International Journal of Management, Accounting and Economics
Vol. 6, No. 2, February, 2019
ISSN 2383-2126 (Online)
© Authors, All Rights Reserved
www.ijmae.com

The Role of Moral Competence in Enhancing Work Engagement among Nurses

Novia Zahrah[1]
Othman Yeop Abdullah Graduate School of Business, Universiti Utara Malaysia, Sintok, Malaysia

Azelin Aziz
School of Business Management, Universiti Utara Malaysia, Sintok, Malaysia

Siti Norasyikin Abdul Hamid
School of Business Management, Universiti Utara Malaysia, Sintok, Malaysia

Abstract

The purpose of this study is to investigate the role of moral competence in enhancing work engagement among nurses. A quantitative correlational research and survey method is applied in this study. Staff Nurses of public hospitals in Malaysia were chosen as statistical population and 364 of them were selected as sample through multistage sampling. Data were analyzed by using SPSS and Smart-PLS. The assessment of the measurement model and the assessment of the estimation of the structural model were conducted to test the hypothesis. The result shows a positive and significant relationship between moral competence and work engagement. The findings of this study have posted an important message to healthcare institutions to play a greater role in coordinating and providing nurses a training relating to nurses' moral competence as an effort as an effort to facilitate nurses to be more resilient in dealing with high job demands and job complexity of nursing tasks, which in turn it will enhances the level of work engagement among nurses.

Keywords: Moral Competence, Work Engagement, Nurses, Public Hospitals.

Cite this article: Zahrah, N., Aziz, A., & Abdul Hamid, S. (2019). International Journal of Management, Accounting and Economics. *The Role of Moral Competence in Enhancing Work Engagement among Nurses*, *6*(2), 99-112.

[1] *Corresponding author's email: noviasah@ymail.com*

© Authors, All Rights Reserved

Introduction

There are increasing numbers of health travelers seeking treatment in Malaysia (from 641,000 to 921,500 people in the year 2011 up to 2017) which most of them are medical tourists from South-East Asia. Even Malaysia was crowned by the International Medical Travel Journal (IMTJ) Awards in 2015, 2016, and 2017 consecutively as the 'Medical Travel Destination of the Year' and as the 'Best Country in the World for Healthcare' ("Countries with the Best Healthcare in the World", 2016; Thoo, Khairuddin, Tat, Sulaiman, Lai, & Mas'od, 2018). This indicates that the potency of Malaysia as a preferred healthcare travel destination for the world is increasing due to its world-class quality healthcare, which is easily accessible and competitively affordable. Thus, the healthcare industry in Malaysia has become a powerful engine of economic growth (Onn, 2015).

Anyhow, the huge demand made by the healthcare consumers onto healthcare industry in Malaysia will exacerbate already existing workload and burnout among nurses (Carayon & Gurses, 2008; Al-Homayan, 2013) due to shortages of nurses. This circumstance can jeopardize their psychological, physical, and mental health (Harrison, Dowswell, & Wright, 2002), which in turn result in health care delivery incident due to lack of concentration, inflexibility and intolerance for inevitable obstacles, rudeness, negligence, as well as moral distress (Matula & Uon, 2016). Meanwhile, nowadays, patients' expectation is no longer limited to diagnosis and treatment, but services and care they receive during their stay in the hospital (Hee, Kamaludin, & Ping, 2016). Thus, evaluating work engagement among nurses in taking an active part to engage well, act quickly, and effectively is important in order to bring satisfaction to patients, decrease patient waiting time, increase efficiency of patient care, and sustain high-quality healthcare delivery (Kim & Kim, 2012). Supported by Graban (2016), he stated that an effective work engagement among nurses is an essential driver of the successful healthcare system as well as a critical component of high-value care.

Nonetheless, despites of the importance of work engagement among nurses, the study that examines the significant role of moral competence in enhancing work engagement in nursing context is still limited (Warshawsky, Havens, & Knafl, 2012). In consideration of this fact, this study fills the gap by providing deeper explanation on how to enhance work engagement level among nurses. Thus, this study investigates the influence of moral competence in enhancing and strengthening the level of work engagement among nurses.

In a nutshell, nursing practice depends not only on technical knowledge and skills but also on emotion, values, beliefs, and ethics, which play a significant role in shaping their decision and caring qualities of health care (Jormsri, Kunaviktikul, Ketefian, & Chaowalit, 2005), which in turn influence their work engagement level. Therefore, in this study, moral competence is considered as one of important parameter in predicting the level of work engagement among nurses.

© Authors, All Rights Reserved

Literature Review and Hypotheses Development

Moral Competence

Moral competence in the workplace is defined as the ability to follow logical reasoning to judge moral issues and the ability to perform altruistic behavior, consistently and at an advanced level of development (Ma, 2006). In nursing context, moral competence is defined as the ability or capacity of persons in particular situations to recognize their feelings as they influence what is good or bad, and then to reflect on these feelings, to make their decision, and to act in ways that bring about the highest level of benefit for patients (Jormsri et al., 2005). Based on these definitions, it shows that the concept of moral competence represents internal mental and will-related capacities of individuals, acquired by the continuous development of ethical behaviors capable of responding ethical problems in a consistent (i.e. across different conditions or situations), stable (i.e. through different times) and integrated. Besides, moral competence also represents that nurses are under a moral obligation to establish and to foster trust in their relationships with patients (Tarlier, 2004).

By having high moral competence, nurses will have the ability of moral endeavor in dealing with moral dilemmas, moral issues (e.g. challenges in making the right decision and taking the right action), opposing interests and opinions, or dealing with a wide range of conflicts (Zafarnia, Abbaszadeh, Borhani, Ebadi, & Nakhaee, 2017; Kälvemark-Sporrong, Arnetz, Hansson, Westerholm, & Höglund, 2007) as well as building strong trust with patients. Moral competence among nurses is very crucial because the increased work complexity and patients' demand in the health care sector can elicit bad conflict resolution among nurses (e.g. rudeness, dishonesty, discrimination, indifference, etc.) (Corley, 2002). Therefore, in order to avoid any negative conducts due to hardships in the workplace, either while dealing with colleagues and patients, the management must find a way to foster high moral competence among nurses (e.g. education and training relating to moral competence).

Work Engagement

Work engagement is defined as an experience that encourages employees to meet and to exceed their goals while simultaneously maintaining their personal welfare (Freeney & Fellenz, 2013; Bakker, Hakanen, Demerouti, & Xanthopoulou, 2007). This implies that the employees who engaged well posits biggest role in predicting the organizational success. For the reason that, besides being productive and innovative, engaged employees are less likely to quit, produce higher-quality of work and customer satisfaction. In nursing context, work engagement is illustrated as emotional stability, conscientiousness, and low stress due to job demands (Van der Colff & Rothmann, 2009). Nurses who have high level of work engagement tend to perform on what they love to do with their heart, their head, and their body utterly absorbed at performing their job. Thus, it is crucial to evaluate the level of work engagement among nurses in order to ensure high quality of healthcare delivery can be received by each patient.

Nonetheless, there are difficulties in evaluating work engagement among nurses because each unit in a hospital have different workplace environment that cause the nurses to handle different challenges and different pressure. For instance, some units have emotionally challenging jobs (e.g. wards treating children with cancer) or units that have physically challenging jobs (e.g. heavy lifting etc.), while some units have advanced technical skills that need to be learned, and so forth (Vegsund, 2014). This implies the importance to give depth investigation on the antecedents of work engagement among nurses. But again, in spite of numerous studies and various antecedents of work engagement have been conducted, there have been only a few studies conducted in nursing context (Vegsund, 2014), and as a result of this minimal treatment, the concept is poorly understood (Jenaro, Flores, Orgaz, & Cruz, 2011; Simpson 2009; Freeney & Tiernan, 2009). As such, this study fills the gap by incorporating moral competence as antecedent of work engagement among nurses.

The Relationship between Moral Competence and Work Engagement

Moral competencies among nurses influence nurses' views of goals, strategies, and actions that guide nurses in engaging in ethically competent practice and in confronting contemporary ethical challenges, which in sequence result in outstanding work engagement (Jormsri et al., 2005). This occurs because a high moral competence nurses able to determine which personal and professional changes were required to maintain work engagement (Vinje & Mittelmark, 2007). Supported by Kim and Kim (2012), they narrated that nurses who posits high moral competence tend to have high resilience and motivated to work, which in turn leads to greater work engagement. Aforesaid findings indicate that moral competence has significant relationship with work engagement. Because, if moral competence is one of employees' personal resource and if the growth of employees' own personal resources is an importance source of work engagement (Breevaart, Bakker, & Demerouti, 2014), then moral competence and work engagement are closely related.

Nevertheless, despite of the importance of moral competence in enhancing work engagement, there is scarcity of research that evaluates the relationship between moral competence and work engagement. In nursing context, most of study only focuses on the relationship between moral distress and work engagement (e.g. Lawrence, 2011), not on the solution on how to cope with moral distress. Meanwhile, Lawrence (2011) narrated that moral competence have crucial role in reducing moral distress and promote work engagement. For aforesaid reasons, this study highlights moral competence as a strategy in promoting work engagement among nurses under a broad range of circumstances, especially during stressful events. Drawing on the findings mentioned above, this study hypothesized that:

H_1: *There is a positive relationship between moral competence and work engagement*

Methodology

This study is a descriptive quantitative correlational research. The population frame for this study was drawn from the total of nurses working at public hospitals in Malaysia.

© Authors, All Rights Reserved

Considering the large population of nurses, large number of public sectors, and the large geographical area to be covered as well as the constraints of manpower, time, and cost, this study only conducted at Public Hospitals in Peninsular Malaysia. And because of similar reasons, this study used a multistage sampling that combines different techniques in order to ensure and to increase the sample's statistical efficiency (Cooper & Schindler, 2006).

The target population of this study is only Staff Nurses that work at public hospitals in Peninsular Malaysia. One hospital from each region in Peninsular Malaysia is selected randomly. Namely, Hospital Kuala Lumpur (HKL) represents Central Region, Hospital Sultanah Aminah Johor Bahru (HSAJB) represents Southern Region, Hospital Pulau Pinang (HPP) represents Northern Region, and Hospital Sultanah Nur Zahirah (HSNZ) represents East Coast. Thus, the target population of this study is about 7453 Staff Nurses. Based on this target population, a total of 364 Staff Nurses are chosen as sample of this study in order to ensure a good decision model.

Research Framework

Two variables were identified in this study, which is work engagement as dependent variable and moral competence as independent variable. Therefore, the following framework (Figure 1) is proposed in this study.

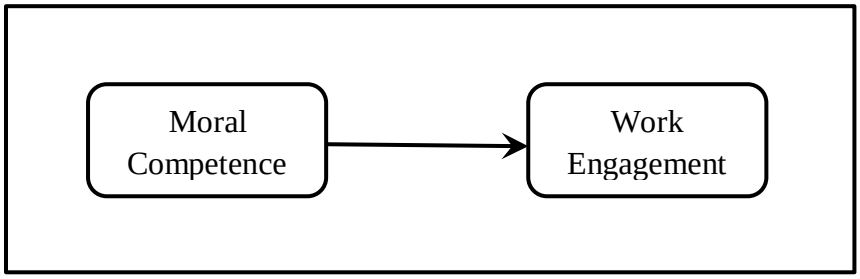

Figure 1: Research Framework

Data Collection

The researchers distributed 364 questionnaires to the respondents and collected 349 usable questionnaires. The questionnaire divided into three sections. The first section was designed to solicit respondent's demographic information (e.g. gender, age, current ward, length of employment as a nurse). The second section consists of 17 questions set to measure work engagement which represents the dependent variable. While the last section was used to obtain information about moral competence that represents the independent variable and consists of 12 questions.

Operational Definition and Measures

Work engagement is operationalized as a positive, fulfilling, and work-related state of mind that is characterized by vigor, dedication and absorption (Schaufeli & Baker, 2003). While moral competence is operationalized as the ability to follow logical reasoning to

judge moral issues, to perceive or recognize ethical situations, to demonstrate selfless behavior, and to act in ways that bring about the optimal good for their patients (Ma, 2006).

All the construct instruments in this study adopted from previous literatures. In assessing the level of work engagement, this study adopts instrument that developed by Schaufeli and Bakker (2003). Their instrument consist of three dimensions which are known as vigor (6 items), dedication (5 items), and absorption (6 items) (Schaufeli & Bakker, 2003). In term of moral competence, this study adopts instrument that developed by Moskoei, Mohtashami, Ghalenoeei, Nasiri, and Tafreshi (2017). Respondents rated their degree of agreement with the work engagement and moral competence statements based on a five-point scale ranging from '1' "never" to '5' "always".

Data Analysis

In this study, SPSS and Smart-PLS software was used to analyze the data. Descriptive analysis was done by using SPSS and inferential analysis was done by using Smart-PLS software. In assessing the data in Smart-PLS, the evaluation of the measurement model (outer model) and the structural model (inner model) is conducted. The first process of Smart-PLS which is the assessment of the measurement model involves confirmation of validity and reliability of measurement constructs. In Smart-PLS, Confirmation Factor Analysis (CFA) was used to test the construct validity and the accuracy of the questions related to the variables. Table 1 provides the results of CFA of all constructs before deletion.

Table 1: Loadings and Cross Loadings (Before Deletion) (Original Model)

Items	MC	WE
Moral Competence (MC)		
MC1: Demonstrate patience when taking care of the patient.	0.722	0.360
MC2: Show respect to the patient	0.778	0.393
MC3: Avoid rushing into judgment about the patient	0.678	0.340
MC4: Keep the secrets of the patient (unless there is risk to the patient or the others)	0.539	0.267
MC5: Never discuss the patient's issues in presence of others	0.453	0.243
MC6: Observe the patient's rights (e.g. privacy, right to decide about treatment, etc.)	0.576	0.288
MC7: Show responsiveness and reliance in doing the assigned tasks	0.723	0.367
MC8: Offer nursing care without discrimination or based on racial, cultural, and religious specifications	0.567	0.259
MC9: Show respect in dealing with colleagues	0.710	0.270
MC10: Show honesty in their interaction with the patient	0.799	0.281
MC11: Have the ability to control one's emotions (e.g. anger, anxiety, and fear)	0.763	0.322
MC12: Show eagerness and interest in taking care of the patient	0.808	0.473
Work Engagement (WE)		

© Authors, All Rights Reserved

WE1: At my work, I feel bursting with energy.	0.265	0.751
WE2: I find the work that I do full of meaning and purpose.	0.305	0.681
WE3: Time flies when I am working.	0.282	0.541
WE4: At my job, I feel strong and vigorous.	0.341	0.761
WE5: I am enthusiastic about my job.	0.375	0.783
WE6: When I am working, I forget everything else around me.	0.215	0.485
WE7: My job inspires me.	0.266	0.747
WE8: When I get up in the morning. I feel like going to work.	0.313	0.862
WE9: I feel happy when I am working intensely.	0.426	0.762
WE10: I am proud of the work that I do.	0.375	0.754
WE11: I am immersed in my work.	0.207	0.399
WE12: I can continue working for very long periods at a time.	0.241	0.553
WE13: To me, my job is challenging.	0.171	0.240
WE14: I get carried away when I am working.	0.149	0.237
WE15: At my job, I am very resilient, mentally.	0.379	0.675
WE16: It is difficult to detach myself from my job.	0.267	0.411
WE17: At my work, I always persevere, even when things do not go well.	0.248	0.609

Accordingly, there were 15 deleted loadings (bolded in Table 1) because they were lower than 0.70. They were MC3, MC4, MC5, MC6, MC8, WE2, WE3, WE6, WE11, WE12, WE13, WE14, WE15, WE16, and WE17. They were clearly shown in Table 1 before deletion. After deleting these items, all the remaining items that measured a particular construct loaded highly on that construct and loaded lower on the other constructs, thus confirming construct validity. The results of CFA of all constructs after deletion are summarized in Table 2 as follow.

Table 2: Factor Loadings (After Deletion)

Construct	Items	Loadings
Work Engagement	WE1	0.751
	WE4	0.761
	WE5	0.783
	WE7	0.747
	WE8	0.862
	WE9	0.762
	WE10	0.754
Moral Competence	MC1	0.722
	MC2	0.778
	MC7	0.723
	MC9	0.710
	MC10	0.799
	MC11	0.763
	MC12	0.808

© Authors, All Rights Reserved

Reliability of measurement constructs is tested by utilizing Cronbach's alpha coefficient and composite reliability values. The Cronbach's alpha and composite reliability values should be higher than 0.70 (Williams, Piva, Irrgang, Crossley, & Fitzgerald, 2012; Hair, Ringle, & Sarstedt, 2011). Table 3 presents the values of Cronbach's alpha and composite reliability of work engagement and moral competence. It is evident that all constructs exceeded the recommended value of 0.70. Hence, construct reliability was confirmed.

Table 3: Reliability Analysis (After Deletion)

Variable	Total Items (After Deletion)	AVE	Cronbach's alpha	Composite Reliability
Work Engagement	7	0.518	0.881	0.882
Moral Competence	7	0.489	0.869	0.869
AVE: Average variance extracted				

The average variance extracted (AVE) measures the variance encapsulated by the indicators relative to measurement error and this should be higher than 0.50 in order to justify the use of the construct (Hair *et al.*, 2011; Williams et al., 2012). In this study, the AVE value for work engagement is 0.518, which within the recommended range (see Table 3). Meanwhile, the AVE value for moral competence is 0.489, below the recommended range. Anyhow, according to Fornell and Larcker (1981), if AVE is less than 0.50, but composite reliability is higher than 0.60, the convergent validity of the construct is still adequate (Hair, Ringle, & Sarstedt, 2013). Hence, the convergent validity of moral competence was adequate since moral competence have high composite reliability (0.869). Briefly, the results of convergent validity indicate that the entire latent variables satisfied the threshold value and were considered to have met the standard recommended for convergent validity.

Additionally, descriptive analysis was used to examine the study variables to obtain their minimum, maximum, mean, variance and standard deviation values. The questionnaire employed the 5-point Likert scale to measure the study variables, with 1 depicting the minimum value while 5 depicts the maximum value. This study found that work engagement has the mean value of 4.27 with the standard deviation 0.65, and the variance of 0.43. Moral competence has the mean value of 4.37 with the standard deviation 0.65, and the variance of 0.43. Meanwhile, the minimum and the maximum values are reported as 3 and 5 for moral competence as well as 1 and 5 for work engagement. The summary of the findings of the descriptive statistics is presented in the Table 4 as follow.

Table 4: Descriptive Statistics

Variable	N	Minimum	Maximum	Mean	Standard Deviation	Variance
Work Engagement	349	1	5	4.27	0.65	0.43
Moral Competence	349	3	5	4.37	0.65	0.43

After analyzing the measurement model, the evaluation of the structural model is conducted. The procedure begins with the evaluation of the level of R^2 values, assessment of effect size (f^2), predictive relevance (Q^2) and the q^2 effect size, and goodness of fit (GoF) of the overall model. The summary of the evaluation of the structural model is presented in the Table 5 as follow.

Table 5: Evaluation of Inner Model

	R^2	Q^2	f^2	Effect Size Rating	GoF
Work Engagement	0.335	0.140			$GoF = \sqrt{(R^2 \times AVE)}$
Moral Competence			0.239	Medium effect	GoF = 0.389

Table 5 shows that the R^2 value of work engagement is 0.335 suggesting that 33.5% of the variance of work engagement can be explained by moral competence. In term of effect size (f^2), there was a medium effect of moral competence on work engagement with f^2 value of 0.239. According to Hair *et al.* (2011), the model will have predictive quality (Q^2) if the cross-redundancy value is more than zero; otherwise the predictive relevance of the model cannot be concluded. Table 5 shows that the obtained cross validated redundancy value [predictive relevance (Q^2) and the q^2 effect size] for work engagement was found to be 0.140 which implies the adequate predictive capabilities of the model. Last but not least, Table 5 shows that the goodness of fit (GoF) of the overall model is 0.389 which reflect and confirm the fitness of the structural model.

Hypothesis Testing

In testing the significance of the hypothesis, the significance of the path coefficients and bootstrapping which are embedded in Smart-PLS is applied in this study. After the path coefficients generated, the researcher test the significance by running the data using 500 bootstrapped samples which is bigger than the actual sample size of this study, thus meeting the condition suggested by Hair *et al.* (2013). Table 6 presents the results of t-statistics, path coefficient (beta or β), and the decision taken for the hypothesis.

© Authors, All Rights Reserved

Table 6: Summary of the Results of Hypothesis Testing

Hypothesis	β	Standard error	t-value	P values	Decision
MC → WE	0.450	0.054	7.121***	0.000***	Supported
Note: t-values > 2.58*** (p < 0.01) (two-tailed test) MC: Moral Competence WE: Work Engagement					

The critical t-values (T-statistics) for a two-tailed test are 1.65 (at 0.10 level of significance) 1.96 (at 0.05 level of significance), and 2.58 (at 0.01 level of significance). This implies that the absolute and significant value of t-value must be 1.65 or higher (Hair et al., 2010). Thus, based on this criterion and the results shown Table 6, it can be concluded that there is a positive and significant relationship between moral competence and work engagement (β=0.450, t=7.121). This indicates that the hypothesis received strong empirical support.

Discussion, Conclusion, and Recommendation

The hypothesis test of this study shows that the t-value was 7.121 and larger than the 2.58 boundary value. Hence, the effect of moral competence on work engagement was confirmed with *confidence* interval of *99%*. The hypothesis test also shows that the standard path coefficient was 0.450 which indicated the positive effect of moral competence on work engagement. This implies that high moral competence among nurses will result in higher work engagement. This finding is in line with findings of Fiorilli, Albanese, Gabola, and Pepe (2017); Walker & Campbell, 2013; Masten (2001); Luthans (2002); Sweetman and Luthans (2010); Sahoo, Sia, Sahu, and Appu (2015). They pointed out that an individual who has a good moral competence will be able to ensure good-quality interpersonal relationships that will simultaneously promote higher work engagement (Fiorilli, Albanese, Gabola, and Pepe (2017).

The outcome of this study empirically supported the theoretical model showed in the research framework (Figure 1). It contributes to the theory significantly, as there is dearth of empirical research in nursing literatures that investigates the importance of moral competence among nurses. Although there are many conceptualization and instrument validation relating to nurses' moral competence has been conducted. Besides, most of studies only focus on the relationship between moral distress and work outcomes (e.g. Lawrence, 2011; Antoinette-Bargagliotti, 2012; Rubel & Kee, 2013). Not on the solution on how to cope with moral distress (i.e. moral competence). Meanwhile, in a healthcare setting, it is crucial for nurses to have a good clinical competency (Watson, Stimpson, Topping, & Porock, 2002) that comprises of both behavioral and cognitive competencies (e.g. moral competence, etc.). Briefly, by having strong moral competence, nurses can deliver better care for patients. Thus, while eliminating high job demands entirely is impossible (due to complexity of nursing jobs, shortages, etc.), hospital managers need to identify the positive sources or resilient sources that can reduce any forms of job pressures (i.e. moral competence) as an effort in enhancing work engagement.

© Authors, All Rights Reserved

Nevertheless, there are several limitations that have been faced throughout the study. First, this study only focused on Staff Nurses and only conducted in public hospitals, which limits the scope of generalization. Thus, future studies may involving hospital workforce from other discipline (e.g. doctors, pharmacist, medical officers, clinical laboratory scientists) to be able to strike a balance of the findings. Future studies are also recommended to extend their scope by conducting study in university hospitals, private hospitals, or other industries, because different results might be obtained if this study conducted in other job fields. Second, this study was only conducted in Malaysia, future studies may consider the applicability of similar studies in other Southeast Asia countries or beyond.

Additionally, moral competence is a part of behavioral and cognitive competencies that can fluctuates and change following the situation the individual face. Thus, a cross-sectional study could not help discern the changes in the psychological process, behaviors, and attitudes of the nurses as a result of changes in their job. In this case, this study suggests future researchers to conduct a longitudinal studies relating to this study. Despite the limitations above, the findings of the study are still valid to understand nurses' behavior in Malaysia, and consequently provide some insight for the benefit of practitioners and managers on how to address issues related moral distress and disengagement among nurses.

Overall, moral competence represents a wide range of competency (meta-competency) that act as one of important parameter in assessing nurses' clinical competencies as it helps nurses to cope effectively with ethical issues and to prevent moral distress and negative consequences such as fatigue or impaired quality of care, which in turn will promotes outstanding work engagement.

References

Al-Homayan, A. M. (2013). *The Mediating-Moderating Effects of Job Stress and Organizational Support on the Relationship between Job Demands Resources and Nurses' Job Performance in Saudi Public Hospitals* (Doctoral dissertation, Universiti Utara Malaysia).

Antoinette-Bargagliotti, L. (2012). Work engagement in nursing: a concept analysis. *Journal of advanced nursing*, *68*(6), 1414-1428.

Bakker, A. B., Hakanen, J. J., Demerouti, E., & Xanthopoulou, D. (2007). Job resources boost work engagement, particularly when job demands are high. *Journal of educational psychology*, *99*(2), 274.

Breevaart, K., Bakker, A. B., & Demerouti, E. (2014). Daily self-management and employee work engagement. *Journal of Vocational Behavior*, *84*(1), 31-38.

Carayon, P., & Gurses, A. P. (2008). Nursing workload and patient safety—a human factors engineering perspective.

© Authors, All Rights Reserved

Corley, M. C. (2002). Nurse moral distress: a proposed theory and research agenda. *Nursing ethics*, *9*(6), 636-650.

Countries with the Best Healthcare in the World. (2016). *International Living Magazine, 2016: The 2016 Annual Global Retirement Index* Retrieved from: https://internationalliving.com/countries-best-healthcare-world/

Fiorilli, C., Albanese, O., Gabola, P., & Pepe, A. (2017). Teachers' emotional competence, moral competence, and social support: Assessing the mediating role of teacher burnout. *Scandinavian Journal of Educational Research*, *61*(2), 127-138.

Fornell, C., & Larcker, D. F. (1981). Structural equation models with unobservable variables and measurement error: Algebra and statistics. *Journal of marketing research*, 382-388.

Freeney, Y. M., & Tiernan, J. (2009). Exploration of the facilitators of and barriers to work engagement in nursing. *International Journal of Nursing Studies*, *46*(12), 1557-1565.

Freeney, Y., & Fellenz, M. R. (2013). Work engagement as a key driver of quality of care: a study with midwives. *Journal of Health Organization and Management*, *27*(3), 330-349.

Graban, M. (2016). *Lean hospitals: improving quality, patient safety, and employee engagement*. CRC press.

Hair, J. F .. Black, W. C., Babin, B. J. & Anderson, R. E. (20 1 0). Multivariate data analysis: A global perspective. (7th ed.). Upper Saddle River, NJ: Pearson.

Hair, J. F., Ringle, C. M., & Sarstedt, M. (2013). Partial least squares structural equation modeling: Rigorous applications, better results and higher acceptance.

Hair, J.F., Ringle, C. M., & Sarstedt, M. (2011). PLS-SEM: Indeed a silver bullet. *Journal of Marketing theory and Practice*, *19*(2), 139-152.

Harrison, S., Dowswell, G., & Wright, J. (2002). Practice nurses and clinical guidelines in a changing primary care context: an empirical study. *Journal of advanced nursing*, *39*(3), 299-307.

Hee, O. C., Kamaludin, N. H., & Ping, L. L. (2016). Motivation and Job Performance among Nurses in the Health Tourism Hospital in Malaysia. *International Review of Management and Marketing*, *6*(4), 668-672.

Jenaro, C., Flores, N., Orgaz, M. B., & Cruz, M. (2011). Vigour and dedication in nursing professionals: towards a better understanding of work engagement. *Journal of advanced nursing*, *67*(4), 865-875.

© Authors, All Rights Reserved

Jormsri, P., Kunaviktikul, W., Ketefian, S., & Chaowalit, A. (2005). Moral competence in nursing practice. *Nursing Ethics*, *12*(6), 582-594.

Kälvemark Sporrong, S., Arnetz, B., Hansson, M. G., Westerholm, P., & Höglund, A. T. (2007). Developing ethical competence in health care organizations. *Nursing Ethics*, *14*(6), 825-837.

Kim, T. Y., & Kim, M. (2013). Leaders' moral competence and employee outcomes: The effects of psychological empowerment and person–supervisor fit. *Journal of Business Ethics*, *112*(1), 155-166.

Lawrence, L. A. (2011, October). Work engagement, moral distress, education level, and critical reflective practice in intensive care nurses. In *Nursing forum* (Vol. 46, No. 4, pp. 256-268). Malden, USA: Blackwell Publishing Inc.

Luthans, F. (2002). Positive organizational behavior: Developing and managing psychological strengths. *Academy of Management Perspectives*, *16*(1), 57-72.

Ma, H. K. (2006). Moral competence as a positive youth development construct: conceptual bases and implications for curriculum development. *International Journal of Adolescent Medicine and Health*, *18*(3), 371-378.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American psychologist*, *56*(3), 227.

Matula, P., & Uon, V. (2016). A causal relationship model work engagement affecting organizational citizenship behavior and job performance of professional nursing. *MEJSR.*, *24*, 1600-1605.

Moskoei, S., Mohtashami, J., Ghalenoeei, M., Nasiri, M., & Tafreshi, M. Z. (2017). Development and psychometric properties rating scale of "clinical competency evaluation in mental health nurses": Exploratory factor analysis. *Electronic physician*, *9*(4), 4155.

Onn, L.P. (2015). What Lies Ahead for Malaysian Healthcare? Economics Working Paper. ISEAS Yusof Ishak Institute.

Rubel, M. R. B., & Kee, D. M. H. (2013). Perceived support and employee performance: The mediating role of employee engagement. *Life Science Journal*, *10*(4), 2557-2567.

Sahoo, B. C., Sia, S. K., Sahu, N., & Appu, A. V. (2015). Psychological capital and work attitudes: A conceptual analysis. *J Organ Hum Behav*, *4*(2), 18-28.

Schaufeli, W. and Bakker, A. (2003), Utrecht Work Engagement Scale: Preliminary Manual, Occupational Health Psychology Unit, Utrecht University, Utrecht.

© Authors, All Rights Reserved

Simpson, M. R. (2009). Predictors of work engagement among medical-surgical registered nurses. *Western journal of nursing research*, *31*(1), 44-65.

Sweetman, D., & Luthans, F. (2010). The power of positive psychology: Psychological capital and work engagement. *Work engagement: A handbook of essential theory and research*, 54-68.

Tarlier, D. S. (2004). Beyond caring: the moral and ethical bases of responsive nurse–patient relationships. *Nursing Philosophy*, *5*(3), 230-241.

Thoo, A. C., Khairuddin, A. I. N., Tat, H. H., Sulaiman, Z., Lai, L. Y., & Mas'od, A. (2018). Factors Affecting Medical Tourists to Malaysia. *Asia Proceedings of Social Sciences*, *2*(3), 238-242.

Van der Colff, J. J., & Rothmann, S. (2009). Occupational stress, sense of coherence, coping, burnout and work engagement of registered nurses in South Africa. *SA Journal of Industrial Psychology*, *35*(1), 1-10.

Vegsund, H. (2014). *Work engagement among nurses* (Master's thesis, Norges teknisk-naturvitenskapelige universitet, Fakultet for samfunnsvitenskap og teknologiledelse, Institutt for sosialt arbeid og helsevitenskap).

Vinje, H. F., & Mittelmark, M. B. (2007). Job engagement's paradoxical role in nurse burnout. *Nursing & health sciences*, *9*(2), 107-111.

Walker, A., & Campbell, K. (2013). Work readiness of graduate nurses and the impact on job satisfaction, work engagement and intention to remain. *Nurse Education Today*, *33*(12), 1490-1495.

Warshawsky, N. E., Havens, D. S., & Knafl, G. (2012). The influence of interpersonal relationships on nurse managers' work engagement and proactive work behavior. *The Journal of nursing administration*, *42*(9), 418.

Watson, R., Stimpson, A., Topping, A., & Porock, D. (2002). Clinical competence assessment in nursing: a systematic review of the literature. *Journal of advanced nursing*, *39*(5), 421-431.

Williams, V. J., Piva, S. R., Irrgang, J. J., Crossley, C., & Fitzgerald, G. K. (2012). Comparison of reliability and responsiveness of patient-reported clinical outcome measures in knee osteoarthritis rehabilitation. *Journal of orthopaedic & sports physical therapy*, *42*(8), 716-723.

Zafarnia, N., Abbaszadeh, A., Borhani, F., Ebadi, A., & Nakhaee, N. (2017). Moral competency: meta-competence of nursing care. *Electronic physician*, *9*(6), 4553.