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WORK ENGAGEMENT AS MEDIATOR OF COMPETENCE AND SELF-EFFICACY OF SERVICE QUALITY

Veimina Surya¹⁾, Wahyuni Dian Purwati²⁾, Rian Adi Pamungkas³⁾

1, 2, 3) Esa Unggul University

E-mail: veiminasurya78@gmail.com¹⁾

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ABSTRACT

This study aimed to obtain empirical evidence of the effect of competence and self-efficacy on service quality with work engagement as an intervening variable using a cross-sectional study design and 100 health workers with civil servant status as respondents. The study's results prove that simultaneously and partially, competence and self-efficacy have a positive and significant direct effect on work engagement and service quality, and work engagement has a positive and significant effect on service quality. So work engagement positively mediates the relationship between competence and self-efficacy in improving the service quality. The partisanship of health workers by involving themselves will make competence and management efforts in developing self-efficacy more effective in improving the ability of health workers to deliver quality services to inpatients. Competence will enable health workers to improve the quality of services more optimally if they appreciate interprofessional input and fully practice their knowledge. The importance of generalizations that management must develop for health workers in giving trust and experience will be an impetus for health workers to provide quality services in inpatient installations.

Keywords: Competence, Self-efficacy, Work Engagement, Service Quality, Health workers.

INTRODUCTION

In general, the inpatient room aims to treat patients who need on going special care, starting from the patient entering until the patient is allowed to go home (Rojas et al., 2019). In practice, inpatient services include several efforts, including nursing services, food services, care facilities, and a nurse environment with clear, easy, and organized procedures (Moghaddam, Kazemi & Alimoradnori, 2019). For inpatient services to be provided, health workers must be involved. According to Law No. 36 of 2014 governing health workers, a health worker spends their time in the health sector and has acquired knowledge and skills from that sector's educational institutions.

As a service-based organization, hospitals seek to deliver health services for patients because service produces benefits that can only be felt and cannot be seen or touched (Kotler & Armstrong, 2018). Therefore, the assessment of quality services is based on aspects of physical appearance, reliability, speed, assurance, and individual attention (Parasuraman, 2014). The hospital views service quality as vital. High-quality services can produce patient satisfaction, which helps measure nurses' ability to deliver excellent health services (Giardino, Risenberg & Varkey, 2017). The quality of service in the hospital is a subjective comparison made by the patient between the expected service and what is obtained (Darr, Farnsworth & Myrtle, 2017). Quality service quality from health workers can be assessed based on the organization's ability to form nurses who can deliver medical services by referring to aspects of tangible form, the accuracy of service, speed of service, assurance, and empathy (Grabau, 2016).

The formation of the ability to deliver quality services certainly requires employee involvement in it. This involvement relates to work engagement, which describes the conditions where employees align with the organization by showing enthusiasm, dedication, and appreciation for their profession (Bakker & Leiter, 2015). Because work engagement is a level where employees take sides with their work, participate actively, and consider that work is essential to them, someone with high work engagement is far from complaining about the workload the organization gives him (Robbins, 2016). Work engagement will form employees who can work together and help work difficulties with their co-workers and dare to cross the norms to complete their work without violating applicable rules and employees. Those with work engagements tend to have a leadership spirit in their work environment and work beyond their primary duties. Organization because employees with work engagement think about one end goal: their best contribution to the organization (Gagne, 2015). Bound health workers will show enthusiasm, dedication, and appreciation (Grabau, 2016). With the work engagement they have, improving the quality of service can be a realization (Mahboubi et al., 2015; Wake & Green, 2018), as well as being able to mediate competence (Zheng et al., 2020; Cao et al., 2019) and self-efficacy in improving service quality (Bhati, Alshagawi & Juhari, 2018; Tian et al., 2019; Shire & Bin Bon, 2017).

Competence is an individual's ability and capacity to complete his work based on his intellectual and physical capacity (Robbins & Judge, 2017). Performance-based competence has six dimensions: attitudes, skills, knowledge, experience, responsibility, and accountability (Robbins & Judge, 2017). Individuals must possess competencies as characteristics related to knowledge and skills (Deasler, 2017), and the competence of health workers aims to form the ability to provide standardized health services on patient safety by using their knowledge (Jiang et al., 2016). Several relevant studies have shown

that the competencies possessed by individuals can increase work engagement (Haruna & Mathandan, 2017; Hontake & Ariyoshi, 2017; Hu et al., 2021) and able to improve the quality of service (Osman, Ibrahim & Diab, 2019; Fajari et al., 2019).

The basic concept of self-efficacy was developed by Bandura, where self-efficacy is defined as an individual's self-confidence to do something based on his belief as a form of control of the individual's function and refers to the level, generalization, and strength (Feist & Feist, 2017). Kreitner & Kinicki (2016) interpret self-efficacy as belief in one's ability to perform a task. To support this statement, high self-efficacy can increase individual confidence to achieve success. The importance of developing self-efficacy because it is related to the ability to carry out specific tasks (Luthans, 2016). Management should develop health workers' self-efficacy to carry out their functions as health personnel in hospitals. With strong self-efficacy, health workers can make a breakthrough innovation when needed (Zheng et al., 2020). The function of self-efficacy for health workers can foster independence and self-confidence (Mudukoma & Garba, 2022), then with solid self-efficacy, an increase in work engagement will be formed (Mache et al., 2014; Na-Nan, Khantong & Joungrakul, 2021; Orgambized, Borrego & Aguado, 2019), and able to improve the quality of service (Park & Choi, 2020; Lee & Ko, 2020)

The initial phenomenon that underlies this research is an indication of problems in competence and self-efficacy, along with the dynamics of service quality in the 2020 period, which describes the problem of negligence by health workers in serving patients in inpatient rooms:

Table 1. Dynamics of Service Quality for the 2020 Period

Case	Amount
Nosocomial infection	8
Delay in changing intravenous fluids	19
Delay in handling patients in the inpatient room that causes death	4
Delay in discharge of inpatients	9
Complaints about friendliness of service by patients	11
Complaints about food delays for hospitalization	13
Late information regarding the availability of inpatient rooms	8
Incidents of patients falling in the inpatient room	5

Source: Internal organization, 2020

The performance dynamics depicted in the table illustrate the existence of problems regarding the willingness of health workers to be involved in providing quality services in inpatient rooms as a form of enthusiastic work engagement, dedicating themselves and living their profession as health care workers. So work engagement problems impact the dynamics of service quality. Patients in the inpatient room. Even though it has been proven that work engagement can improve service quality (Mahboubi et al., 2017; Wake & Green, 2018), able to mediate competence in service quality (Zheng et al., 2020; Cao et al., 2019). Furthermore, able to mediate self-efficacy on service quality (Bhati, Alshagawi & Juhari, 2018; Tian et al., 2019; Shire & Bin Bon, 2017).

Some of these incidents have become dynamic in the quality of healthcare services in inpatient rooms. It indicates the need to increase competence so that their work engagement in the ability to be involved in handling patients in inpatient rooms can increase. The problem of the importance of competence in increasing work engagement has been proven by several studies, where with the competence of qualified health

workers. Their work engagement in the form of enthusiasm, dedication, and appreciation as health workers can increase because competence will make them more empowered in carrying out their functions as health workers. health (Haruna & Mathandan, 2017; Hontake & Ariyoshi, 2017; Hu et al., 2021). Additionally, issues with the dynamics of service quality reflect issues with the quality of healthcare provided to patients in inpatient rooms due to health workers' incompetence in providing care in inpatient settings. Even though studies have shown that patients can expect higher-quality services when health workers are competent (Osman, Ibrahim & Diab, 2019; Fajari et al., 2019).

The table also reflects the problems regarding health workers' self-efficacy because self-efficacy is the level of individual confidence in completing tasks (Feist & Feist, 2017). Should health workers believe in their ability to serve patients in inpatient rooms, they will be able to be involved through their work engagement (Mache et al., 2018; Nan-Nan, Khantong & Joungrakul, 2021; Orgambized, Borrego & Aguado, 2019). Furthermore, with the confidence that health workers have, they can provide quality services in the inpatient room (Park & Choi, 2020; Lee & Ko, 2020).

From some of these relevant studies, there is no simultaneous integration of competence and self-efficacy in service quality mediated by work engagement in one study. So this research becomes a novelty of research that combines competence and self-efficacy in influencing service quality through mediated work engagement. Based on the dynamics of service quality problems in 2020 reflecting problems regarding the quality of service from health workers in serving patients in inpatient rooms, this becomes an interesting problem to study in this study related to competence, self-efficacy, and work engagement in influencing service quality. Health workers in inpatient rooms must reveal the influence of competence and self-efficacy on service quality mediated by nurse work engagement in inpatient installations.

The Effect of Competence and Self-Efficacy on Work Engagement

Robbins & Judge (2017) view competence as an individual's ability and capacity to complete his work based on his intellectual and physical capacity. In performance-based competence, Robbins & Judge (2017) put forward six dimensions: attitudes, skills, knowledge, experience, responsibility, and accountability. In contrast, work engagement is where employees take sides with their work, actively participate, and consider that work is essential to them. For someone who has work engagement is very far from complaining about the workload the organization gives him (Robbins, 2016). Self-efficacy refers to features of level, generalization, and strength. It is a person's self-confidence to carry out an action based on his belief as a type of control of his function (Feist & Feist, 2017). Bound health workers will show enthusiasm, dedication, and appreciation (Grabau, 2016).

This opinion explains that every individual has competencies when they join an organization, where these competencies explain their position regarding attitudes, skills, knowledge, experience, responsibility, and accountability. In addition to these competencies, they will have a strength in the form of confidence in participating in the success of the organization's goals. These two things are brought as their capital to be involved in every operational organization, in this case, is their work commitment to carry out their functions as health workers. The essential capital of competence and self-efficacy will make them eager to dedicate themselves and live their profession as health workers.

Level, generalization, and strength features are characteristics of self-efficacy. Self-confidence allows them to act following what they believe to be a form of operational control (Haruna & Mathandan, 2017; Hontake & Ariyoshi, 2017; Hu et al., 2021). Furthermore, self-efficacy has a significant effect on work engagement (Mache et al., 2018; Na-Nan, Khantong & Joungtrakul, 2021; Orgambized, Borrego & Aguado, 2019), so it can be assumed that the research hypothesis:

H₁ : Simultaneously, competence and self-efficacy affect the work engagement of health workers in inpatient installations.

H₂ : Competence affects the work engagement of health workers in inpatient installations.

H₃ : Self-efficacy affects nurses' work engagement in inpatient installations.

The Effect of Competence, Self-Efficacy, and Job Engagement on Service Quality

Deasler (2017) believes competence is a personal quality connected to knowledge and abilities. Kreitner & Kinicki (2016) self-efficacy is the belief in one's capacity to carry out a task. Research has shown that high self-efficacy can boost a person's confidence and ability to succeed. Work engagement refers to employees aligning with the organization by showing enthusiasm, dedication, and appreciation for their profession (Bakker & Leiter, 2015). The basic concept of service quality is to provide satisfaction to customers. In delivering quality services, the aspects that must be met are physical form, reliability, speed, assurance, and individual attention (Parasuraman, 2014). Hospitals must fulfill quality services to their patients as a basis for performance measures based on the medical quality point of view (Giardino, Risenberg & Varkey, 2017).

The description explains that a good quality of service in inpatient installations is produced through how health workers deliver these services. The creation of this ability is based on their competence which makes them believe and able to carry out their duties to serve patients in the inpatient room and with both capitals. It will create their involvement in carrying out their functions as providers of health services. This involvement will undoubtedly ensure that health workers are enthusiastic, highly dedicated, and live their profession, creating quality service in inpatient installations.

Several relevant research results prove that competence has a significant effect on service quality (Osman, Ibrahim & Diab, 2019; Faraji et al., 2019), self-efficacy has a significant effect on service quality (Park & Choi, 2020; Reichardt et al., 2020; Lee & Ko, 2020). Furthermore, work engagement has a significant effect on service quality (Mahboubi et al., 2017; Wake & Green, 2018; Hulsoft, Demerouti & Le Blanc, 2020), so it can be assumed that the research hypothesis:

H₄ : Simultaneously, competence, self-efficacy, and work engagement affect the quality of service for health workers in inpatient installations.

H₅ : Competence affects the service quality of health workers in inpatient installations.

H₆ : Self-efficacy affects the service quality of health workers in inpatient installations.

H₇ : Work engagement affects the service quality of health workers in inpatient installations.

RESEARCH METHODS

This kind of study falls under the category of quantitative research, employing data that are statistically helpful for determining the causal connections between exogenous and endogenous variables and the study's cross-sectional research design. The two endogenous variables in this study are competence (X_1) and self-efficacy (X_2), whose effects on the exogenous variable, service quality (Y), will be investigated. Additionally, the mediating impact of job engagement on competence and self-efficacy will be examined. To the security of the patient. The research flow is illustrated by the research constellation below:

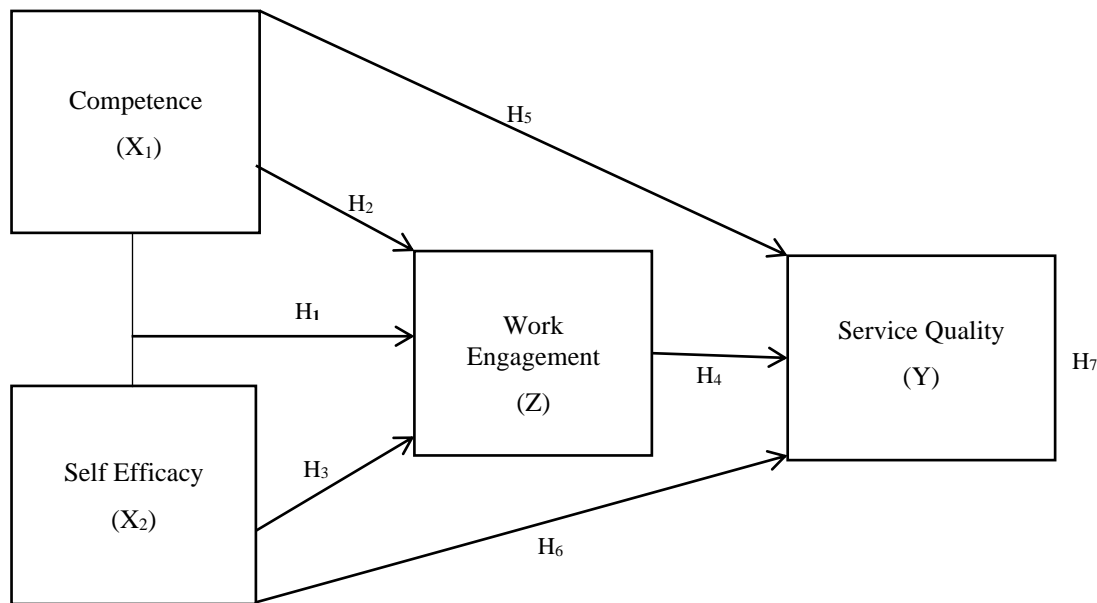


Figure 1. Research Constellation

Type C patients were used in this study at the South Tangerang General Hospital. The 104 employees who work as health professionals in inpatient facilities with civil servant status: including nurses, midwives, nutritionists, electromedical technicians, radiographers, medical recorders, analysts, and pharmacists, comprise the unit of analysis. Only healthcare professionals working in inpatient facilities and having the status of government servants were utilized as samples during the sampling process, which was done using a purposive sampling technique. The following calculation is an example of the Slovin formula with a 5% error rate:

$$n = \frac{N}{1 + Ne^2}$$

The computation shows that the results are worth 82.54. Thus 100 respondents will make up the research samples. As a result, the sample size was 100 respondents using the probability sampling approach, and all populations had an equal chance of responding. The distribution was also done randomly without any particular classification.

The respondents provided the primary data for this study based on their responses. Two exogenous variables, namely competence (X_1) and self-efficacy (X_2), one intervening variable, namely work engagement (Z), and one exogenous variable, namely service quality (Y), are included in this study. These variables will be measured via a

questionnaire using a Likert scale with a range of 1 to 4, and the results will be interpreted in descriptive statistics using the three-box method analysis:

Table 2. Interval Mutu Three Box Method

Num	Index	Category	Code
1.	25 – 50	Low	L
2.	>50 – 75	Midle	M
3.	>75 – 100	High	H

Source: Data processed

The primary data for this study, based on the respondents' responses, was provided by the respondents. This study includes two exogenous variables competence (X_1) and self-efficacy (X_2) one intervening variable work engagement (Z) and one exogenous variable service quality (Y). These variables will be measured using a questionnaire with a Likert scale of 1 to 4. The three-box method analysis will be used to interpret the data in descriptive statistics.

RESULTS AND DISCUSSION

Following will be presented the results of the data processing that has been done, as follows:

Respondent Profile

In this study, respondents who were asked for their opinion through a questionnaire were health workers who were related to services in inpatient rooms and had the status of civil servants consisting: of nurses (46 respondents), midwives (23 respondents), nutrition department (6 respondents), electromedical (4 respondents), radiographers (4 respondents), medical recorders (6 respondents), analysts (5 respondents) and pharmacists (6 respondents) are included in the non-managerial functional area, totaling 100 respondents. The following is a recapitulation of the characteristics of the respondents based on the research results:

Based on the analysis results, the highest number of respondents for gender criteria was in the female category, with a percentage of 63%, and the lowest was in the male category, with a percentage of 37%. On the criteria of respondents based on age, age range < 25 years with a percentage of 17%, age range 26-35 years with a percentage of 20%, age range 36-45 years with a percentage of 26%, age range 46-55 years with a percentage of 23% and age range > 55 years with a percentage of 14%. On the criteria of tenure, respondents working period of < 1 year with a percentage of 0%, respondents working period of 1-3 years with a percentage of 20%, respondents working a period of 4 - 6 years with a percentage of 37%, respondents working period of 7 - 9 years with a percentage of 29%, respondents working > 9 years with a percentage of 14%. In terms of salary/month, respondents with a salary range of < 5 million (41%), a salary range of 5-7 million (17%), a salary range of 8-10 million (32%), a salary range of 11-13 million (10%), and salary range > 13 million (0%). In the last education criteria, respondents with the last education D3 (37%), the last education S1 (42%), and the last education S2 (11%).

Description of Research Instruments

The following will present the results of a description of the research instrument:

Table 3. Matrix Analysis of Research Instruments

Variable	Information	Score
Competence	M	72,25
Self efficacy	M	50,72
Work engagement	M	60,73
Service quality	M	67,66

Source: Primary data, 2022

Based on the table above, it is known that the competency variable is in the medium index, meaning that the competence of health workers supports the creation of quality services in inpatient rooms. The self-efficacy variable is in the moderate category, meaning that the health workers can confidently support the creation of quality services in the inpatient room. The work engagement variable is in the medium index, meaning that health workers are active through their involvement in providing quality services. The service quality variable is at a moderate index, meaning that management assessing the quality of health care services to patients in inpatient rooms is reasonable.

Hypothesis testing

Path analysis is carried out at the hypothesis testing stage with the help of the SPSS 2.1 program. The following is a summary of the results of the path analysis, which is divided into sub-structures 1 and 2:

Table 4. Output Analysis of Sub Structure 1

Variable	Path Coefficient	f-test	t-test	Adj R Square
X ₁	0,586	0,000	0,000	0,749
X ₂	0,376	0,000	0,000	

Source: SPSS processed

The path analysis's findings indicate that $\rho_{zx_1} = 0.586$ and $\rho_{zx_2} = 0.376$, respectively. It indicates that if competence and self-efficacy are raised by one unit simultaneously, job engagement will rise by 0.586 through competence and 0.376 through self-efficacy. The results of the simultaneous significance test reveal a comparison of probability values of $0.000 < 0.05$, indicating that both competence and self-efficacy are accepted under the H₁ acceptance category and have a substantial direct impact on work engagement. The partial significance test is known that the effect of X₁ on Z has a probability value comparison of $0.000 < 0.05$, which means that competence has a significant direct effect on work engagement and is included in the H₂ acceptance category. In the test of the significance of the effect of X₂ on Z, it is known that the comparison of probability values of $0.000 < 0.05$ means that self-efficacy has a significant direct effect on work engagement.

Furthermore, it is included in the acceptance of H₃. The determination test shows a coefficient of determination of 0.749 which means that simultaneously competence and self-efficacy contribute as much as 74.9% in increasing work engagement. The residual value is obtained through the following calculation: $\epsilon = 1 - \sqrt{0.749} = 0.501$. The residual value concludes that other factors cause the increase in work engagement of 0.501 so that the sub-structure path equation 1 is found $\rho_{zx_1} + \rho_{zx_2} + \epsilon_1 = 0.586 + 0.376 + 0.501$.

Table 5. Output Analysis of Sub Structure 2

Variable	Path Coefficient	f-test	t-test	Adj R Square
X ₁	0,409		0,000	
X ₂	0,213	0,000	0,000	0,908
Z	0,335		0,020	

Source: SPSS processed

The results of the path analysis show that $\rho_{yx_1}=0.409$ $\rho_{yx_2}=0.213$ and $\rho_{yz}=0.335$ the quality of service will rise by 0.409 through competence, 0.213 through self-efficacy, and 0.335 through work engagement if competence, self-efficacy, and work engagement are all enhanced by 1 unit at the same time. The comparison of probability values for the simultaneous significance test is $0.000 < 0.05$, indicating that competence, self-efficacy, and job engagement all fall under the H₄ acceptance category and substantially impact service quality. According to the partial significance test, competence has a significant direct impact on service quality. It falls into the H₅ acceptance category since the effect of X₁ on Y has a probability value comparison of $0.000 < 0.05$. In the test of the significance of the effect of X₂ on Y, it is known that the comparison of probability values is $0.000 < 0.05$, which means that self-efficacy has a significant direct effect on service quality. It is included in the acceptance category of H₆. In the test of the significance of the effect of Z on Y, it is known that the comparison of probability values of $0.000 < 0.05$ means that work engagement has a significant direct effect on service quality, falling into the category of acceptance of H₇. The determination test shows a coefficient of determination of 0.908 which means that simultaneously competence, self-efficacy, and work engagement contribute as much as 90.8% in improving the service quality. The residual value is obtained through the following calculation: $\epsilon^2 = \sqrt{1 - 0,908} = 0,303$. The residual value concludes that other factors are the cause of the increase in service quality of 0.303, so it is found that the equation for the path of sub-structure 2 is $\rho_{zx_1}+\rho_{zx_2}+\rho_{yz}+\epsilon_1= 0,409+0,213+0,335+0,303$.

Table 6. Summary of Indirect Effects

Equality	Path Coefficient
$\rho_{zx_1}X \rho_{yz}$	0,196
$\rho_{zx_2}X \rho_{yz}$	0,126

Source: SPSS processed

Work engagement can positively mediate competence in service quality—the Influence of Leadership Style, Organizational Culture, and Work Motivation on Performance. Job engagement can positively mediate self-efficacy in service quality.

Table 7. Summary of Indirect Effects

Equality	Path Coefficient
$\rho_{yx_1}+(\rho_{zx_1}X\rho_{yz})$	0,605
$\rho_{yx_2}+(\rho_{zx_2}X\rho_{yz})$	0,339

Source: SPSS processed

Competence can improve the quality of service more outstanding if first through work engagement rather than directly affecting the quality of service. Self-efficacy can improve the quality of service more excellent if first through work engagement rather than directly affecting service quality.

The Effect of Competence and Self-Efficacy on Work Engagement

The results of the analysis in sub-structure 1 conclude that the path equation is $0.586(X_1)+0.376(X_2)+0.501(\epsilon_1)$. It means that if competence and self-efficacy are increased by 1 unit simultaneously, it will impact the work engagement of health workers by 0.586 through competence and 0.376 through self-efficacy. Other factors of 0.510 can increase the work engagement of health workers. Comparing the probability value of $0.000 < 0.05$ concluded that competence and self-efficacy significantly affect health workers' work engagement, and the coefficient of determination shows 0.749. It means that simultaneously competence and self-efficacy contribute 74.9% in increasing work engagement, and the rest of 25.1% is influenced by other factors not examined. This result is in line with previous research from (Haruna & Mathandan, 2017; Hontake & Ariyoshi, 2017; Hu et al., 2021) bahwa kompetensi berpengaruh positif dan signifikan terhadap keterikatan kerja dan penelitian dari (Mache et al., 2014; Na-Nan, Khantong & Joungrakul, 2021; Orgambized, Borrego & Aguado, 2019) states that self-efficacy has a positive and significant effect on work engagement.

This situation reveals the theory's truth, which states that work engagement is a level where employees take sides with their work, participate actively, and consider that work is essential to them. For someone who has high work engagement is very far from complaining about the workload that the organization gives him (Robbins, 2016). It means that when health workers have work engagements, they can be enthusiastic and dedicated and live their profession as health workers. This situation occurs if health workers have qualified competencies and management can develop their confidence to be enthusiastic, dedicated, and live their profession as health workers.

From the three-box method analysis results, the spiritual aspect is the lowest compared to other aspects of work engagement. It is the impact of the low attitude on the competency variable because attitude is a matter related to respecting and practicing. So when health workers do not respect the opinions of other parts and practice less their knowledge in serving patients, the value of enthusiasm in their involvement in the inpatient room is the weakest compared to other aspects. In addition, generalization is the weakest aspect of self-efficacy, so the morale of health workers is the weakest compared to other aspects. It is because generalization is related to giving trust and experience, so when these two factors are not supported by management, the morale of health workers decreases in line with the lack of trust and experience.

This situation follows the opinion of Bakker & Leiter (2015), which states that enthusiasm is associated with individual circumstances at work where the individual has strength in the form of work spirit. Work is carried out happily and wholeheartedly without obstacles affecting the individual's perception. It means that health workers need help respecting interprofessional opinions and practicing their knowledge and need more management support to provide trust. Furthermore, the experience will make the quantity and quality of health workers' work a form of enthusiasm for their involvement in supporting services to patients become a problem.

The Effect of Competence on Work Engagement

The analysis result concludes that the direct influence of competence related to medical worker attachment is worth 0.586, which means that if the competency is increased by 1 unit. It will impact increasing the work engagement of health workers by 0.586, and a comparison of the probability value of $0.00 < 0.05$ concludes that

competence significantly affects the work engagement of health workers. This result aligns with previous research from (Haruna & Mathandan, 2017; Hontake & Ariyoshi, 2017; Hu et al., 2021), which states that competence positively and significantly affects work engagement.

This phenomenon also reveals the theory's truth, which states that competence is an individual's ability and capacity to complete his work based on his intellectual and physical capacity (Robbins & Judge, 2017). It means that when health workers have competencies that show attitudes, skills, knowledge, experience, responsibility, and accountability as health workers in inpatient rooms. They will wholeheartedly give their side to the organization, show enthusiasm and dedication, and live their role as health workers in inpatient.

In its influence on work engagement, competence is more dominant in efforts to increase the work engagement of health workers in inpatient rooms. It is because all aspects of competence are in the moderate to high index, and there are no aspects at a low level, although the attitude aspect is the lowest among others. With accountability at a high level, health workers can produce higher work engagement. Compared to self-efficacy.

The Effect of Self-Efficacy on Work Engagement

The analysis results conclude that self-efficacy's direct effect on health worker engagement is 0.376, which means that if self-efficacy is increased by 1 unit. It will impact increasing health worker engagement by 0.376, and the comparison of probability values of $0.000 < 0.05$ concludes that Self-efficacy has a significant effect on the work engagement of health workers. This result aligns with previous research (Mache et al., 2014; Na-Nan, Khantong & Joungrakul, 2021; Orgambized, Borrego & Aguado, 2019) states that self-efficacy has a positive and significant effect on work engagement.

This phenomenon is a revealer of the truth of the theory, which states that self-efficacy is an individual's self-confidence to do something based on his belief as a form of control of the individual's function and refers to aspects of level, generalization, and strength (Feist & Feist, 2017). It means that when management succeeds in developing the confidence of health workers by increasing their level, generalization, and strength, health workers will have enthusiasm and dedication and be able to live their profession as health workers who work in inpatient rooms.

Self-efficacy is the weakest variable in improving the quality of health care services. It illustrates the impact of many aspects that are at a low level in the three-box method analysis, especially in the generalization aspect related to giving trust and experience. So, a lack of management support in both aspects will impact the lack of enthusiasm of health workers in their involvement in producing quality and quantity of work in inpatient services. It illustrates the need for organizational support in providing experience and trust that will encourage health workers to be enthusiastic in their involvement in serving inpatients.

The Effect of Competence, Self-Efficacy, and Job Engagement on Service Quality

The results of the analysis in sub-structure 2 conclude that the path equation is $0.409(X_1)+0.213(X_2)+0.335(Z)+0.303(\epsilon_1)$, which means that if simultaneously competence, self-efficacy, and work engagement are increased by 1 unit. It will improve the service quality of health workers by 0.409 through competence, 0.213 through self-

efficacy, 0.335 through work engagement, and other factors of 0.303 that can improve the quality of health care services. The comparison of probability values of $0.000 < 0.05$ concludes that competence, self-efficacy, and work engagement significantly affect the quality of healthcare services, and the coefficient of determination shows the number 0.909. It means that simultaneously competence, self-efficacy, and work engagement contribute 90.9% in improving the service quality of health workers, and the remaining 9.1% is influenced by other factors not examined. This result aligns with previous research from (Osman, Ibrahim & Diab 2019; Faraji et al., 2019) that competence positively and significantly affects service quality (Park & Choi, 2020; Lee & Ko, 2020). It shows that self-efficacy has a positive and significant effect on service quality. Furthermore, (Mahboubi et al. 2017; Wake & Green, 2018; Hulsoft, Demerouti & Le Blanc, 2020) concluded that work engagement positively and significantly affects service quality.

This phenomenon is evidence of the suitability of the theory, which states that the basic concept of service quality is to provide satisfaction to customers. In delivering quality service, the aspects that must be met are tangible, reliability, responsiveness, assurance, and individual attention (Parasuraman, 2014). It means that the ability of health workers to deliver quality services to inpatients will be formed and increased if they can maximize their competence. Also, management seeks to develop their self-efficacy and create work engagements that make health workers enthusiastic, highly dedicated, and able to live their profession as health workers in the inpatient room.

The analysis results show that other factors are large enough to improve the quality of services outside of competence, self-efficacy, and work engagement. These problems were revealed from the results of the three-box method analysis on each of the variables studied. There were problems with attitudes, generalizations, and enthusiasm, resulting in the need for more maximum health workers showing their actual manifestations in the quality of services they could provide in inpatient services.

This situation illustrates conformity with the theory, which states that health workers' quality services can be assessed based on the organization's ability to form nurses. Who can deliver medical services by referring to aspects of tangible form, the accuracy of service, speed of service, assurance, and empathy (Grabau, 2016). It means that when management pays less attention to how health workers behave in association with fellow health workers, and is less than optimal in efforts to develop self-efficacy through providing trust and experience. Furthermore, lack of enthusiasm for health workers to contribute to producing quality and quantity work. Then this makes health workers ignore the problem of tangible manifestations related to physical appearance and cleanliness of health care supporting facilities.

The Effect of Competence on Service Quality

The analysis results conclude that competence's direct effect on the quality of health care services is worth 0.409, which means that if the competency is increased by 1 unit. It will improve the quality of health care services by 0.409, and the comparison of probability values of $0.000 < 0.05$ concludes that competence significantly affects the quality of health care services. This result aligns with previous research (Osman, Ibrahim & Diab, 2019; Faraji et al., 2019) shows that competence positively and significantly impacts service quality.

This phenomenon is the basis for the discovery of the truth of the theory, which states that competence is an individual's ability and skill for a job (Kreitner & Kinicki, 2016) and competencies related to the learning capacities and capabilities needed to complete success in carrying out tasks (Robbins & Judge, 2017). Health workers' attitudes, skills, knowledge, experience, responsibility, and accountability can be implemented in serving inpatients. These aspects will form health workers who can improve the quality of services by increasing aspects related to the basic form, reliability, responsiveness, assurance, and empathy.

The analysis results revealed in the three-box method illustrate that competence is at a moderate level, so this situation is the impact of the ability of health workers to be more dominant in improving the service quality. However, the attitude aspect needs to be improved regarding competence, but with accountability in complying with applicable regulations. It applies in hospitals, making them disciplined in delivering quality services in inpatient rooms.

The Effect of Self-Efficacy on Service Quality

The analysis results conclude that self-efficacy's direct effect on the quality of health care services is 0.213, which means that if self-efficacy is increased by 1 unit. It will improve the quality of health services by 0.213, and the comparison of probability values of $0.000 < 0.05$ concludes that self-efficacy significantly affects the quality of health care services. This result aligns with previous research (Park & Choi, 2020; Lee & Ko, 2020) that self-efficacy positively and significantly affect service quality.

This phenomenon proves the truth of the theory, which states that self-efficacy is the belief that a person can carry out the behaviors needed for work success (Kreitner & Kinicki, 2016). It means that management's efforts to develop health workers' self-efficacy through increasing levels, generalizations, and strengths will form health workers who can deliver quality services to inpatients that are standardized in tangible form, reliable, responsive, assurance, and empathetic.

Based on the analysis results, self-efficacy is the lowest factor in improving the quality of health care services in inpatient rooms. It follows the three-box method analysis, where many aspects could be higher, lowering health workers' confidence in improving service quality. In particular, the generalization aspect related to giving trust and experience is a big problem that makes health workers feel less encouraged to provide quality services through their pattern of care in inpatient installations.

The Effect of Job Engagement on Service Quality

The results of the analysis conclude that the direct effect of work engagement on the quality of health care services is 0.335, which means that if work engagement is increased by 1 unit, it will have an impact on improving the quality of health care services by 0.335, and a comparison of probability values of $0.000 < 0.05$. work has a significant effect on the quality of health care services. This result is in line with previous research from (Zheng et al., 2020; Cao et al., 2019) that work engagement positively influences competence in service quality. Moreover, (Bhati, Alshagawi & Juhari, 2018; Tian et al., 2019; Shire & Bin Bon, 2017) stated that work engagement positively mediates self-efficacy in service quality.

This phenomenon reveals the theory's truth, which states that work engagement refers to employees aligning with the organization by showing enthusiasm and

appreciation for their profession (Bakker & Leiter, 2015). It means that with their enthusiasm, dedication, and appreciation for the profession of health workers in inpatient rooms, they can continue to increase their involvement in delivering quality services to inpatients. With such enthusiasm, dedication, and appreciation, they will maximize their competence and confidence in improving service quality for inpatients.

Although work engagement can improve service quality, competence is more capable of dominating service quality improvement. This problem is revealed from the three-box method analysis results, where health workers' morale is lower than in other aspects. Involvement of health workers because enthusiasm is the basis of the ability of health workers to produce quality services and also the ability to carry out the many jobs assigned to them. So that with higher enthusiasm, higher quality service implementation can be produced by health workers through their involvement in the service process in inpatient installation.

CONCLUSION

Work engagement can positively mediate the relationship between competence and self-efficacy in service quality. So with these results, it is evident that the involvement of health workers in providing nursing care for inpatients is enthusiastic, dedicated, and live up to their role. It can be a conductor of the effectiveness of using health workers' competencies, and efforts to develop self-efficacy are more significant in improving the quality of health care services.

Competence will enable health workers to improve the quality of services in providing nursing care in inpatient installations more optimally if health workers value input from interprofessional and fully practice their knowledge in delivering nursing services in inpatient installations. The importance of generalizations that management must develop for health workers in giving trust and experience will be an impetus for health workers to provide quality services in inpatient installations. It will be energy for them because giving trust and experience makes health workers more innovative in finding the best way to deliver quality services in inpatient installations.

Management is expected to provide training on teamwork so that health workers can collaborate interprofessional and maximize their knowledge in delivering quality services in inpatient installations. It is hoped that the management will apply a transformational leadership pattern so that staff feels individualized attention by providing trust and experience that will make them more innovative in providing nursing services in inpatient installations. It is hoped that the management can provide training on team methods to form an effective pattern of cooperation so that patient services can run effectively. Also, with the team method, they can accept much work because it is done with a work team. It is expected that management will establish strict SOPs on hygiene rules in providing services to inpatients so that with these standards, patient satisfaction in the pattern of care for health workers can be achieved.

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