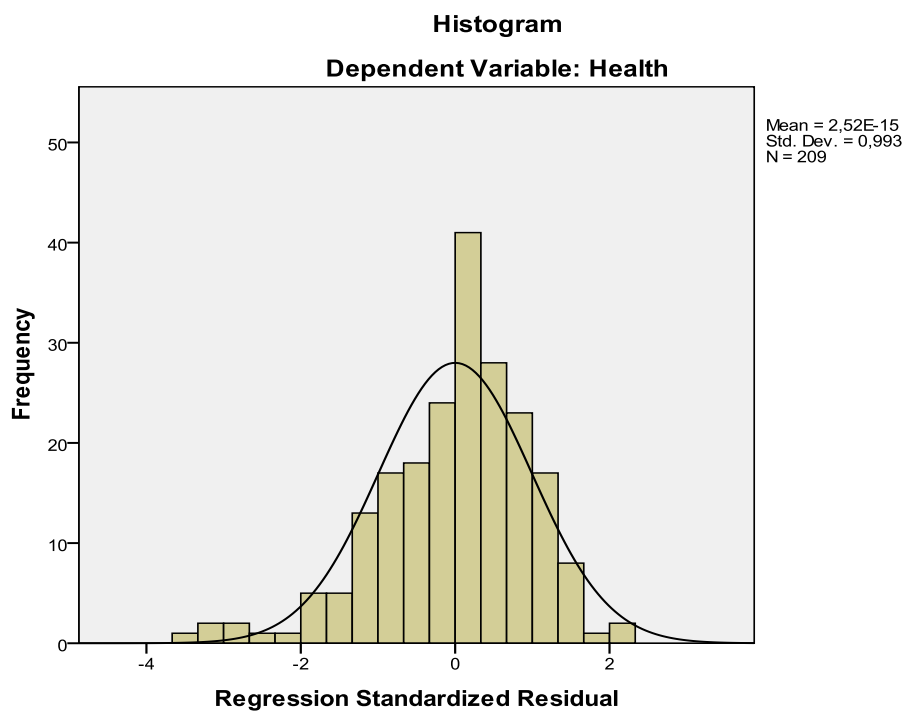
- a. Predictors: (Constant), Moti
b. Predictors: (Constant), Moti, SSb
c. Predictors: (Constant), Moti, SSb, Zhardy
d. Dependent Variable: Health

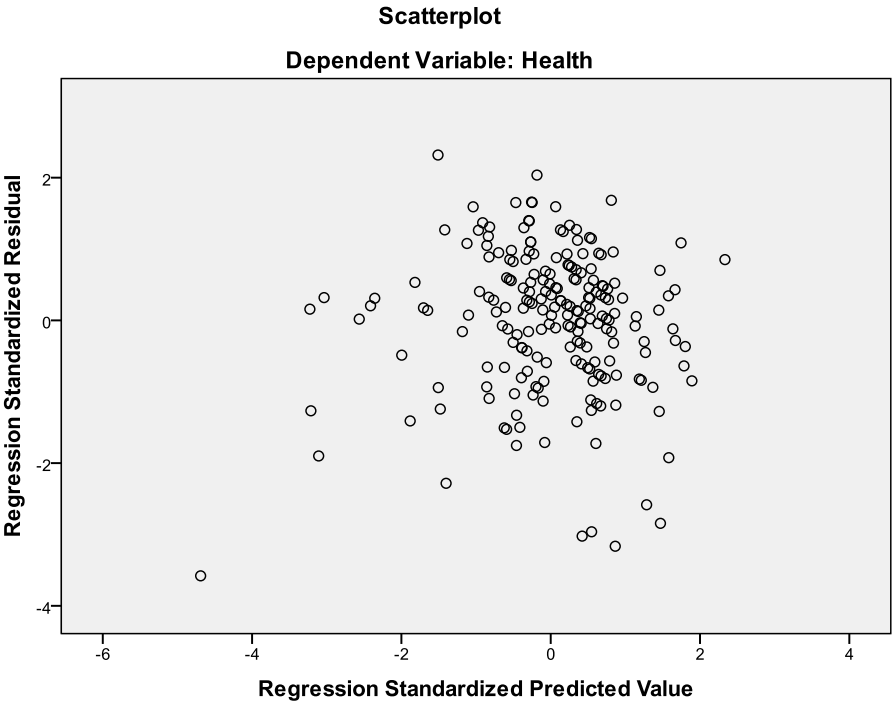
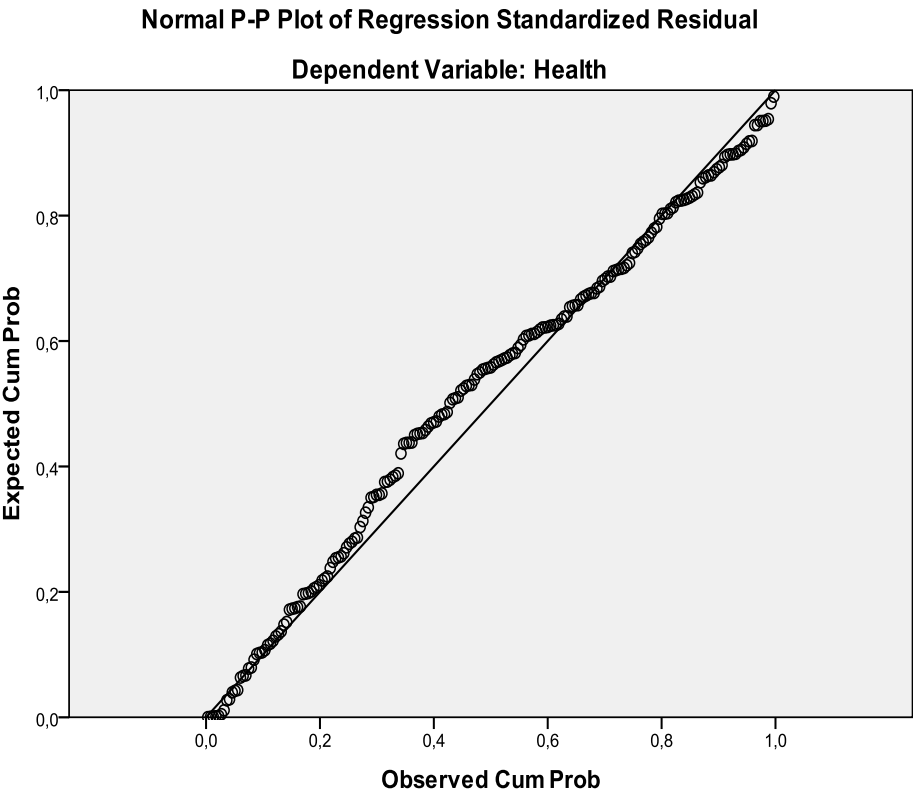
Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Square	Change Statistics			
					R Square change	F change	df1	Durbin-Watson
1	.510 ^a	.260	.257	.25677	.260	72.809	1	
2	.526 ^b	.277	.270	.25447	.017	4.763	1	
3	.541 ^c	.293	.283	.25223	.016	4.674	1	2.004

- a. Predictors: (Constant), Moti
b. Predictors: (Constant), Moti, SSb
c. Predictors: (Constant), Moti, SSb, Zhardy
d. Dependent Variable: Health_0

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3,851	,071		54,351	,000
	Moti	-,225	,026	-,510	-8,533	,000
2	(Constant)	4,109	,137		29,892	,000
	Moti	-,233	,026	-,528	-8,826	,000
	SSb	-,073	,033	-,130	-2,182	,030
3	(Constant)	4,126	,136		30,230	,000
	Moti	-,229	,026	-,519	-8,744	,000
	SSb	-,081	,033	-,145	-2,427	,016
	ZHardy	-,118	,055	-,128	-2,162	,032





BIOGRAPHY

NAME	Quach Ngoc Hue
DATE OF BIRTH	11 February 1967
PLACE OF BIRTH	Soc Trang province, Vietnam
INSTITUTION ATTENDED	Medical college in Can Tho City 1984-1987 College of Nurse University in Ho Chi Minh City 1997-2001 and 2004-2005 Bachelor of Nurse Mahidol University 2011-2013 M.A (Health Social Science)
FELLOWSHIP	IFP Fellowship Program
PRESENT	Nurse manager
WORK EXPERIENCE	Pediatric department 1987-1997 ICU 1997-2003 Nursing Department 2003-2013
POSITION	Chief of area Nurse Area in ST Hospital-VN Leader of Soc Trang Hospital Nurse Branch in The Nursing association- Vietnam. Lecturer of Soc Trang Medical College
HOSPITAL ADDRESS	17 Pasteur Ward 8- Soc Trang – Vietnam
HOME ADDRESS	93 Nguyen Trung Truc Ward 2-ST-Vietnam