

Nurses' Psychospiritual Coping Strategy Instruments (STDPs) in Handling Psychological Impact during Treatment for COVID-19 Patients

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To Link this Article: <http://dx.doi.org/10.6007/IJARBSS/v14-i1/19090> DOI:10.6007/IJARBSS/v14-i1/19090

Published Date: 07 January 2024

Abstract

Instruments related to the nurses' psychospiritual coping strategy evaluation in handling their psychological impact during the treatment of COVID 19 patients are still deficient. Bearing this in mind, this current study aims to develop the psychospiritual coping strategy instrument (STDPs) of nurses in dealing with the psychological impacts when treating COVID 19 patients. Thus, the focus of this article rests on the evaluation of the constructs and items of both the validity and reliability tests developed in this instrument. The questionnaire instrument developed comprises of three main sections, which is the factors that induce stress among nurses, the psychological impact and the psychospiritual coping strategy. 59 nurses in four (4) departments in Tuanku Mukhriz Chancelor Hospital, *Universiti Kebangsaan Malaysia (HCTM UKM)*, Cheras were involved as respondents in this study. In the construction of items, several previous instruments were chosen as guidance namely the *Nursing Stress Scale (1981)*, *Depression, Anxiety, Stress Scales-21 (DASS-21) & (DASS-42) (1995)*, *Impact of Event Scale-Revised (IES-R) (1997)* and *Human spirituality Scale (1991)*. Data were analysed using the validity test, Exploratory Factor Analysis (EFA) and the reliability test Cronbach's Alpha through the software Statistical Package of Social Science (SPSS) version 26.0. The study outcome reveals that the value of Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) is high, which is 0.818 and the Cronbach's Alpha value is also high, 0.957. Finally, 101 items

were retained in forming the three constructs namely the motivating factors, psychological impact and the psychospiritual coping strategy. One (1) item was removed as it has a low Cronbach's Alpha reliability value, which is 0.293*. From the validity and reliability tests conducted, this shows that the STDP instrument developed has high reliability and can be used as the measurement tool in this study.

Keywords: Validity and Reliability Test, Instruments Nurses Psychospiritual, Psychological Impact.

Introduction

The chronology of the COVID-19 pandemic began when it was first detected in Huanan Market, Wuhan, China on 31 December 2019 (Ministry of Health Malaysia, 2020). On 11 March 2020, WHO declared COVID-19 as a pandemic due to its nature of grand-scale contagion in a country (Ministry of Health Malaysia, 2020). As Malaysia grapples with this life-threatening issue, nurses are the profession that has been very much affected by the COVID-19 pandemic based on the statement made by Ganing et al., (2020). In 2020, *World Health Organization* (WHO) declared the year as the "Year of the Nurse and Midwife" (YONM) following their immense contributions in caring for, treating and managing patients, especially amid the pandemic. On top of that, according to WHO, such a situation has led nurses to suffer from various psychological impacts such as stress, worry, anxiety and fatigue due to the accumulating workload during the pandemic. Nonetheless, according to (Muhammad, 2020) there has yet to be an appropriate construction of coping strategy instrument for the psychological impact for nurses when caring for, and treating, the COVID-19 patients.

The construct in the development of the instrument is divided into three main sections namely, nurses' stress motivating factor, psychological impacts and the psychospiritual coping strategy when giving treatment to COVID 19 patients. When determining the appropriate constructs and items in the development of this instrument, the literature review based on the Theory of Human Centralisation Theory and Islam in the stress factor indicators that comprise factors of personality, role in the organization, relationship at the workplace, organizational structure and career intrinsic factors, has been referred to by (Othman, 2014). For nurses' stress motivating factor and psychological impacts, several instruments were used as references- *Depression, Anxiety, Stress Scales-21 (DASS-21) & (DASS 42)* by (Lovibond & Lovibond, 1995), *Nursing Stress Scale* oleh Gray-Toft & Anderson (1981) and *Impact of Event Scale-Revised (IES-R)* by Weiss & Marmar (1997). Next, the questionnaire items were also constructed based on the study Strategic Action Plan For Psychological Coping Enrichment Among Officers and Staff Members of JAWI In Treating Disasters, Epidemics and Highly Risks Tasks by Md Sham (2021). From the study, there are four (4) constructs emerging in the stress motivating factor namely self, job or task scope, work ecosystem and family. Meanwhile, in terms of the psychological impacts, the question items were developed in the perspectives of mental, emotional and behaviors of the nurses when giving treatment to COVID-19 patients.

From the angle of the psychospiritual coping strategy (STDPs) the items were constructed by referring to the literature studies as follows: (1) *Islamic Practice Instrument (IPI)* by Md Sham & Hamjah, Salasiah Hanin Sharifudin (2013); (2) *Human spirituality Scale*" by Wheat (1991); (3) *Spirituality And Spiritual Care Rating Scale (SSCRS)* by Kaddourah et al., (2018) adapted from Wilfred et al. (2002); (4) *The Spiritual Involvement and Beliefs Scale (SIBS)* by Hatch et al. (1998); (5) *Spiritual Care Perceptions And Practice Scale (SCPPS)* by Chan et al., (2006); (6) *Spirituality Scale* oleh Delaney (2005); (7) *Spiritual Care-Giving Scale* by

Coban et al. (2015) adapted from Tiew & Creedy (2012); (8) *The Spirituality Index Of Well Being* oleh Daaleman & Frey (2004); (9) *The Daily Spiritual Experience* by Underwood & Teresi (2002)(Underwood & Teresi, 2002); (10) *Islamic Psychospiritual Scale (ZATIP)* by Sa'ari et al., (2020); (11) *Nursing student's spirituality and spiritual care-giving* by Pesut (2002); and the study *Spiritual Approach To Address The Stress Among Nurses in Tuanku Muhriz Chancelor Hospital, University Kebangsaan Malaysia Medical Center* by Mohd Abdul (2016). The construction of the instrument is also based on the literature review from the latest articles for the purpose of adaptation to the needs of the study, which is surrounding nurses and the time of the COVID-19 pandemic.

Literature Studies

The Concept of Stress

Linguistically, stress is pressure. The word originates from Greek "*stringere*" which means tight, restless, anxious, and so on (Adam et al., 2021; Aisha & Ruslan, 2020). The study by Mat Lazin et al. (2021) portrays stress as a form of hardship and suffering. This is due to the fact that stress is seen as a tension emerging from a response change towards human body and mental reaction caused by the demand or request that exceeds self-capability (Mohd Zawawi et al., 2019). This view is consistent with that of Sidi & Shaharom (2020) that stress gives a different perspective to every individual and situation. Physically, stress means tension or pressure. Meanwhile, in the context of body cell, it is the process of pressure change that happens externally causing a chemical reaction to take place in the human body. In terms of mental health, it refers to the system manifestation (mind and body), which impact from both external and internal pressures can be predicted. Next, as the pressure continues, this can lead to self-destruction and diseases.

Nurses' stress motivating factor

The issue of stress among nurses is important to be emphasized to warrant the stability of health, security and success of a healthcare organization. Several studies have been conducted within and outside the country proving that the COVID-19 pandemic has escalated the stress among nurses, so every indicator developed has its basis and significance in forming the construct of nurses' stress motivating factor. The indicators used are as follows

a) Self

The concept of self is a level of evaluation of one's health, appearance, and thought process in unraveling himself or herself, and the people's perceptions of himself or herself (Sidi & Shaharom, 2020; Syahraeni, 2019; Tus, 2020); Self-concept is a continuous experience to the point that it invites the perceptions about self-existence and social interactions suitable with the surroundings that can leave an impact on the physical, psychology and experience of one's social life (Hashim, 2020; Syahraeni, 2019; Xu et al., 2023) states that the pandemic can make an individual feel negatively about themselves until emotional effects like sadness, anger, fear, disappointment, demotivation, anxiety, neglect, tension, worry and confusion might surface.

b) Job scope

Kamus Dewan Bahasa – the Fourth Edition (2005) explains that job scope is a field or a job coverage that needs to be implemented by the student, employee and so on. The job scope for nurses is the responsibility that needs to be borne by nurses in assisting individuals who

are incapable of taking care of themselves and facilitating the doctors' job in treating patients (KKM, 2011; Nik Mansor, 2020); Job scope encompasses the workload, also the need to have a close contact with the patients infected to the point that the nurses would feel uncomfortable when using the Personal Protective Equipment (PPE) (Salcha & Arni, 2021) and that they also have to work over-time (Fariza Md Sham, 2021).

c) Work Ecosystem

An ecosystem is an entity that is naturally complex and has a lot of inter-related components (Mustaffa & Ku Saud, Ku Azhar Hashim, 2015). Ecosystem also refers to a human interaction system with the environment or organization that has become part of the populace. Work ecosystem covers the supervision support, good relationships with employees, the environment and the equipment. Furthermore, work ecosystem is also depicted as a process, system, structure or situation at work that gives an impact on the labour productivity (Ismail & Ahmad, 2020). Therefore, the work ecosystem is very influential towards the psychology and achievement of individuals at the workplace.

d) Family Factor

The factor of family and stress based on Rani et al. (2018) has a specific relationship between an individual and their surroundings, and this is thought of as exceeding the capability and giving a bad implication in the whole aspect of life of an individual especially his or her emotions, and which further spreads to his or her family institution. Referring to Zur Raffar et al. (2023) parents are not exempted from experiencing stress during the pandemic, as they are pressured in managing their children, dealing with their affected family economy, tending to the need to monitor their children's learning and having to balance work, family and parents-caretaking. Also, stress happens due to the self-isolation from family members when they are at work, as to avoid the contagion of the COVID-19 pandemic (Ayad et al., 2021; Di Tella et al., 2020)

Coping Strategy

Lazarus & Folkman (1984) state that the coping strategy is a combination of one's cognitive and behavior when facing external and internal pressures. Next, it is defined as the efforts to resolve an issue using appropriate thinking and behavior (Abd. Razak & Mydin Kutty, 2021; Abdullah et al., 2011). Based on the literature studies, two (2) coping strategy approaches of nurses during stress are given below:

a) Psychology

Psychology is a scientific study that focuses on humans' mental process and behavior. Behavior is regarded as an individual attitude that can be monitored and observed. Meanwhile, the mental process is an individual's internal component that cannot be observed and studied, such as the thought patterns, beliefs and feelings (Utz, 2011). Wilhem Wundt is a member of Structuralism (1879) stating that psychology is a field of knowledge that is characteristically empirist-realistic as it has to undergo process that are systematic, academic and scientific. Thus, empowering the psychology is one of the coping strategies in addressing the stress experienced.

b) Spiritual

Spiritual is associated with the heart and the mind that can make one closer to God (Mohamad Jodi et al., 2014). Spiritual is the basis within oneself that can connect himself or

herself with God, oneself, other humans and the environment. Meanwhile, according to Yakub (1998) spiritual has four important elements in oneself namely: (i) qalb or heart, (2) al-ruh or spirit, (3) nafs or soul and (iv) 'aql or the mind (Hamjah, 2016; Fariza Md Sham et al., 2013; Sudi et al., 2017). Thus, it is concluded that spirituality is an entity that is complex, an ever-changing entity that also touches on the life of an individual. An individual is spiritual through his or her quest for the meaning of life by integrating the element of purity and the holiness of the heart by way of observation. Thus, a strong spiritual construction can be achieved by getting closer to God through acts of worship, religious beliefs, thinking positively about life and believing that there are blessings and meaning to everything that happens.

Methodology

Study Instrument

The study instrument is adapted from "*Nursing Stress Scale*" by Gray-Toft & Anderson (1981), "*Depression, Anxiety, Stress Scales (DASS-21) & (DASS-42)*" by Lovibond & Lovibond (1995) *Impact of Event Scale-Revised (IES-R)* by Weiss & Marmar (1997), "*Human Spirituality Scale*" by (Md Sham et al., 2022; Mohd Abdul, 2016; Wheat, 1991). This questionnaire encompasses four sections:

- i. Section A: Respondents' Demographic Information (16 items)
- ii. Section B: Nurses' stress motivating factor (39 items)
- iii. Section C: Psychological impacts (22 items)
- iv. Section D: The psychospiritual coping strategy (40 items)

Section A: Respondents' Demographic Information uses the ordinal and nominal scales. For Section B: Motivating Factor of Nurses' Psychological Impacts, Section C: Psychological Impacts and Section D: The psychospiritual Coping Strategy, they use the Likert Scale using four (4) marking scale which is "1" meaning "strongly disagree", "2" for "disagree", "3" for "agree" and "4" meaning "strongly agree".

Respondents

This study is conducted on 59 study participants from the Tuanku Muhriz Chancelor Hospital (HCTM UKM) through the distribution of questionnaires (pilot study) for 13 days from 11 August 2022 to 23 August 2022. Respondents are nurses, who have been selected for giving treatment to COVID-19 patients for at least one (1) month, and the samples are segregated from those who have taken sick leave, study leave and not in charge of COVID-19 patients.

Validity of Instruments

The instrument's validity test uses the *exploratory factor analysis* (EFA) through the SPSS software version 26.0. According to Awang (2010, 2012), EFA aims to evaluate the division of the item dimension to measure every construct that has been determined. He also stresses that every researcher needs to conduct the EFA procedure for every construct to identify if there exists the difference in the item dimension with that in the previous studies.

According to Chua (2009) if the KMO value is greater than 0.50 this shows that the data does not have any serious multicollinearity, thus the items are thought to be appropriate to be the factor analysis. Meanwhile, in the study done by Tan et al. (2020) the minimum KMO value is 0.60, whereas Chua (2009) state that the KMO value of 0.80 and above is a great value. Other than that, the significant correlation value for the items in the factor analysis for *Bartlett's Test of Sphericity* is ($p < .05$) (Chua, 2009). Additionally, if the communality value is (0.0) it will offer no contribution in a factor, and if the value is (1.0) it shows that there is a

contribution in a factor (Chua, 2009). Finally, during the process of elaborating the factor through the SPSS software version 26.0, the size for an item accommodated in one (1) factor must fulfill a general requirement where the items must have a round value ± 0.33 to be included in the factor (component) respectively (Chua, 2009).

Reliability Test

The reliability test adopts the *Cronbach's Alpha* analysis method to measure if the reliability of the instrument used in this study fits every construct (Ramli, 2020). Table 1.1 is the *Cronbach's Alpha* index classification according to (Brymen & Cramer, 1999).

Table 1.1

The Classification of Cronbach's Alpha Reliability Index

Indicator	<i>Cronbach's Alpha Value</i>
Very High	>0.90
High	0.70-0.89
Moderate	0.60-0.69
Low (Not Reliable)	<0.60

Source: Bryman & Cramer (1999)

Finding And Discussion

Table 1.2 shows the outcome obtained based on the EFA procedure where the *Kaiser-Meyer-Olkin Measure of Sampling Adequacy* (KMO) value is 0.818 and it is a great value as the number is greater than 0.80. Other than that, the outcome of the *Bartlett's Test of Sphericity* is significant with (approx. chi-square= 20282.756, df= 5050, p= .000) as the value is smaller than ($p < 0.05$). This shows that the correlation of items is sufficient to conduct the factor analysis. Then, the value of communalities is between 0.103 and 0.812, and the value is within the number proposed by Chua (2009). Next, the *Exploratory Factor Analysis* (EFA) acquisition finds three (3) factors included in the stress motivating factor, psychological impacts and the psychospiritual coping strategy are not overlapped in the same factor (Table 1.3). The first factor has combined seven (7) factors for the variables of the items under stress motivating factor which is (3,4,8,17,18,5,15). Next, the second factor is the variable for the items under psychological impacts that combines three (3) factors, (2,13,14). Meanwhile, the third factor for the psychospiritual coping strategy items combines ten (10) factors which is (1,6,7,9,10,11,12,16,19,20). Finally, with reference to Table 1.3 it is found that the questionnaire items have fulfilled the general requirements with the round value of ± 0.33 (Chua, 2009).

Table 1.2

The Results of KMO Value and The Bartlett's Test of Sphericity Value

Test	Result
<i>Kaiser-Meyer-Olkin Measure of Sampling Adequacy</i>	.818
<i>Bartlett's Test of Sphericity</i>	Approx. Chi-Square
	df
	Sig.
	Communalities (Range)
	20282.756
	5050
	.000
	0.103-0.812

Source: 2023 questionnaire

Table 1.3

Result of the Content Validity Coefficient Value Analysis

No	Variable/Item	Factor 1	Factor 2	Factor 3
Motivating Factor (Self)				
BI(1)	Disappointment	0.715	-	-
BI(2)	Loss	0.701	-	-
BI(3)	Feeling of failure	0.800	-	-
BI(4)	Feeling guilty	0.774	-	-
BI(5)	Loneliness	0.797	-	-
BI(6)	Work and family obstacles	0.534	-	-
BI(7)	Self-Conflict	0.672	-	-
BI(8)	Pressure / Sadness	0.654	-	-
BI(9)	Being easily anxious	0.653	-	-
Motivating Factor (Job Scope)				
BII(1)	Long work hours.	0.498	-	-
BII(2)	Having to do a lot of documentation.	0.453	-	-
BII(3)	The tasks that require close contact with patients	0.570	-	-
BII(4)	Tasks that require patient transfer	0.532	-	-
BII(5)	Heavier workload during the pandemic.	0.620	-	-
Motivating Factor (Work Ecosystem)				
BIII(1)	Inadequate Personal Protective Equipment (PPE).	0.723	-	-
BIII(2)	The discomfort in using Personal Protective Equipment (PPE).	0.562	-	-
BIII(3)	The density of patients in the ward.	0.632	-	-
BIII(4)	The labour shortage in dealing with patients in the unit or ward.	0.619	-	-
BIII(5)	Limited isolation treatment space.	0.507	-	-
BIII(6)	Limited space for Intensive Care Unit.	0.644	-	-
BIII(7)	Small, cramped, and noisy environment	0.630	-	-
BIII(8)	Insufficient number of ventilator equipment	0.857	-	-
BIII(9)	Hot and uncomfortable environment	0.482	-	-
BIII(10)	Dealing with patients' idiosyncrasies.	0.471	-	-
BIII(11)	Lacking the support from the supervisor/authority.	0.468	-	-
BIII(12)	Lacking the support from peers.	0.681	-	-
BIII(13)	Worrying that you might get infected.	0.745	-	-
BIII(14)	Worrying over the increased number of cases of infection.	0.794	-	-
BIII(15)	Leave frozen during the pandemic.	0.594	-	-
Motivating Factor (Family Factor)				
BIV(1)	Difficult to balance between children, family and work demands at the wards.	0.465	-	-
BIV(2)	Has a sick child/disabled child.	0.609	-	-

BIV(3)	Has (mother/father) who need to be managed.	0.572	-	-
BIV(4)	Caring for a sick partner (husband/wife)	0.732	-	-
BIV(5)	Managing household without anyone's help	0.768	-	-
BIV(6)	Managing children's schooling.	0.606	-	-
BIV(7)	Partner (husband/wife) lost his or her job.	0.693	-	-
BIV(8)	Having a misunderstanding with a partner (husband/wife).	0.670	-	-
BIV(9)	Not having a good relationship with the family.	0.563	-	-
BIV(10)	Seldom spending time with the family.	0.590	-	-
Psychological impacts				
C(1)	I don't really have the enthusiasm to do this job	-	0.725	-
C(2)	I worry that I might make a mistake at work due to panic	-	0.584	-
C(3)	I can barely control my patience when I am dealing with patients.	-	0.594	-
C(4)	I feel sad when I have to deal with the deaths of my patients	-	0.655	-
C(5)	I easily get sad upon seeing that patients are in a critical condition.	-	0.622	-
C(6)	I am afraid to return home as I am exposed to the risk of infection at the workplace.	-	0.700	-
C(7)	I am worried that I would get infected by COVID-19.	-	0.611	-
C(8)	I deal with emotional pressure in waiting for my COVID-19 swab test result.	-	0.596	-
C(9)	I feel that my emotions are unstable when managing patients during the pandemic.	-	0.760	-
C(10)	I get angry easily when facing with work situations that are beyond my expectation.	-	0.695	-
C(11)	My sleep is disturbed when I have to work overtime.	-	0.660	-
C(12)	I feel pressured due to the workload that I have to carry.	-	0.728	-
C(13)	I am not able to think rationally due to stress when doing my job.	-	0.755	-
C(14)	I am worried that this job makes me lack the empathy towards my patients.	-	0.641	-

C(15)	I always face the society's stigma that frontliners carry the infection.	-	0.475	-
C(16)	My mind is often disturbed when I am working.	-	0.798	-
C(17)	I don't have the mental strength to face the situations in the wards when COVID-19 was at its peak.	-	0.762	-
C(18)	I feel that I have lost a lot of energy as I was panicking.	-	0.801	-
C(19)	I find it hard to calm down when I am working.	-	0.810	-
C(20)	I experience fatigue when I am doing the tasks I am assigned to do.	-	0.776	-
C(21)	I feel very tired as I face situations that are beyond my expectation.	-	0.785	-
C(22)	I am not satisfied with my peers as I receive inaccurate information about the tasks	-	0.583	-
Coping strategy (Psychology)				
DI(1)	I listen to the music to calm myself down.	-	-	0.713
DI(2)	I will eat during stress.	-	-	0.651
DI(3)	I will sleep to reduce the pressure of the problems I am facing.	-	-	0.657
DI(4)	I will watch/listen to motivation videos to elevate my spirit.	-	-	0.658
DI(5)	I will get counseling help to solve my problems.	-	-	0.551
DI(6)	I get the support/encouragement from my family members when I face problems.	-	-	0.639
DI(7)	I discuss with my peers about work problems and affairs.	-	-	0.569
DI(8)	I discuss with my superior when I have any problem.	-	-	0.723
DI(9)	I do some exercises to relax my muscles.	-	-	0.525
DI(10)	I take some supplements/additional food to build my body strength (example: vitamin C and others).	-	-	0.700
DI(11)	I think positively when I am doing my work	-	-	0.598
DI(12)	I make a list of tasks and solve them by priority.	-	-	0.739
DI(13)	I try to forget/remove problems from my mind and think of them as trivial.	-	-	0.710
DI(14)	I spend time with my family to reduce work pressure.	-	-	0.454

DI(15)	I attend seminars, courses or workshops related to the impact of work pressure to my psychology.	-	-	0.682
DI(16)	I take leave to rest my body and to unwind.	-	-	0.767
DI(17)	I go out to do some recreation around the house/my housing area	-	-	0.691
DI(18)	I often practice a breathing technique (<i>deep breathing</i>) when I am facing problems.	-	-	0.563
DI(19)	I perform a yoga activity as a soul therapy	-	-	0.825
DI(20)	I meditate to gain access to my internal soul.	-	-	0.760
Coping strategy (Spiritual)				
DII(1)	I pray to get a sense of peace for my soul.	-	-	0.622
DII(2)	I fast so that God will grant my wishes and requests.	-	-	0.522
DII(3)	I do <i>zikr</i> /meditate every day to get a calm mind.	-	-	0.815
DII(4)	I pray and hope that I get help from God to overcome the stress I am facing.	-	-	0.760
DII(5)	I read religious books and scriptures (al-Quran/Holy Book) to get peace.	-	-	0.817
DII(6)	I watch religious talks to get closer to God.	-	-	0.743
DII(7)	I surrender myself to God in my work affairs after I have made some effort.	-	-	0.840
DII(8)	I am confident in God that He will always protect me.	-	-	0.866
DII(9)	I try to work sincerely when I was managing COVID-19 patients.	-	-	0.833
DII(10)	I leave it all to God when I managed COVID-19 patients	-	-	0.827
DII(11)	I am patient when I have to deal with challenging tasks	-	-	0.791
DII(12)	I totally rely on God when I am doing my job.	-	-	0.858
DII(13)	I am grateful for everything that has happened to me	-	-	0.824
DII(14)	I am confident that everything that happens is determined by God to make me stronger and more resilient.	-	-	0.914
DII(15)	I am confident that by observing religious practice, I will be calmer.	-	-	0.891
DII(16)	I am confident that the things that happen in life are tests from God.	-	-	0.902

DII(17)	I improve my weakness before I surrender to Him.	-	-	0.769
DII(18)	I am confident that God knows everything that I have done.	-	-	0.913
DII(19)	I do self-reflection by way of pondering upon the good and bad things that I have done in my life.	-	-	0.826
DII(20)	I realise that for my every effort, God is the best determiner.	-	-	0.883

Source: 2023 questionnaire

Next, Table 1.4 shows that the coefficient value of the *Cronbach's Alpha* for every construct is "High" and "Very High" and the overall reliability value for the items in the Motivating Factor instrument, psychological impacts and the psychospiritual coping strategy is "Very High" which is 0.957.

Table 1.4
Cronbach's Alpha Coefficient Value for Every Construct

Instrument	No of Item	Cronbach's Alpha Value	Reliability
Motivating Factor to Psychological impacts (I, II, III&IV)	40	0.912	Very High
Self	10	0.924	Very High
Job scope	5	0.813	High
Work Ecosystem	15	0.869	High
Family	10	0.750	High
Psychological impacts	23	0.953	Very High
Coping strategy (Coping) (I&II)	40	0.935	Very High
Psychology	20	0.862	High
Spiritual	20	0.970	Very High
Total	103	0.957	Very High

Source: 2023 Questionnaire

Based on the reliability test, one (1) item in the construct of Psychological Impacts is removed as it has low reliability value which is 0.293* and if the item is removed the *Cronbach's Alpha* will increase to 0.954 (Table 1.5).

Table 1.5

The Psychological Impacts Item that has been Removed

No	Psychological impacts Items	Item Correlation with Score	Corrected Item Correlation Total	Mean	Standard Deviation	Cronbach's Alpha Value If An Item Is Removed
1	I feel fatigued after work	0.293*	0.343	3.08	0.726	0.954

Source: 2023 Questionnaire

Conclusion

This study is conducted to test the validity and reliability of the items in the instrument for the Motivating Factor construct to nurses' stress, their psychological impacts and their psychospiritual coping strategy (STDPs). The finding for the validity test is proven from the *Kaiser-Meyer-Olkin Measure of Sampling Adequacy* (KMO) which is 0.818 and this is a great value as it is more than 0.80, making the value accepted. Next, the overall Cronbach's Alpha for the reliability test also obtains the best value which is 0.957. From the analysis, one (1) item was removed from the construct of Stress Impact.

Acknowledgment

Researcher expresses her utmost gratitude to the Higher Education Ministry Malaysia for granting the financial support through the *Fundamental Research Grant Scheme* (FRGS) entitled "The Nurses Psychospiritual Coping Strategy Model Formation (STDPs) In Addressing Psychological Impacts Following their Treatments to COVID-19 Patients" (FRGS/1/2021/SSI0/UKM/01/1). Researcher also wishes to thank nurses in duty in Tuanku Muhriz Chancelor Hospital, Universiti Kebangsaan Malaysia (HCTM UKM) for serving as the respondents of this study.

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