

Association of Occupational Stress and Emotional Intelligence among Physiotherapists in Malaysia: A Cross-sectional Study

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ABSTRACT

Purpose: While occupational stress may negatively affect physiotherapists' work attitudes and behaviour, emotional intelligence has been suggested as a factor that leads to successful performance and provision of quality service in the healthcare profession. This study was designed to investigate the association of occupational stress and emotional intelligence among physiotherapists in Malaysia.

Method: The study employed a cross-sectional self-report design. Convenience sampling method was used to recruit 171 participants. The sample comprised physiotherapists who work in government and private settings in Malaysia. Questionnaires consisting of socio-demographic data, Genos Emotional Intelligence Inventory and Occupational Stress Index were distributed to the participants. The data was analysed using Pearson Correlation, Independent samples t-test and One-way ANOVA.

Results: It was found that 130 physiotherapists (76%) suffered from moderate stress, 21.1% experienced low stress and 2.9% reported high stress. Overall, moderate emotional intelligence level was reported by the participants with mean of 129.36 ± 18.314 . A negative correlation was found between occupational stress and emotional intelligence. Males exhibited higher level of occupational stress than female physiotherapists. Demographic variables such as years of clinical experience and monthly salary were statistically significant with emotional intelligence.

Conclusion: Emotional self-management and understanding others' emotions appear to play an important role in managing occupational stress.

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INTRODUCTION

Work is the basis of a meaningful life, the path to individual independence, and a necessity to survive and flourish. It is the expression of the need to accomplish, to create and to feel satisfaction, especially when it is a rewarding job. Yet, when the job denies people an opportunity to utilise their creativity, intelligence, and decision-making ability, it causes work-related stress. Occupational stress has now become a very common issue in healthcare organisations. Among the healthcare workers this is due to lack of skills as well as reduced social support at work that leads to distress, problems associated with psychosomatic symptoms, reduced life quality as well as the provision of service (Ruotsalainen et al, 2014). Occupational stress has been studied in a wide range of professional groups, yet very little research has been conducted into the causes and effects of stress among practising physiotherapists.

Physiotherapists experience both objective and subjective stress. Sources of subjective stress include the intensity of demands, conflicting demands, time pressure, and insufficient resources to carry out the job and continue professional development. The role and expectations of the physiotherapist as an emotional worker is likely to be linked to occupational stress that occurs when there is an imbalance between organisational goals and individual needs in relation to the job. The dual command structure of medical care and administration, excessive workload, increase of medical disputes, and intensifying competition among medical institutions suggest that the medical staff, such as physical therapists, are highly likely to receive high levels of emotional labour and job stress (Jo & Park, 2013).

Stress can lead to serious ill health, affect career longevity and cause personal distress. Occupational stress can be adequately handled if the person has a positive attitude as well as emotional intelligence, optimism, self-efficacy, etc. Failure to manage stress can have negative consequences for the workers and organisations. Physiotherapists are exposed to diverse occupational demands. They are challenged to provide effective and efficient care tailored to their clients' needs, incorporating evidence-based practice and targeting the productivity standards. Challenges from everyday practices may contribute to lower their professional quality of life and compassion, which has been reported in a study

among physiotherapists around the world (Klappa et al, 2015). Eventually, the impact of occupational stress may directly or indirectly affect their commitment, productivity, health, and quality of life. Though stress is a motivation of work, uncontrolled occupational stress eventually leads to increase in the risk of adverse effects like burnout syndrome, turnover, absenteeism and work-related musculoskeletal disorders (Campo et al, 2009).

Emotions are an integral and inseparable part of everyday organisational life. It is supposed that the intertwined relationship between occupational stress and emotion plays a role in the stress-outcomes relationship. The role of emotion in the stress process is important and, as noted by Lazarus (1999), emotions and stress are interdependent – where there is stress, there is also emotion. Recent research has begun to focus on the role of emotions in the workplace, and a development from this approach has been to conceptually examine the relationship between cognition and emotions. This movement has largely been attributed to new research around the construct of Emotional Intelligence (EI). Emotional Intelligence involves behaviours related to the experience of emotion; specifically EI involves expressing, recognising, understanding and managing emotions. It has been suggested that there are individual differences in the ability to utilise emotions and emotional information (Mayer & Salovey, 1993). Studies suggest a direct link between emotional intelligence and success at work (Weisinger, 1998). Van Rooy and Viswesvaran (2004) define emotional intelligence as “set of abilities (verbal and non-verbal) that enables a person to generate, recognise, express, understand and evaluate their own and others’ emotions in order to guide thinking and action that successfully cope with and environmental demand and pressures.” There is an increasing realisation that the emotions and their management play an important role in personal as well as professional life. People who have developed their emotional intelligence have the ability to use their emotions to direct thoughts and behaviour and to understand their own feelings and others’ feelings accurately. In a nutshell, emotional intelligence has a positive impact that leads to successful performance and provides quality service in the healthcare profession. The workplace is about people and relationships, and an employee with high EI should be viewed as a valuable asset. The contribution of EI to individual success, and specifically to success in the workplace, is now recognised. Though there is abundant research about occupational stress, there is a dearth of evidence regarding the association of occupational stress and emotional intelligence among physiotherapists.

Objective

This study's principal objective was to determine the level of occupational stress among physiotherapists in Malaysia; secondly, to determine the emotional intelligence of physiotherapists in Malaysia; and thirdly, to determine the association of occupational stress with emotional intelligence among physiotherapists in Malaysia.

METHOD

Study Design

This study employed a cross-sectional self-report design to collect data.

Study Sample

Convenient sampling method was used to recruit participants. Participants were chosen based on the inclusion criteria:

- Physiotherapists working in government and private hospitals or rehabilitation centres in Malaysia, and
- Belonging to any age group or gender.

Exclusion:

- Physiotherapists employed as faculty members in academia.

A total of 171 physiotherapists participated in this survey, with a response rate of 76.6%.

Data Collection

Socio-demographic data of the participants was collected using a questionnaire. This part of the questionnaire had 21 items which included age, gender, ethnicity, marital status, nationality, level of education, country of graduation, second job, professional status, working position, clinical experience in the physiotherapy field, total working hours, average working hours per day, working sector, number of working days, average number of clients managed per day, and monthly salary.

Study Tools

Genos Emotional Intelligence Inventory – Concise Questionnaire (GEII)

This questionnaire was used to measure subjects' emotional intelligence behaviours at work. There are 31 statements and each statement was scored based on a 5- point Likert Scale, with scores ranging from 1-5 (1 for 'almost never'; 2 for 'seldom'; 3 for 'sometimes'; 4 for 'usually' and 5 for 'almost always'). The results of the validation processes of GEII demonstrate adequate reliability and validity, and the results are both internally benchmarked and benchmarked against global norms. It takes 10-15 minutes to administer the questionnaire (Genos International, 2019). The questionnaire has shown excellent reliability among Malaysian samples (Hamid & Razak, 2016).

Occupational Stress Index (OSI)

The OSI scale purports to measure the extent of stress which employees perceive from various constituents and conditions of their job. The scale may be administered to the employees of every level operating in the context of industries or other non-production organisations. The scale consists of 46 items, comprising 28 'true-keyed' and 18 'false-keyed' and each of which is rated on a 5-point scale (Lathif & Sultana, 2009). OSI questionnaire is applicable to workers of any occupational profile. OSI has good face validity, such that working people consider the questions relevant to their daily life on-the-job, and so that they understand even the somewhat more abstract questions. The internal consistency of the OSI is within the desired range (Cronbach alpha = 0.81) (Belkic, 2000). The reliability of this index is quite satisfactory with alpha reliability coefficient of 0.9567 (Rees & Cooper, 1991).

Statistical Analysis

Data collected from the respondents was organised in Microsoft Excel and then transformed into IBM Statistical Package for the Social Science (SPSS) Statistics Version 25. The data was computed and analysed using the SPSS software. Descriptive analysis was used to summarise the collected data. The continuous variables were presented in mean and standard deviation whereas the categorical variables were presented in frequency and percentage. Pearson correlation, Independent samples t-test and One-way ANOVA were used as statistical strategies to analyse the data. The item responses were entered into an

electronic spreadsheet, which was then sent electronically to Genos for scoring and reliability analysis. The level of significance was set as $p < 0.05$.

Ethics Approval

This study obtained ethical approval from the Scientific and Ethical Review Committee (SERC) of Universiti Tunku Abdul Rahman (UTAR). Informed consent was obtained from all participants. They were assured that the information given by them would be kept confidential and they had the right to withdraw from the study at any time.

RESULTS

A total of 171 physiotherapists participated in this survey, with a response rate of 76.6%.

Among the participants, 117 (68.4%) were females and 54 (31.6%) were males. The mean age of the participants was 27.59 (4.609) years, the mean of their clinical experience in the physiotherapy field was 4.68 (4.078) years, and the mean working hours per day of the participants was 8.27 (1.127) hours. The socio-demographic details of the respondents are shown in Table 1.

Males exhibited higher levels of occupational stress than female physiotherapists. Demographic variables such as years of clinical experience and monthly salary were statistically significant with emotional intelligence. The levels of occupational stress and emotional intelligence of the participants are shown in Table 2. Majority of the participants (76%) exhibited moderate level of occupational stress.

Occupational characteristics of the physiotherapists are shown in Table 3 and the correlation between occupational stress and emotional intelligence is depicted in Table 4. Occupational stress has shown a negative correlation with emotional intelligence, meaning those who exhibit high occupational stress have low emotional intelligence.

Table 1: Socio-demographic Characteristics of the Participants

Socio-demographic Characteristics	n (%) / mean (SD)	Occupational Stress Score Mean (SD)	Emotional Intelligence Score Mean (SD)
Age by years	27.59(4.60)	139.75 (16.14)	95.02 (10.36)
p value η		0.064	0.001*
Gender			
Male	54(31.6)	143.65 (16.65)	95.50 (11.15)
Female	117 (68.4)	137.75 (15.57)	94.84 (10.04)
p value \otimes		0.026*	0.703
Ethnicity			
Malay	76 (44.4)	141.80 (16.39)	96.11 (10.09)
Chinese	59(34.5)	136.97 (16.66)	94.56 (9.07)
Indian	25(14.6)	138.08 (15.09)	92.40 (12.53)
Others	11 (6.4)	144.27 (12.37)	95.91 (13.33)
p value β		0.251	0.456
Marital Status			
Single	116 (67.8)	138.57 (16.65)	94.46 (10.73)
Married	54 (31.6)	142.02 (14.90)	96.20 (9.59)
p value \otimes		0.293	0.592
Nationality			
Malaysian	165(96.5)	139.63(16.21)	95.12 (10.30)
Others	6(3.5)	143.00 (15.28)	92.17 (12.62)
p value \otimes		0.617	0.494
Education level			
Diploma	62(36.3)	141.08 (14.21)	95.45 (10.21)
Bachelor	103(60.2)	138.23 (17.13)	94.61 (10.61)
Master	6(3.5)	152.00 (12.69)	97.50 (8.19)
p value β		0.091	0.739
Education Location			
Local	141(82.5)	140.62 (16.40)	94.96 (10.57)
Overseas	30(17.5)	135.63 (14.44)	95.30 (9.45)
p value \otimes		0.125	0.870

*significant result with p value <0.05

η Pearson Correlation

\otimes Independent samples t-test

β One-way ANOVA

Table 2: The Level of Occupational Stress and Emotional Intelligence of the Participants

Occupational Stress and Emotional Intelligence levels	Mean (SD) / n (%)
Occupational Stress level (OSI score)	139.75 (16.14)
Occupational Stress categories (OSI score categorical)	
Low	36 (21.1)
Moderate	130 (76.0)
High	5 (2.9)
Emotional Intelligence (GEII score)	95.02 (10.36)

Table 3: Occupational Characteristics of the Physiotherapists

Occupational Characteristics	n (%) / Mean (SD)	Occupational Stress Score Mean (SD)	Emotional Intelligence Score Mean (SD)
Second job employment			
No	127(74.3)	138.82 (15.23)	95.35 (9.79)
Yes	44(25.7)	142.43 (18.47)	94.07 (11.91)
p value [⊗]		0.202	0.482
Professional Status			
Self-employed	11(6.4)	145.55 (15.87)	99.73 (12.50)
Employee	160(93.6)	139.35 (16.13)	94.69 (10.16)
p value [⊗]		0.219	0.119
Working Position			
HOD	14(8.2)	148.36 (12.39)	99.43 (8.24)
Senior Physiotherapist	44(25.7)	139.09 (13.87)	97.00 (9.72)
Junior Physiotherapist	100(58.5)	138.73 (17.64)	93.64 (11.07)
Others	13(7.6)	140.54 (17.64)	95.02 (10.36)
p value β		0.215	0.110
Clinical Experience (years)	4.68(4.0)	139.75 (16.14)	95.02 (10.36)
p value η		0.084	0.001*

Working Sector			
Private	140(81.9)	139.57 (16.91)	95.34 (10.04)
Public	31(18.1)	140.55 (12.30)	93.58 (11.75)
p value [⊗]		0.762	0.395
Working Time			
Full-time	167(97.7)	139.75 (16.19)	95.15 (10.33)
Part-time	4(2.3)	139.75 (16.00)	89.50 (11.35)
p value [⊗]		1	0.283
Working hours/day	8.27(1.12)	139.75 (16.14)	95.02 (10.36)
p value η		0.198	0.573
Working days/week			
Less than 5 days	5(2.9)	144.00 (12.70)	97.80 (17.89)
5 days	57(33.3)	139.49 (14.46)	95.60 (10.48)
More than 5 days	109(63.7)	139.69 (17.17)	94.59 (9.97)
p value β		0.836	0.698
Number of Clients managed / day			
1-5 clients	43(25.1)	139.14 (19.44)	94.72 (11.27)
6-10 clients	67(39.2)	137.63 (13.71)	94.67 (9.23)
11-15 clients	41(24.0)	143.85 (15.30)	95.95 (10.71)
> 15 clients	20(11.7)	139.75 (17.25)	94.90 (11.80)
p value β		0.278	0.932
Monthly salary			
< 2000 RM	26(15.2)	144.15 (20.96)	91.50 (14.21)
2000-5000 RM	132(77.2)	138.33 (15.08)	95.11 (9.55)
> 5000 RM	13(7.6)	145.31 (13.99)	101.08 (5.97)
p value β		0.106	0.023*
Working Department			
In-patient	25(14.6)	139.32 (13.21)	95.36 (7.76)
Out-patient	107(62.6)	138.23 (15.99)	95.11 (10.88)
Both	39(22.8)	144.18 (17.76)	94.54 (10.56)
p value [⊗]		0.143	0.943

* significant result with p value <0.05

η Pearson Correlation

[⊗] Independent samples t-test

β One-way ANOVA

Table 4: The Level of Occupational Stress and Emotional Intelligence of the Physiotherapists

Occupational Stress and Emotional Intelligence levels	Mean (SD) / n (%)	Emotional Intelligence (GEII score) Mean (SD)	r	p
Occupational Stress level (OSI score)	139.75 (16.14)	95.02 (10.36)	0.266	<0.001*

Pearson Correlation, *significant result with p value <0.05

DISCUSSION

In view of the escalating demands from both the health authorities and society alike for high quality services, in the midst of increasing health concerns the existence of occupational stress should also not go unaddressed. Physiotherapists are vulnerable to the negative impact of occupational stress which could in turn compromise client care and result in diminished quality of life for both parties.

The study revealed the level of occupational stress of physiotherapists in Malaysia. The level of occupational stress for majority of the participants in the sample was rather low to moderate, indicating that the situation is still manageable. While 130 physiotherapists (76%) suffered from moderate stress, 21.1% experienced low stress and 2.9% reported high stress. A study conducted among physiotherapists in Portugal reported that most physiotherapists perceived that they were moderately stressed (35%) or stressed (36%) due to work (Santos et al, 2010). The findings of a similar study conducted among physiotherapists identified the effects of rapid and continuing change in the health service, autocratic management styles, and problems of communication and professional autonomy as stress factors (Broom & Williams, 1996). More open management styles, improved communications and better teamwork were also seen as ways to reduce stress, and better on-the-job support for junior staff was considered a priority (Broom & Williams, 1996). Concrete steps should be taken by the health authorities to mitigate work-related stress among physiotherapists. Organisational interventions aimed at changing working conditions, improving support or mentoring, improving communication skills and improving work schedules could help reduce work-related stress. In Japan, a web-based stress management training programme has demonstrated some positive impacts on job stress (Yamagishi et al, 2008), while performance recognition has been proven to impose a direct buffering effect on

job stress (Abu Al Rub & Al-Zaru, 2008). In addition, some investigators also recommended matching physical and emotional job resources to job demand in order to counteract the consequent ill-being (Van den Tooren & De Jonge, 2008). A study among nurses in Jordan has indicated that emotional support was the most supportive social behaviour in dealing with stress when confronted with clients' death and dying issues (Hamaideh et al, 2008). The Chartered Society of Physiotherapy (CSP) survey (2019) also revealed that 37% of members considered their stress levels to be unacceptably high and 25% considered themselves to have been harmed by their experience of work-related stress. In order to cope with occupational stress, the CSP recommends that instead of being expected to see more clients, staff time is to be protected to address issues that are causing stress, such as tidying up the work area, learning more about processes and where individuals and departments fit in, and allowing for debriefing sessions so that staff do not take problems home with them. A quarterly 'stress meeting' with representatives from each department to discuss particular areas of stress and solutions with management is also recommended (Chartered Society of Physiotherapy, 2019).

Majority of the participants (81.9%) were working in the private sector, and 31 participants (18.1%) were working in government hospitals. Despite showing no significant differences, the work-related stress trend among government physiotherapists seemed to be on the relatively higher side compared to those in private sectors. The public hospitals are increasingly receiving higher number of clients from all backgrounds, with accompanying demand for fast, high quality services. On the other hand, only a certain strata of the society can afford the fees charged by private hospitals and clinics, hence the lower number of people to whom they cater.

Occupational stress was reported as high among male participants in comparison to females. Research shows that occupational stress can affect both men and women. Nevertheless, women may be disproportionately exposed to stressors. The relation between occupational stress and gender aspects in general is unclear (Siegrist, 1996). Researchers have also found a gender effect in the perception of stress in general. Thus, men seem to experience higher levels of stress (Brunborg, 2008). Occupational stress was reportedly high among expatriate physiotherapists compared to locals, though showing no significant differences. For foreign-born workers, living and working in the host country is more stressful than for native workers. A systematic review on the stress of working abroad concluded that

foreign-born workers are suffering from acculturation and occupational stress (Doki et al, 2018). They are required to stay in a country which has a different cultural background than the one they are accustomed to, and adjustment to the host country is required. There are several works in the literature that suggest migrants have less professional support, decreased wellbeing and experience more mental ill-health compared to native workers (Font et al, 2012; Aalto et al, 2014).

Moderate level of emotional intelligence was reported by the study participants. Among the demographic variables, years of clinical experience and monthly salary were statistically significant with emotional intelligence, whereas age, ethnicity, marital status, second job employment, work experience, working sector, total working hours, working hours per day, number of working days per week, number of clients and working department were found not significant in this study.

Physiotherapy as a career can take a toll on the therapist due to emotional and physical fatigue that ensues over time, leading to burnout, cynicism, inefficacy and exhaustion. This emotional drainage may also cause compassion fatigue in the long run, frustrating the physiotherapist in his/her daily work (Fischer et al, 2013). It is pivotal that physiotherapists understand emotions, their genesis and meaning while dealing with clients who may suffer from distressing disorders. This would help them decipher client reactions while moulding their own attitudes in response. EI can be enhanced through training programmes. A pilot study conducted among physiotherapy interns reported that statistically significant differences in scores were noted on the EI scale after training (Patil et al, 2016). Interpersonal functioning is a key element in promoting therapist-client relationships in physiotherapy settings. EI training serves as an effective instrument to help physiotherapists understand emotions while helping clients interpret emotional signals (verbal and non-verbal). It will help prevent burnout and emotional exhaustion when attending to clients who cease to respond to physiotherapy or where the hope of recovery is grim (Potter et al, 2003). There is a pressing need for developing culturally appropriate EI training to form an integral part of medical and physiotherapy curricula. Training student physiotherapists in EI shall help them cope with challenges that practice entails, while maintaining their own emotional integrity during the adversities they may encounter. The most fertile ground where physiotherapy students learn EI skills may be during clinical placements (Gribble et al, 2019). Various authors (Foster

et al, 2014; Nelson et al, 2015) have suggested that training of EI competencies be staged throughout the healthcare curricula. It is suggested that EI should not be taught as a stand-alone module, but integrated and revisited with increasing sophistication throughout the curriculum (Stoller et al, 2013). Integration of EI into healthcare curriculum may result in enhanced EI abilities of students as they commence their first full-time placements and, more importantly, when they start work as fresh graduates.

Furthermore, the results showed that Emotional intelligence was found to be positively associated with work experience. In a study conducted by Day and Carroll (2004), experience was positively correlated with three of the four emotional intelligence scales, as measured by the Mayer-Salovey-Caruso Emotional Intelligence Test. Another previous study suggests that emotional intelligence is a developing ability and accumulated life experiences contribute to emotional intelligence (Fariselli et al, 2006). Emotional intelligence is a flexible set of skills that can be acquired and improved with practice.

The results of the current study suggest that emotional intelligence helps individuals to acquire the social capital needed to be successful in their careers. In a recent study, the emotional intelligence of over 42,000 people was tested using the Emotional Intelligence Appraisal, and their scores were compared to their annual incomes. It was found that people with high EQs make an average of \$29,000 per year more than people with low EQs. On average, every point increase in emotional intelligence adds \$1,300 to an annual salary. Of course, people with more EQ make more money, precisely because it helps them to do their job more effectively. They make more money because they bring more value to their company. They communicate better, they perform better under stress, make their teams more productive and make better decisions without any hidden feelings clouding their judgment (Bradberry, 2014).

A negative correlation was found between occupational stress and emotional intelligence as the Pearson correlation test showed the p value was less than 0.05. In other words, as the emotional intelligence level of the physiotherapist increases, the occupational stress level decreases. This finding is consistent with the findings of a study conducted in Egypt among the nursing faculty members in Zagazig University (El-Sayed et al, 2014). A study conducted among Indian managers by Chhabra and Mohanty (2013) concluded that there is a negative correlation between EI and work stress which is significant for all three levels of management as well as for the entire sample. This is in line with the previous

studies (Slaski & Cartwright, 2002; Zeidner et al, 2006) which found negative correlation between EI and stress. Core facets of EI relate to resilience and adaptability in stressful environments, including the ability to cope adaptively with changing circumstances. Thus, high EI improves the person's ability to predict stress and manage stress, leading to better physical and psychological well-being and improved job performance. Emotional intelligence significantly contributes to reducing occupational stress by better identifying feelings of frustration and stress and, consequently, regulating those emotions. Stress can occur when an individual is confronted with a specific event or situation that he finds challenging to his own abilities, thus stress is further related to the beliefs, attitudes and inner feelings of the individuals. Therefore, it is expected that self-awareness and self-management as two components of emotional intelligence are better predictors for reducing stress. A good number of studies found similar results in several groups like rehabilitation staff in Iran (Khaniyan et al, 2013), and among the professionals in mental health institutions in Greece (Nikolaou & Tsaousis, 2002).

Emotional intelligence augments positive work attitudes, altruistic behaviour and work outcomes, and moderates the effect of work-family conflict on career commitment. Higher level of emotional intelligence has a protective element against burnout syndrome in healthcare professionals (Vlachou et al, 2016). Healthcare practitioners with developed emotional intelligence are also better communicators, and this has been shown to improve client outcomes (Codier et al, 2017). This is especially evident in healthcare practitioners dealing with chronic pain clients where the interventions are focused on empathy, listening and building trust (Emanuel & Gudbranson, 2018). Organisations should take steps to mitigate stress and to increase EI of physiotherapists. Time management, anger management, relaxation exercises, family day, reasonable shift schedules, participation in decision making, power delegation, coping strategies and realistic work expectations would allow employees to have more fulfilling occupational responsibilities. Positive coping mechanisms have also been associated with better job satisfaction (Golbasi et al, 2008). Hence, training employees to master stress resilience capacity could be attempted because it has been shown to be a beneficial motivational factor (Stenmarker et al, 2009). Occupational stress may be a characteristic burden in the middle management positions that need to incorporate strategies directed at individuals, or at the organisation as a whole.

The findings are deemed to provide an insight into work-related stress profiles among physiotherapists in Malaysia, or at least an overview of the most current situation. In addition to a plethora of health consequences, occupational stress negatively affects work satisfaction and organisational commitment which could further reduce worker retention rates. The importance of identifying stressors and coping resources related to physiotherapists' occupational stress, and the need for the development of specific training programmes to cope with stress are evident.

Limitations

The study employed a cross-sectional self-report design from which it is not possible to infer causal relationships among variables. The sample comprised physiotherapists employed within Malaysia and it remains to be seen whether the findings can be replicated in other organisational and occupational groups and in other countries and cultures. Stress occurs when a perceived demand exceeds the individual's perceived ability to cope. This approach explains why stressful stimuli may evoke different reactions in different people. Therefore, further investigations on occupational stress are necessary while taking account of individual characteristics of the physiotherapists, and their personality traits in particular.

Implications

The findings help the policy-makers understand why their employees perceive the occupational stress differently. Besides, it sheds light on how important it is for physiotherapists to develop the ability to recognise their own emotions and use them appropriately in the decision-making processes. The importance of identifying stressors and coping resources related to physiotherapists' occupational stress, and the need for the development of specific training programmes to cope with stress and enhance emotional intelligence are supported.

CONCLUSION

It may be concluded that the overall level of occupational stress among the Malaysian physiotherapists is still within adequately manageable levels. Physiotherapists too must be vigilant to the detrimental effect of severe occupational stress on their well-being. Continuous investigations into occupational needs, demands and stressors in the physiotherapy sector are definitely warranted.

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