

Work Engagement of Malaysian Nurses: Exploring the Impact of Hope and Resilience

Noraini Othman and Aizzat Mohd Nasurdin

Abstract—The purpose of this study was to investigate the relationship between hope and resilience with work engagement. A total of 422 staff nurses working in three public hospitals in Peninsular Malaysia participated in this study. Statistical results using regression analysis revealed that hope and resilience were positively related to work engagement. Possible reasons for these findings, as well as their implications and future research directions are discussed.

Keywords—hope, nurses, resilience, work engagement

I. INTRODUCTION

THE environment facing the healthcare industry has shifted from a fairly stable one into a more challenging and dynamic landscape. The rising costs of healthcare, an aging population, growing sophistication of technology, the proliferation of private hospitals, emergence of new diseases, and greater public awareness for better quality of healthcare, have created pressures and produced greater burden on public hospitals and their employees. Accordingly, the most affected healthcare employees are the nursing professionals who are required to deal with increased demands for efficiency, cost-cutting, and improved healthcare quality, whilst at the same time coping effectively with workplace stress, exhaustion and burnout [23]. This line of argument is further supported by [28] who argued that the quality of nursing care positively affect a hospitals' capability to provide services at the required professional standard. Therefore, healthcare organizations need highly competent nurses who are willing to work efficiently towards organizational goals [10]. The need to employ qualified and committed nurses is more acute for Malaysia, particularly for the public hospitals. This is because the country's current nurse-to-patient ratio (1:375) as reported in the local media [41] is much below the World Health Organization's standard (1:200).

In a healthcare organization, nurses as customer-contact employees have always been an important component of the medical profession. Nurses contribute to the health and well being of society in a country. As nurses play an important role to portray the organization's competence, their attitudes and behaviours toward patients would have significant influence

towards patients' perceived service quality and satisfaction [28]. For that reason, in order to deliver quality care, nurses should engage in favourable attitude in the form of work engagement. Based on the emergence of positive psychology: the scientific study of human strength and optimal functioning [38], work engagement has been recognized as one of the positive states, which is considered to be the antipode of burnout. [36] argued that engaged employees have a sense of energetic and effective relation with their jobs, and perceive that they are capable to manage their job demands. Similarly, [35] study has found that engaged employees often experience positive emotions, and this may be the explanation why they are more productive.

To promote high work engagement in the nursing workforce, nurses as boundary-spanners of healthcare organizations need to have higher psychological capital. Psychological capital or PsyCap is an individual's positive psychological state of development and is characterized by self-efficacy, optimism, hope and resilience [22]. [42] argued that resilience among nursing workforce is identified as crucial for them in their daily work. The nature of workplace adversity for nurses needs them to build the inner strengths in the form of psychological capital, in order to be able to cope with and protect themselves from the effects of workplace adversity. Without these inner strengths, nurses may experience negative feelings such as burnout and depression. Throughout time, nurses' jobs will always surround with elements of stressful, difficult situations, and episodes of hardship. Hence, nurses with high psychological capital are believed to be able to combat these adverse effects efficiently, which in turn, will lead to greater work engagement and higher job performance.

Several researchers have found positive relationships between psychological capital and work engagement [3, 4, 46] given the challenging nature of the nursing profession, studying the linkage between work engagement and personal resources (e.g., psychological capital) would be interesting. Therefore, this study sought to examine the effect of hope and resilience on work engagement among Malaysian nurses.

II. LITERATURE REVIEW

A. Work Engagement

[34] defined work engagement as "a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication and absorption" (p. 295). Vigor refers to a state where individual experiences a high degree of energy, a strong work ethic and an ability to persevere when confronted with challenging work [34]. Meanwhile, dedicated individuals have

Noraini Othman. Author is with the School of Business Management, College of Business, Universiti Utara Malaysia (phone: 00604-9285043; fax: 0004-9285761; e-mail: n.aini@uum.edu.my).

Aizzat Mohd Nasurdin. Author is with School of Management, Universiti Sains Malaysia (phone: 00604-6532548; e-mail: aizzat@usm.my).

an enthusiastic attitude and being motivated and proud of their work. Individuals who experience dedication also perceive their work to be important and they describe difficulties as challenges rather than strains. Absorption in work entails being fully immersed in work and feeling happy about one's work roles. Individuals who are absorbed in their work perceive time to pass quickly and find it difficult to separate themselves from work tasks [34]. According to [3], work engagement is crucial as engaged employees experience (1) pleasure, joy, and enthusiasm, (2) good physical and psychological health, (3) better job performance, (4) increased ability to create job and personal resources, and (5) capability to transfer their engagement to others.

Numerous studies provided empirical evidence on the relationship between work engagement and work-related outcomes. For example, work engagement has been found to be positively related to customer loyalty and employee performance [31], job satisfaction and organizational citizenship behaviours [30], in-role performance [37], employee proactive behaviours [32], and financial returns [45].

B. Psychological Capital

Psychological capital is based on the emerging field of positive organizational behaviour (POB) which focuses on the relatively unique positive, state-like constructs that have an impact on performance [15, 16]. [16] initially defined POB as "the study and application of positively oriented human resource strengths and psychological capacities that can be measured, developed and effectively managed for performance improvement in today's workplace" (p. 59).

According to [20] the key points of psychological capital are: (1) based on the positive psychology paradigm (e.g., the importance of positivity and human strengths); (2) includes psychological states based on POB criteria (e.g., unique, theory/research, valid measurement and state-like); (3) goes beyond human capital (e.g., what you know) and social capital (e.g., who you know) to 'who you are'; and (4) involves investment and development (e.g. such as economic/financial capital), in turn, yielding performance improvement and resulting competitive advantage. Moreover, psychological capital goes beyond human and social capital to gain a competitive advantage through investment/development of "who you are" and "what you can become" [14, 17, 18]. This psychological capital construct has been found to be associated to several workplace outcomes, such as employee performance, job satisfaction and absenteeism [2, 18].

To date, there have been few studies on psychological capital and work engagement [3, 4, 46]. Thus, this study explored the POB states of hope and resilience to determine whether they are related to Malaysian nurses' work engagement. The following briefly summarizes the theory and research of the two states of PsyCap.

C. Hope State

Hope is defined as a "positive motivational state that is based on an interactively derived sense of successful (1)

agency (goal-directed energy) and (2) pathways (planning to meet goals)" [39, p. 287].

Emerging research supports the significance of hope to the workplace and the impact it has on performance outcomes. For example, recent empirical studies support a positive relationship between employees' hope and performance and work attitudes [47] and organizational profitability [1], between entrepreneur's hope and their satisfaction with business ownership [9], between organizational leader's hope and the productivity of their units and the satisfaction and retention of their employees [29] and between Chinese factory worker's hope and their supervisor rated performance and merit salary [18].

To date, there has been no study investigated the effect of hope on work engagement. Hence, this study examined the impact of hope on work engagement among public hospital nurses in Malaysia. From this discussion, it is hypothesized that:

Hypothesis 1: Hope will be positively and strongly related to Work Engagement.

D. Resilience State

[15] defined resilience as a "positive psychological capacity to rebound, to 'bounce back' from adversity, uncertainty, conflict, failure, or even positive change, progress and increased responsibility" (p. 702). Resilience allows for not only reactive recovery but also proactive learning and growth through winning challenges. In other words, resilience may integrate both negative and positive setbacks but potentially overwhelming events.

Even though resilience is just emerging in the organizational behaviour literature, POB has adopted a cross-disciplinary perspective, drawing from the established theory building and empirical findings in clinical and developmental psychology. For example, a study by [24] found that resilience can be developed via asset-focused, risk-focused, and process-focused strategies that are significant and applicable to the workplace. Furthermore, [6] also supports that state-like resilience can be developed through training interventions. Finally, resilience is measurable [5, 43] and has been linked to workplace performance [19, 21, 44].

To date, no study [except 4] has examined the impact of resilience on work engagement. [4] in their study among female school principals found that principals with high personal resources which include resilience, self-efficacy and optimism scored highest in work engagement. [23] argued that employees who possess personal resources, such as optimism, self-efficacy, self-esteem, resilience and active coping style will assist them to control their work environment and to achieve career success. Hence, our second hypothesis is:

Hypothesis 2: Resilience will be positively and strongly related to Work Engagement.

III. METHODOLOGY

A. Samples and Procedures

Respondents in this study comprised of staff nurses working in three general hospitals located in East Coast of Peninsular

Malaysia. A total of 430 questionnaires were distributed with the assistance of the Matron Office of the three hospitals. The distribution and collection of the completed questionnaires took about one month. Of the 430 questionnaires distributed, a number of 422 questionnaires were returned, yielding a response rate of 98.14%.

B. Measurement

Work engagement was measured using the shortened nine-item version of the Utrecht work engagement scale (UWES-9) developed by [33]. This UWES-9 consists of three underlying dimensions, which are measured with three items each: vigor, dedication and absorption. Respondents reported on a seven point Likert scale ranging from 1 = "never" to 7 = "always". Cronbach's alpha for this scale is 0.90. For the purpose of analyses, an overall work engagement factor score will be computed. [33] argued that the total score for work engagement may sometimes be more practical in empirical research as the moderate to high correlations between the dimensions. Meanwhile, hope was measured using 6 items developed by [40]. A scale by [5] and [11] which include 14 items were used to measure resilience. All items were measured on a seven point Likert scale ranging from 1 = "strongly disagree" to 7 = "strongly agree". Demographic information such as gender, marital status, age, race, organizational tenure, job tenure and educational qualification were also requested.

IV. RESULTS

A. Profile of Respondents

Of the 422 respondents, 4 (0.9%) were males and 418 (99.1%) were females. Most of the respondents (393 staff nurses or 93.1%) were married, while the remaining 6.9% of the respondents were unmarried. The mean age of the respondents was 36.32 years (SD=7.91). In terms of ethnicity, the majority of the respondents were Malays (97.4%), followed by Chinese (1.7%), and Indian (0.9%). Education-wise, 252 respondents (59.7%) had basic training, and 170 respondents (40.3%) had post basic training. As for organizational tenure, the mean value was 9.47 years (SD=7.50). Meanwhile, the mean value for job tenure was 12.24 years (SD=7.21). The profile of respondents of this study is summarized in Table I.

TABLE I
PROFILE OF RESPONDENTS

Demographic Variable	Category	Frequency	Percentage
Gender	Female	418	99.1
	Male	4	0.9
Marital Status	Married	393	93.1
	Unmarried	29	6.9
Ethnicity	Malay	411	97.4
	Indian	4	0.9
	Chinese	7	1.7
Educational Qualification	Basic Training	252	59.7
	Post Basic Training	170	40.3
		Mean	SD

Age (year)	36.32	7.91
Organizational Tenure (year)	9.47	7.50
Job Tenure (year)	12.24	7.21

B. Means, Standard Deviations, Reliabilities and Correlations of the Study Variables

Descriptive statistics such as mean scores, standard deviations, reliabilities, and intercorrelations of the study variables are provided in Table 2.

As shown in Table II, on the average, the level of work engagement (M = 5.75, SD = 0.85), hope (M = 5.75, SD = 0.62), and resilience (M = 5.15, SD = 0.77), was slightly high. The reliability coefficients for the study variables were above 0.80, which meets the minimum acceptable standard of 0.6 for exploratory research as suggested by [8]. Meanwhile, correlations between the study variables were found to be significant ($p < 0.01$).

TABLE II
DESCRIPTIVE STATISTICS, CORRELATIONS, AND RELIABILITIES OF THE STUDY VARIABLES

Variables	Mean	SD	Work Engagement	Hope	Resilience
Work Engagement	5.75	0.85	(0.86)		
Hope	5.75	0.62	0.42**	(0.82)	
Resilience	5.15	0.77	0.41**	0.52**	(0.88)

Note: ** $p < 0.01$, * $p < 0.05$. Figures in parentheses denote the reliability coefficients for the study variables.

C. Regression Results

Hierarchical regression analysis was conducted to test the two hypotheses of this study. Demographic variables such as age, marital status, education, organizational tenure and job tenure were statistically controlled [12, 25]. The result of the analysis is summarized in Table III.

TABLE III
REGRESSION RESULTS OF HOPE AND RESILIENCE ON WORK ENGAGEMENT

Dependent Variable	Work Engagement	
Independent Variables	Model 1 Std. β	Model 2 Std. β
Step 1: Control Variables		
Age	- 0.04	0.01
Marital Status	0.13**	0.09*
Education	0.03	0.00
Organizational Tenure	- 0.06	0.01
Job Tenure	0.24	0.09
Step 2: Predictor Variable		
Hope		0.26**

Resilience		0.27**
F-value	3.86	19.20
R ²	0.04	0.24
Adjusted R ²	0.03	0.23
R ² Change	0.04	0.20
F-Change	3.86**	55.05**

Note: * p<0.05, ** p<0.01; Dummy Coded: Marital Status (unmarried = 0, married = 1); and Education (basic training = 0, post basic training = 1).

As shown in Table III, based on model 1, the control variables accounted for 4% of the variance in work engagement ($r^2 = 0.04$, f -change = 3.86, $p < 0.01$). Of the five control variables, only marital status was significantly and positively related to work engagement ($\beta = 0.13$, $p < 0.01$). This indicates that nurses who are married were highly engaged in their work compared to unmarried nurses. In model 2, by adding the two predictor variables, the r^2 increased to 0.24. This result shows that the predictor variables were able to explain an additional 20% of the variance related with work engagement (r^2 change = 0.20, f -change = 55.05, $p < 0.01$). Hope was found to have a positive and significant relationship with work engagement ($\beta = 0.26$, $p < 0.01$). Similarly, resilience was also found to be significantly and positively related to work engagement ($\beta = 0.27$, $p < 0.01$). Since there were relationships between hope and resilience on work engagement, we concluded that our two hypotheses were supported.

V. DISCUSSION

The main purpose of this study was to investigate the effects of hope and resilience on work engagement. Our findings revealed that hope was a significant predictor of work engagement. Similarly, resilience was also found to be related to work engagement. This finding is consistent with those of previous researchers [4]. According to [27], nurses are continuously confronted with sufferings, deaths and grief of patients and, at the same time they have routine tasks to perform. Under such circumstances, psychological capital (e.g., hope and resilience) may possibly to be one of the important resources that [13] believed were necessary for employees to manage stressful events or work conditions. Hence, public hospital nurses who are high in hope and resilience are more likely to be adaptive to change, creative, and persistent in dealing with workplace adversity, which in turn, engaging in a favourable attitude in the form of work engagement.

A. Implications and Limitations

As for implications, since hope and resilience influence work engagement, it would be worthwhile for hospital administrations and the Ministry of Health to encourage and enhance the levels of hope and resilience among public hospital nurses. It is important to assist nurses to develop skills that will aid them in being more resilient and capable to handle and protect themselves from the effects of workplace adversity. As stated by [26], it is nurses' own resiliency skills

that sustain them during challenging and difficult working environment. Resilience is a trait that can be learned and developed as suggested by past scholars [6, 24]. For that reason, Ministry of Health should provide more training to nurses in developing their hope and resilience levels.

In terms of limitations, only two predictor variables (hope and resilience) were examined. Other states of psychological capital such as self-efficacy and optimism may play an important role in predicting work engagement. Future researchers may want to expand the scope of this study by focusing on these variables. In addition, this study is limited to staff nurses working in public hospitals in Peninsular Malaysia. The same research could be expanded and replicated among other healthcare personnel from public and private hospitals. A larger sample in the same industry would improve the generalization of the findings.

IV. CONCLUSION

The findings of this study provide a theoretical framework for understanding the relationships among hope, resilience and work engagement. Results show that hope and resilience were among the important factors in determining and improving work engagement of public hospital staff nurses, and consequently improving the government delivery health care system. In nursing, identifying the factors that may encourage positive work attitudes and job performance is crucial as it directly affects the well-being of the patients and the quality of care. Therefore, the hospital administrations and Ministry of Health should provide more resources to enable the staff nurses to become more engaged in their works.

ACKNOWLEDGMENT

The authors gratefully acknowledge Malaysian Higher Education and Universiti Utara Malaysia for doctoral sponsorship and study leave, and Universiti Sains Malaysia for USM-RU-PRGS grant to undertake this research. Appreciations are also extended to Malaysian Ministry of Health for granting permission to conduct this research.

REFERENCES

- [1] Adams, V.H., Snyder, C.R., Rand, K.L., King, E.A., Sigmon, D.R. & Pulvers, K.M. (2002). Hope in the workplace. In Giacalone, R. & Jurkiewicz (Eds.). *Handbook of workplace spirituality and organizational performance* (pp. 367-377). New York: Sharpe.
- [2] Avey, J.B., Patera, J.L. & West, B.J. (2006). Positive psychological capital: A new lens to view absenteeism. *Journal of Leadership and Organizational Studies*, 13, 42-60.
- [3] Bakker, A. B., Schaufeli, W. B., Leiter, M. P. & Taris, T. W. (2008). Work Engagement: An Emerging Concept in Occupational Health Psychology. *Work Stress*, 22, 187-200.
- [4] Bakker, A.B., Gievel, J.H. & Van Rijswijk, K. (2006). *A Study on Burnout, Work Engagement and Performance*. Right Management Consultants, Diemens.
- [5] Block, J. & Kremen, A.M. (1996). IQ and ego-resiliency: Conceptual and empirical connections and separateness. *Journal of Personality and Social Psychology*, 70, 349-361.
- [6] Bonanno, G.A. (2005). Clarifying and extending the construct of adult resilience. *American Psychologist*, 60, 265-267.
- [7] Deese, M. N. (2009). *Testing an Extension of the Job Demands-Resources Model: The Addition of Personal Resources as Mediators to the Resources-Engagement Relationship*. (Master of Science thesis, Clemson University, 2009). UMI: 1467805.

- [8] Gronross, C. (1983). Strategic management and marketing in the service sector. *Marketing Science Institute Working Paper Series*, Report No. 83-104, Marketing Science Institute, Cambridge, MA.
- [9] Jensen, S.M. & Luthans, F. (2002). The impact of hope in the entrepreneurial process: Exploratory research findings. *Decisions Sciences Institute Conference Proceedings*, San Diego, CA.
- [10] Katrinli, A., Atabay, G., Gunay, G. & Guneri, B. (2008). Leader-member exchange, organizational identification and the mediating role of job involvement for nurses. *Journal of Advanced Nursing*, 64(4), 354-362.
- [11] Klonhlen, E. (1996). Conceptual analysis and measurement of the construct of ego-resiliency. *Journal of Personality and Social Psychology*, 70, 1067-1079.
- [12] Koyuncu, M., Burke, R. J. & Fiksenbaum, L. (2006). Work engagement among women managers and professionals in a Turkish bank: Potential antecedents and consequences. *Equal Opportunities International*, 25, 299-310.
- [13] Lazarus, R.S. & Folkman, S. (1984). *Stress, appraisal and coping*. Springer, New York.
- [14] Luthans, F. & Avolio, B. (2003). Authentic leadership: A positive development approach. In Cameron, K.S., Dutton, J.E. & Quinn, R.E. (Eds.). *Positive organizational scholarship* (pp. 241-258). San Francisco: Berrett-Koehler.
- [15] Luthans, F. (2002a). The need for and meaning of positive organizational behaviour. *Journal of Organizational Behavior*, 23, 695-706.
- [16] Luthans, F. (2002b). Positive organizational behaviour: developing and managing psychological strengths. *Academy of Management Executive*, 16(1), 57-72.
- [17] Luthans, F., Avey, J.B., Avolio, B.J., Norman, S.M. & Combs, G.M. (2006). Psychological capital development: Toward a micro-intervention. *Journal of Organizational Behavior*, 27, 1-7.
- [18] Luthans, F., Avolio, B.J., Avey, J.B. & Norman, S.M. (2007). Positive psychological capital: Measurement and relationship with performance and satisfaction. *Personnel Psychology*, 60, 541-572.
- [19] Luthans, F., Avolio, B.J., Walumbwa, F.O. & Li, W. (2005). The psychological capital of Chinese workers: exploring the relationship with performance. *Management and Organization Review*, 1(2), 249-271.
- [20] Luthans, F., Luthans, K.W. & Luthans, B.C. (2004). Positive psychological capital: going beyond human and social capital. *Business Horizons*, 47, 45-50.
- [21] Luthans, F., Vogelgesang, G.R. & Lester, P.B. (2006). Developing the psychological capital of resiliency. *Human Resource Development Review*, 5(1), 25-44.
- [22] Luthans, F., Youssef, C.M. & Avolio, B.J. (2007). *Psychological capital: Developing the human competitive edge*. New York, NY: Oxford University Press.
- [23] Luthans, K.W., Lebsack, S.A. & Lebsack, R.R. (2008). Positivity in healthcare: Relation of optimism to performance. *Journal of Health Organization and Management*, 22(2), 178-188.
- [24] Masten, A.S. (2001). Ordinary magic: resiliency processes in development. *American Psychologist*, 56, 227-239.
- [25] Mauno, S., Kinnunen, U. & Ruokolainen, M. (2007). Job demands and resources as antecedents of work engagement: A longitudinal study. *Journal of Organizational Behavior*, 70, 149-171.
- [26] McGee, E. (2006). The healing circle: resiliency in nurses. *Issues in Mental Health Nursing*, 27, 43-57.
- [27] McGrath, A., Reid, N. & Boore, J. (2003). Occupational stress in nursing. *International Journal of Nursing Studies*, 40, 555-565.
- [28] Moritz, P., Hinshaw, A.S. & Heinrich, J. (1989). Nursing resources and the delivery of the patient care: The national center for nursing research perspective. *Journal of Nursing Administration*, 19(5), 12-17.
- [29] Peterson, S.J. & Luthans, F. (2003). The positive impact and development of hopeful leaders. *Leadership and Organizational Development Journal*, 24, 26-31.
- [30] Saks, A.M. (2006). Antecedents and consequences of employee engagement. *Journal of Managerial Psychology*, 21(7), 600-619.
- [31] Salanova, M., Agut, S. & Peiro, J.M. (2005). Linking organizational resources and work engagement to employee performance and customer loyalty: The mediation of service climate. *Journal of Applied Psychology*, 90(6), 1217-1227.
- [32] Salanova, M. and Schaufeli, W.B. (2008). A cross-national study of work engagement as a mediator between job resources and proactive behaviour, *The International Journal of Human Resource Management*, 19(1), pp.116-131.
- [33] Schaufeli, W.B. and Bakker, A.B. (2003). *UWES-utrecht work engagement scale: test manual*, Department of Psychology, Utrecht University, available at: www.schaufeli.com
- [34] Schaufeli, W.B. & Bakker, A.B. (2004). Job demands, job resources and their relationship with burnout and engagement: a multi-sample study. *Journal of Organizational Behaviour*, 25, 293-315.
- [35] Schaufeli, W.B. & Van Rhenen, W. (2006). About the role of positive and negative emotions in managers' well-being: A study using the Job-related Affective Well-being Scale (JAWS). *Gedrag & Organisatie*, 19, 323-344.
- [36] Schaufeli, W.B., Bakker, A.B. & Salanova, M. (2006). The measurement of work engagement with a short questionnaire: A cross-national study. *Educational and Psychological Measurement*, 66, 701-716.
- [37] Schaufeli, W.B., Taris, T.W. & Bakker, A.B. (2006b). Dr. Jeckyll and Mr. Hyde: on the differences between work engagement and workaholism. In R.J. Burke (Eds.). *Research Companion to Working Time and Addiction* (pp. 193-217). Northampton, UK: Edward Elgar.
- [38] Seligman, M.E.P. & Csikszentmihalyi, M. (2000). Positive psychology. An introduction. *American Psychologist*, 55, 5-14.
- [39] Snyder, C.R., Irving, L. & Anderson, J. (1991). Hope and health: Measuring the will and the ways. In Snyder, C.R. & Forsyth, D.R. (Eds.). *Handbook of Social and Clinical Psychology* (pp. 285-305). Elmsford, NY: Pergamon.
- [40] Snyder, C.R., Sympson, S.C., Ybasco, F.C., Borders, T.F., Babyak, M.A. & Higgins, R.L. (1996). Development and validation of the state hope scale. *Journal of Personality and Social Psychology*, 70, 321-335.
- [41] The Star, 5 July 2007.
- [42] Tusaie, K. & Dyer, J. (2004). Resilience: a historical review of the construct. *Holistic Nursing Practice*, 18, 3-10.
- [43] Wagnild, G. & Young, H. (1993). Development and psychometric evaluation of the resiliency scale. *Journal of Nursing Management*, 1(2), 165-178.
- [44] Waite, P. & Richardson, G. (2004). Determining the efficacy of resiliency training in the work site. *Journal of Allied Health*, 33, 178-183.
- [45] Xanthopoulou, D., Bakker, A. B., Demerouti, E., & Schaufeli, W. B. (2009). Work engagement and financial returns: A diary study on the role of job and personal resources. *Journal of Occupational and Organizational Psychology*, 82(1), 183-200.
- [46] Xanthopoulou, D., Bakker, A.B., Demerouti, E. & Schaufeli, W.B. (2007a). The role of personal resources in the job demands-resources model. *International Journal of Stress Management*, 14(2), 121-141.
- [47] Youssef, C.M. & Luthans, F. (2007). Positive organizational behaviour in the workplace: The impact of hope, optimism and resiliency. *Journal of Management*, 33, 774-800.

Noraini Othman is a PhD candidate in Organizational Behavior at School of Management, Universiti Sains Malaysia. She is a lecturer at the School of Business Management, College of Business, Universiti Utara Malaysia. She teaches OB and management courses at the undergraduate and postgraduate levels. Her research covers business and management fields.

Aizzat Mohd. Nasurdin, PhD is a Professor at the School of Management, Universiti Sains Malaysia. Dr. Aizzat teaches OB-related courses at the undergraduate and postgraduate levels. She also supervises MBA, DBA, and PhD students in the field of organizational behavior. Dr. Aizzat has published research articles in both local and international refereed journals and proceedings besides being a reviewer for international conferences and journals. Her research interests include organizational citizenship behavior, job performance, commitment, justice, and work-family balance.