# Conceptual Framework in Retaining Staff for Nursing Homes in Malaysia: Content Analysis based on Expert Interviews

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Abstract—This paper aims to develop a Conceptual Framework in Retaining Staff to improve staff and organizational effectiveness for Nursing Homes in Malaysia. Expert Interviews with five Nursing Homes were conducted via purposive sampling and analyzed by Content Analysis. The results indicates that the framework integrates: (a) people, which are qualified staff, and development of attitude, skills, knowledge and performance for the effectiveness of service delivery; (b) programme; which include training and motivation programmes, practical courses, and job rotation as the practices; (c) process, is the strategy of continuous improvement of people and programmes in the Nursing Homes; (d) funds, are the government financial supports to assist the; and; (e) rewards, are one of the incentives to retain staff services.

*Index Terms*—Retaining staff, nursing home, content analysis, expert interviews.

#### I. INTRODUCTION

In this era of globalization, every organization is eager to manage their staff turnover systematically. It is because human capital is the key factors that drive the growing of an organization. Thus, organization's ability in maintaining and nourishing its human resources will give great results to the organizations itself. Good pay and benefits in an economic are very difficult to an organization in order to meet the basic requirements of offering a safe environment.

Turnover is a cause of concern for healthcare organizations that may lead to implication on the quality of service that provide to the patient. High productivity, fewer turnover and be profitable were every organization wishes [1]. Staff turnover can be referring as the process those employees leaving an organization and need to be replaced. Turnover can be describes as the process from nursing staff leave or being transferred within the organization while other study did not include transfer between department within the organization [2], [3].

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High staff turnover may result in increasing cost in selection and recruitment. Furthermore, turnover is a large and expensive problem in the long-term care environment that may affect quality of care, patient safety and patient satisfaction [4], [5]. It also affects the organizational productivity as well as the morale and motivation of the remaining staff. Hiring a knowledgeable people for the job is crucial for an organization but retaining the staff are even more important.

#### A. Issues of Staff Turnover

In healthcare organizations, staff turnover can be a cause of concern as it will gave effects on the quality of service provided to patients. Staff turnover can be defined as the process that employees leaving and organization and need to be replaced. Staff turnover is a large and expensive problem in the long-term care environment. Comparing to the other group of occupational, nurses are tend to leave the profession at a high rate [6]-[8]. It happens because of nursing home nurses are the lowest paid employees in healthcare labor force [9].

Nursing staff turnover may lead into potential negative health outcome for residents [8]. Furthermore, increasing in deficiencies may occur caused by the characteristics of the resident that making nursing staff to working extra hours [10]. As a result, it can happen when nursing staff payment (salary, wages and other beneficiation) are disproportionate compare to their working hours. Understanding turnover in nursing homes are important because it can influence nursing home facility operation cost, lower nursing staff satisfaction and will resulting negative outcome for residents [11].

Poor services by the nurses tend to lead into potential negative services in NHs [8]. Previous research found that high workloads increased emotional exhaustion among nurses in NHs that contributes to turnover [12]-[14]. Excessive workloads such as high demand work situation and working extra hours cause inferiority care of NHs [10], [15]-[17].

Education heterogeneity also can influence nursing staff turnover [7]. Poor pain management that including sleep disorder, poor nutrition, depression and stress, anxiety, agitation, decreased activity, delayed recuperation, and lower quality of life [18], [19]. Nursing staff must be conversant about pain and their medication to dispel resident and family myth [20]. It is because conflict with residents and their families were significantly associated with emotional and depersonalization [21]. Training is important to nursing staff to overcome job-related stress. It is because they required 75

hours of entry-level training in orders to train workers properly [9].

Therefore the aim of this research is to develop a Conceptual Framework in Retaining Staff to improve staff and organizational effectiveness for Nursing Homes in Malaysia.

## B. Conceptual Framework for in Retaining Staff for Nursing Homes in Malaysia

Retaining of skilled employees had been serious concern to any managers in any organization in order to faces the increasing high rate of employee turnover. Business environment had become competitive thus making skilled employees the major differentiating factor for most organization. Retaining staff involves by measure to encouraging employees to stay remain in the organization for maximum period of time [22].

Due to this, the underlying theory for retaining staff is based on Dixon's Equity-Sensitive Perspective (ESP): A Model for Managing Change [23]. Dixon's ESP elaborates retaining staff and organizational effectiveness in delivering the services [23]. The ESP's conversions model that focuses on *people*, *process*, and *programme* in the context of institutional change.

Staff or *people* play a key role in quality of care in the Nursing Home or NHs [24]. According to Dixon [23], people in organization must foster awareness and acceptance of individual differences, encourage greater understanding of the nature and dynamics of the differences. In ESP, people and stable nursing workforce will ensure the qualities of care received by residents that are vital. Thus, by having sufficient numbers of qualified and skilled nurses enable the development of skills, knowledge, and organizational improvement.

Process of ESP aims to structure continuous improvement of people and programme in any organization. Dixon [23] stated that, all staff in an organization will participate in an on-going process of ESP in achieving particular organization missions. Hence, process in ESP is the effectiveness of improvement in staff and organizational that affects the interpretation of job requirements, relationship between colleagues, and perspectives in the methods of working that leads to satisfaction. Satisfaction is important because it posited as a main component of overall job satisfaction, job performance, and retention of nursing staff [25].

In ESP, *programme* is one of the factors which is referred to an assortment of terms such as in service, continuing professional staffing and assumes various forms. Programme in ESP is the main concern of employee and organization that tends to achieve the goals for quality services, personal growth, retaining staff, and organizational improvement [26]. Hence, implementing a programme is clearly beneficial by helping to address issues of diversity, assist miscellaneous populations by integrating fully into the organization and by providing staffing opportunities and capacities [23].

## II. METHOD

This study is conducted using Expert Interviews (EI) with five Nursing Homes (NHs) via purposive sampling.

The data gathered from the Expert Interviews (EI) are analyzed using Content Analysis (CA). CA is a vital and powerful tool in analyzing qualitative research that has a systematic technique and collates valid inferences from texts into fewer categories and themes [27]-[30].

In employing CA, all the interview transcripts from the EI are carefully considered in obtaining sense of the whole data. The respondents' responses are extracted and brought into one table, which constituted the unit of analysis. The table is divided into "Respondent Identifier", "Interview Text", "Interpretation of the Underlying Meaning", and "Descriptive Codes" (Refer to Appendix A).

"Respondent Identifier" is referred to the five NHs that have participated in study which are coded as "Nursing Home 1 as NH1"; "Nursing Home 2 as NH2"; "Nursing Home 3 as NH3"; "Nursing Home 4 as NH4"; and "Nursing Home 5 as NH5".

Considering the context of the insights of five NHs will be complex and complicated to understand, therefore the meaning of the "Interview Texts" are condensed into an "Interpretation of the Underlying Meaning" that will be summarized and manifested in the content of the responses. The condensed "Underlying Meaning of the Interpretation" is seen as a whole and abstracted into "Descriptive Codes". The "Descriptive Codes" are the thread of meaning running through the condensed texts that are encrypted. It will be later used in developing the Framework.

## III. RESULTS

This section represents the findings in "Developing Conceptual Framework for Retaining Staff". As mentioned earlier in the section for method, the responses from the EI are brought together and divided into "Respondent Identifier", "Interview Text", "Interpretation of the Underlying Meaning", and "Descriptive Code" (Appendix A).

In developing the framework for Nursing Homes, Dixon's Equity-Sensitive Perspective (ESP): A Model for Managing Change is employed, explained, and elaborated for five NHs in order to provide understanding of the research. The respondents provide insights in developing the framework that explain the factors of people, programme and process. In addition, the respondents also provide suggestions such as "government fund" and "rewards incentive" to be included in the SDF. "The government fund" is coded as "funds" and "rewards incentive" is coded as "Rewards". These two contributing elements are also included in the framework.

The results indicate that the framework is integrated into: (a) people, the development of knowledge and skills of nurses; (b) programme; training programmes for quality services; and (c) process, the structure for continuous improvement in the Nursing Homes. Suggestions such as "funds" and "rewards" with financial incentives from the government are also proposed to be included in the framework.

# IV. DISCUSSION

There are various thoughts and views that have been collected during EI in developing the Conceptual Framework in Retaining Staff for Nursing Home in Malaysia. However, expert views and useful insights have been established.

## A. People

This study showed the findings that people have been mentioned by all five NHs. Consequently, other study [24] have stressed that people play a key role in quality of care in the NHs. Majority of the respondents reiterated that recruitment of qualified staff is vital for the framework. Furthermore, the respondents stated that developing people's attitude, skills, and knowledge are also vital for the quality services in the NHs.

#### B. Programme

The main objective of the framework to enhance the work performance of NHs employees through various programmes. The responses of five NHs indicated that teaching, practical training, job rotation, and motivation programmes help the staff to develop positive attitude, skills, knowledge and increases job satisfaction. Hence, various programmes conducted by the NHs help to retain the staff and organizational improvement [10], [26].

#### C. Process

A process of framework assists the staff continuous improvement in attaining new skills and knowledge and also increasing the quality care of services in the NHs. Therefore, the effectiveness of strategies, structure, and system of process helps to overcome the issues of staff turnover due to workload and lack of organizational supervision [10], [15]-[19].

## D. Funds and Rewards

The literature stated that there are external factors of other opportunities that contribute to the nurses' turnover [31], [32]. Due to this, majority of the NHs suggested that funds and incentives have to be included in the framework. According to the NHs, the government funds can assist the NHs in developing the training programmes for the staff. On the other hand, rewards are fundamental in retaining the staff and as an incentive to job satisfaction. Furthermore, previous scholars [33], [34] asserted that job satisfaction with pay and benefits influence the nurses' turnover.

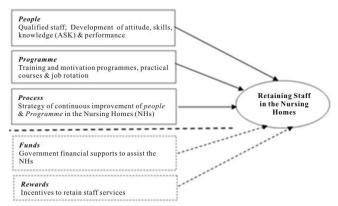


Fig. 1. The conceptual framework in Retaining Staff for Nursing Homes in Malaysia.

## V. CONCLUSION

From the discussion above, the study concludes that the framework integrates: (a) people, which are qualified staff, and development of attitude, skills, knowledge (ASK) and performance for the effectiveness of service delivery; (b) programme; which include training and motivation

programmes, practical courses, and job rotation as the practices; (c) process, is the strategy of continuous improvement of people and programme in the NHs; (d)funds, are the government financial supports to assist the NHs; and; (e) rewards, are one of the incentives to retain staff services. Fig. 1 summarises the conceptual framework.

APPENDIX A: CONTENT ANALYSIS FOR THE EXPERT INTERVIEWS

Interviews						
Respondent Identifier	Interview Text	Interpretation of the Underlying	Descriptive Codes			
NI '	W/ 1 1-1 1-1	Meaning				
Nursing	We understand the model					
Home <sub>1</sub>	proposed by your team	similar model to				
$(NH_1)$	and as for us, we can say	Dixon ESP Model.				
	that our model is quite	Therefore, NH <sub>1</sub>				
	similar with your model	provided insights on				
	because we hire the	the framework:				
	qualified person to be our		People			
	staff and we continuously	i. People				
	provide training for them.					
	Personally, we don't send	staff.				
	our staff to join training		Programme			
		ii. Programme				
	example with Ministry of	- Training				
	Health, since it is a private	programmes given by				
	organization. We don't	their own				
	have much finance to	management of NH.	Process			
	support for it. Due to that					
	reason, we do training	iii. Process				
	given by our own	- Focused on the care				
	management team. For	services that are				
	instance, we have training	provided for the				
	in one room with white	elderly.	Fund			
	board and marker pen. In					
	addition, our nurses work	iv. Fund				
	24 hours. The nurses look	- Needs funding from				
	after individuals who have	the government for				
	health needs. Besides that,	the social				
	our nursing home has	responsibility for the				
	qualified and committed	nation.				
	nurturing groups in an					
	environment uncommonly					
	acclimatises to every					
	resident's requirements.					
	Each care plan reflects an					
	individual's strengths,					
	interests and physical and					
	emotional abilities.					
	Moreover, our nurses are					
	concentrate on conveying					
	kindness, to the elderly					
	like taking care of their					
	own loved ones.					
	As for the suggestion, we					
	hope that even though our					
	nursing home is a private					
	body, our mission is one					
	where we support social					
	responsibility programme					
	by the government. Thus,					
	for that reason, we still					
	need more funds for it.					
	Now, we just get funds					
	from the charity and					
	contribution by					
	individuals and private					
	body personally.					
	Therefore, we hope that					
	the government provide					
	concern to us so that our					
	management can be strong					
	in futura					

in future

Ī	Nursing	Thank you for explaining	NH <sub>2</sub> provided	
	Home <sub>2</sub>	to me about the model	insights on the	
	$(NH_2)$	proposed by your team. If		
		2	i. People	People
		explanation, we can say	- Staff enhancement	
			skill and knowledge.	
		process of working and programme of developing	:: D	D
		our staff skills and		Programme
			<ul> <li>Programme of developing skills and</li> </ul>	
			knowledge.	
		can also put reward as one		Process
		-	iii. Process	1100000
		development (of staff)	- Focusing on quality	
		because in this nursing	of care services for	
		home, we also motivate	the elderly.	
		our staff by giving them		Rewards
		3 -	iv. Rewards	
		benefits, and bonus to	- Rewards as one of	
		encourage them since you		
		know that it is not easy to	framework.	
ŀ	Nursing	manage the old folks.  I am not familiar with	NH <sub>3</sub> agrees that ESP	
	Home <sub>3</sub>	academic study but I	is a systematic	
	(NH <sub>3</sub> )		process of	
	(1113)	explanation about this	assessment.	
		•	development, and	
		factors that are stated by	evaluation that	
		you before this is relevant	enhances the	
		in terms of enhancing the	l*	People
		staff development but here	μ.	
			development of	Programme
		0 11	healthcare providers and their continuing	Process
		* I	competence. It	FIOCESS
		programme to all staff and		
			programme, and	
		nursing homes in	process in the context	Fund
		Malaysia that can help us	of institutional	
		in future.	change.	
			Fund – Needs of	
			government support	
			in providing fund and	
F	NT		training programme.	
	Nursing Home₄	My suggestion here is, it is better if you can add	that:	
	(NH <sub>4</sub> )	2	i. People	People
	(11114)	model such as what we	- Practical courses	reopie
			for the staff.	
		home. It is evidently, very		
			ii. Programme	Program-me
		establishment. Since we	- Staff motivation	
		only get three (3) students		ъ
		to take care and handle ten (10) residents here. Thus,	ueveiopment.	Process
			iii. Process	
		retain our staff motivation		
			development in	
		development.	retaining staff	
			motivation and skill	
L			development.	
	Nursing	Since this nursing home is		
	Home <sub>5</sub>	private and independent, I		ъ 1
	(NH <sub>5</sub> )	, i	i. People - Government fund	People Fund
		government at least support and provide	- Government fund for enhancement of	runa
		**	staff skills,	
			knowledge, attitude,	
		_	and motivation.	
		and knowledge. Based on		
			ii. Programme	Programme
		better to give reward or	- Government fund	Fund
			and rewards for	Rewards
		that it is more effective in		
		maintaining and creating good attitude, motivation,		
			services.	
L		Julia Julia Julia III	11000	

any private nursing home		Process
in Malaysia.	iii. Process	Fund
	- A series of	Rewards
In addition, it is suggested	government support	
that the government will	on fund and rewards.	
also support the private		
nursing home.		

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#### REFERENCES

- S. Rajapaksa and W. Rothsein, "Factors that influence the decisions of men and women nurses to leave nursing," *Nursing Forum*, vol. 44, no. 3, pp. 195-206, 2009.
- [2] P. C. Beecroft, F. Dorey, and M. Wenten, "Turnover intention in new graduate nurses: A multivariate analysis," *Journal of Advanced Nursing*, vol. 62, no. 1, pp. 41-52, 2008.
- [3] S. A. Levasseur, C. Wang, B. Mathews, and M. Boland, "Generational differences in registered nurse turnover," *Policy, Politics & Nursing Practice*, vol. 10, no. 3, pp. 212-223, 2009.
- [4] M. R. B. Rubel and D. M. H. Kee, "Quality of work life and employee performance: Antecedent and outcome of job satisfaction in Partial Least Square (PLS)," World Applied Sciences Journal, vol, 31, no. 4, pp. 456-467, 2014.
- [5] S. Sellgren, G. Ekvall, and G. Tomson, "Nursing staff turnover: Does leadership matter?" *Leadership in Health Services*, vol. 20. No. 3, pp. 169-183, 2007.
- [6] J. Banaszak-Holl and M. Hines, "Factors associated with nursing home staff turnover," *The Gerontologist*, vol. 36, no. 4, pp. 512-517, 1996.
- [7] N. G. Castle, "The effect of top management professional development on administrator turnover," *Journal of Applied Gerontologist*, vol. 24, no. 5, pp. 404-418, 2005.
- [8] N. G. Castle, J. Engberg, and A. Men, "Nursing home staff turnover: Impact on nursing home compare quality measure," *The Gerontologist*, vol. 47, no. 5, pp. 650-661, 2007.
- [9] L. S. Noelker, F. K. Ejaz, H. L. Menne, and J. A. Jones, "The impact of stress and support on nursing assistant satisfaction with supervision," *Journal of Applied Gerontology*, vol. 25, no. 4, pp. 307-323, 2006.
- [10] C. Harrington, D. Zimmerman, L. S. Karon, J. Robinson, and P. Beutel, "Nursing home and its relationship to deficiencies," *Journal of Gerontology*, vol. 55B, no. 5, pp. S278-S287, 2000.
- [11] N. G. Castle and J. Engberg, "Organizational characteristics associated with staff turnover in nursing homes," *The Gerontologist*, vol. 46, no. 1, pp. 62-73, 2006.
- [12] C. Donoghue, "Nursing home staff turnover and retention," *Journal of Applied Gerontology*, vol. 29, no. 1, pp. 89-106, 2010.
- [13] G. L. Mckenzie et al., "Relationship between system-level characteristics of assisted living facilities and the health and safety of unlicensed staff," American Association of Occupational Health Nurses, vol. 59, no. 4, pp. 173–180, 2011.
- [14] M. Takase, K. Oba, and N. Yamashita, "Generational differences in factors influencing job turnover among Japanese nurses: An exploratory comparative design," *International Journal of Nursing Studies*, vol. 46, no. 7, pp. 957-967, 2009.
- [15] M. Flinkman, H. Leino-Kilpi, H. M. Hasselhorn, and S. Salantera, "Explaining young registered Finnish nurses' intention to leave the profession: A questionnaire survey," *International Journal of Nursing Studies*, vol. 45, no. 5, pp. 727-739, 2008.
- [16] M. P. Leiter, N. J. Jackson, and K. Shaughnessy, "Contrasting burnout, turnover intention, control, value congruence and knowledge sharing between Baby Boomers and Generation X," *Journal of Nursing Management*, vol. 17, no. 1, pp. 100-109, 2009.
- [17] V. C. Meeusen, K. Van Dam, C. Brown-Mahoney, A. A. Van Zundert, and H. T. Knape, "Understanding nurse anaesthetists' intention to leave their job: How burnout and job satisfaction mediate the impact of personality and workplace characteristics," *Health Care Management Review*, vol. 36, no. 2, pp. 155-180, 2011.
- [18] B. A. Ferrell, "Pain evaluation and management in the nursing home," Annals of Internal Medicine, vol. 123, pp. 681-687, 1995.
- [19] K. A. Herr, "Chronic pain: Challenges and assessment strategies," Journal of Gerontological Nursing, vol. 28, pp. 20-27, 2002.

- [20] C. B. Jones, "The costs of nursing turnover. Part 1: An economic perspective," *Journal of Nursing Administration*, vol. 34, no. 12, pp. 562-570, 2004.
- [21] K. Fujiwara, E. Tsukishima, A. Tsutsumi, N. Kawakami, R. and Kishi, "Interpersonal conflict, social support, and burnout among home care workers in Japan," *Journal of Occupational Health*, vol. 45, pp. 313-320, 2003
- [22] R. W. Griffeth and P. W. Hom, *Retaining Valued Employees*, Thousand Oaks, CA.: Sage, 2011.
- [23] B. Dixon, "Student affairs in an increasingly multicultural world," in The Professional Student Affairs Administrator: Educator, Leader, and Manager, R. B. Winston, D. G. Creamer, T. K. Miller, and Associates, Eds. NY.: Brunner-Routledge, 2001, pp. 65-80.
- [24] N. G. Castle and R. A. Anderson, "Caregiver staffing in nursing homes and their influence on quality of care: Using dynamic panel estimation methods," *Medical Care*, vol. 49, no. 6, pp. 545-552, 2011.
- [25] L. S. Noelker, F. K. Ejaz, H. L. Menne, and J. A. Jones, "The impact of stress and support on nursing assistant satisfaction with supervision," *Journal of Applied Gerontology*, vol. 25, no. 4, p 307-323, 2006.
- [26] P. W. Stone, E. L. Larson, C. Mooney-Kane, J. Smolowitz, S. X. Li, A. W. Dick, "Organizational climate and intensive care unit nurses' intention to leave," *Critical Care Medicine*, vol. 34, no. 7, pp. 1907-1912, 2006.
- [27] K. Krippendorf, "Reliability in Content Analysis: Some common misconceptions and Recommendation," *Human Communication Research*, vol. 30, no. 3, pp. 411-433, 2004.
- [28] J. Saldana, The Coding Manual for Qualitative Researchers, London: Sage, 2009.
- [29] S. Stemler, "An overview of content analysis," *Practical Assessment, Research and Evaluation*, vol. 7, no. 17, 2001.
- [30] D. Wilkinson, and P. Birmingham, *Using research instruments: A guide for researchers*. NY.: Routledge Falmer, 2003.
- [31] D. Camerino et al., "Age-dependent relationships between work ability, thinking of quitting the job, and actual leaving among Italian Nurse: A longitudinal study," *International Journal of Advanced Nursing Studies*, vol. 45, no. 11, pp. 1645-1659, 2008.
- [32] C. S. Brewer, C. T. Kovner, W. Greene, Y. Cheng, "Predictor of RNs' intent to work and work decisions 1 year later in U.S. national sample," *International Journal of Nursing Studies*, vol. 46, no. 7, pp. 940-956, 2009
- [33] M. Estryn-Behar et al., "The impact of social work environment, teamwork characteristics, burnout and personal factors upon intent to leave among European nurses," Medical Care, vol. 45, no. 10, pp. 939-950, 2007
- [34] M. F. Chan, A. L. Luk, S. M. Leong, S. M. Yeung, and I. K. Van, "Factors influencing Macao nurses' intention to leave current employment," *Journal of Clinical Nursing*, vol. 18, no. 6, pp. 893-901, 2009.



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