Research Paper

The Mediating Role of Moral Disengagement in Predicting Deviant Workplace Behavior Among Nurses in Malaysia

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ABSTRACT

Background: The healthcare environment is becoming increasingly competitive to meet patients' expectations and demands. Despite the nurses' best efforts to provide the finest services, they often receive complaints from people dissatisfied with the services they receive. There are reports claiming nurses as violent and unethical in their duties. This condition causes constant stress among nurses, translating into trait anger and negative affect. The present work aimed to examine the influence of trait anger and negative affectivity on deviant workplace behavior with the mediating role of moral disengagement.

Methods: This cross-sectional correlational study was conducted in the general hospitals of the northern, southern, east coast, and central Malaysia's regions from January to June 2020. The study sample included 387 nurses recruited by proportionate stratified random sampling. The data were collected using negative affect scale, deviant workplace behavior scale, trait anger scale, and moral disengagement scale. Then, the obtained were analyzed using partial least squares path modeling (PLS-PM) with SMART PLS software, version 3.2.8.

Results: The results of the PLS-PM suggested that trait anger contributes to deviant workplace behavior (β=0.245, P=0.001). Also, this study discovered that moral disengagement mediates the relationship between trait anger, negative affectivity, and deviant workplace behavior among nurses.

Conclusion: This study enriches the knowledge of deviant workplace behavior in healthcare settings, specifically Malaysia's public healthcare sector. In the future, similar studies should be performed in private hospitals to improve the generalisability of the findings.

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Highlights

• The reports about nurses' violent and unethical practices cause continuous stress among nurses, turning it into trait anger and negative affectivity.

• The present work explored the influence of trait anger and negative affectivity on deviant workplace behavior with the mediating role of moral disengagement.

• The study showed that moral disengagement mediates the relationship between trait anger, negative affectivity, and deviant workplace conduct among nurses.

Plain Language Summary

Moral disengagement refers to a person's ability to justify immoral actions and avoid feeling remorse, guilt, regret, or shame. It allows people to behave in ways that deviate from moral standards without experiencing psychological discomfort. This study examined the mediating role of moral disengagement in predicting deviant workplace behavior among nurses in Malaysia. We found that moral disengagement mediates the relationship between trait anger, negative affectivity, and deviant workplace conduct among nurses.

1. Introduction

To ensure the integrity and competence of nursing practice, nurses are expected to follow the profession's core moral principles, beliefs, and duties (Zaghini et al., 2017). While nurses realize that they should follow prearranged work ethics, dilemmas, and erroneous situations at the workplace that compel them to ignore the code of ethics (Caruso et al., 2015). Thus, despite the importance of observing moral principles, deviant workplace behavior is common in the medical field worldwide (Jahantigh et al., 2016). Wiernik & Ones (2018) described deviant workplace behavior as unethical behavior that deviates from organizational goals. Very little is known about the factors that cause dedicated nurses to disregard social and organizational norms (Fida et al., 2018).

Based on the general aggression model (GAM), people display aggressiveness because of personal and situational factors, internal moods, and the consequences of the appraisal and decision-making process. When people are affected by personal and situational circumstances, this creates internal moods contributing to erratic behavior. It has been discovered that nurses are susceptible to conflict and strong sentiments of anger, as well as negative affectivity (Fornés-Vives et al., 2019). Although personality variations such as trait anger and negative affectivity have been linked to deviant workplace behavior (Yang & Diefendorff, 2009), limited literature exists on this topic from the perspective of nurses

(Hershcovis et al., 2007; Yang & Diefendorff, 2009; Zhao & Xia, 2018). Therefore, the current work examines the impact of trait anger and negative affectivity as personal factors on deviant workplace behavior among staff nurses in Malaysia's public healthcare system with the mediating role of moral disengagement.

Literature review

Trait anger is an emotional response that people may exhibit when confronted with others' unfavorable behavior (Wang et al., 2018). It serves various functions depending on the context and cultural framework in which it occurs. Trait anger has been extensively studied and debated in the literature due to its development complexity and functional and affective meanings (Anderson & Bushman, 2002; Gresham et al., 2016). People with high-trait anger tend to show severe anger and hostility in response to provocations and may exhibit violent or aggressive behavior. Trait anger is also linked to deviant workplace behavior (Spielberger et al., 1990).

Negative affectivity refers to a person's perception of painful or distressing emotions (Neuman & Baron, 1998), such as anger, disgust, worry, guilt, and fear, as well as the experience of negative emotions and a negative self-concept (Watson & Clark, 1984). It is often related to neuroticism, which involves emotional instability (Fornés-Vives et al., 2019) and a tendency to perceive everyday circumstances as threatening. People with high levels of negative affectivity or neuroticism may engage in poor coping strategies, leading to stress and

potentially negative outcomes in the workplace, such as low productivity, absenteeism, low organizational performance, and employee theft. Negative affectivity is an important individual difference that may contribute to deviant workplace behavior (Neuman & Baron, 1998).

Organizational aggressiveness refers to behaviors intended to harm the organization, and workplace deviance refers to actions that stray from organizational values and negatively impact the organization and its members (Rogojan, 2009). These behaviors may include aggression, antisocial behavior, counterproductive behavior, delinquency, deviance, retaliation, and revenge. There is no universally accepted definition or terminology for workplace deviance, but these terms are often used to describe deviant behavior in the workplace.

Spector (1978) may have been the first to advocate for this approach in describing organizational aggressiveness as activities meant to hurt the organization. However, no commonly acknowledged definition or terminology has been established regarding workplace deviance. Different labels have been used about this behavior in studying deviant conduct based on numerous theoretical perspectives (Tuna et al., 2018). Some terms commonly used to describe deviant work behavior include organizational misbehavior, non-compliant behavior, antisocial behavior, dysfunctional workplace behavior, employee vice, organizational retaliation behavior, and organization-motivated aggression (Rogojan, 2009). More recently, terms such as aggression (Neuman & Baron, 1998), antisocial (Giacalone & Greenberg, 1997) and counterproductive have been used. Although each term differs in form and scope, they share comparable outcomes and traits (Rogojan, 2009), where they deviate from organizational values and negatively impact the organization and its members (Giacalone & Greenberg, 1997; Spector & Fox, 2005).

Moral disengagement refers to a person's ability to justify immoral actions and avoid feeling remorse, guilt, regret, or shame. It allows people to behave in ways that deviate from moral standards without experiencing psychological discomfort. Research has shown that moral disengagement may contribute to callous-unemotional traits, angry rumination, irritability, and aggressiveness, leading to deviant workplace behavior (Caprara et al., 2014; Kokkinos et al., 2016; Wang et al., 2017).

Trait anger is described as a dispositional trait in which a person experiences frequent anger with varying intensities (such as mild irritability or intense anger) and is often accompanied by associated negative emotions such as jealousy, resentment, hatred, and disgust (Buss, 1961; Siegman & Smith, 1994). In provoking situations, people with a high degree of trait anger tend to exhibit aggravation, irritation, rage, and physiological arousal (Spielberger & Rickman, 1990). Employees with high-trait anger have a higher rate of deviant reactions in the workplace than those with low-trait anger.

Employees with a high degree of negative affectivity tend to view themselves as the victims of their colleagues' aggression, particularly if they work in a "low-status" job. Regardless of whether these aggression allegations are genuine, negative affectivity in a workplace can damage the organization (Aquino et al., 1999). The tension created by this negative atmosphere will affect teamwork, cooperation, and productivity. Additionally, negative affectivity may influence work satisfaction and contribute to depression (Brief et al., 1988). Over time, this will develop into deviant workplace behavior such as absenteeism, poor job performance, and employee theft (Chen et al., 2013).

A survey by Wang et al. (2018) concluded that anger rumination and aggressiveness are associated with moral disengagement. This is consistent with the previous reports, which claimed that an increase in anger and hostility leads to an increase in aggression (Anderson & Bushman, 2002; Archer, 2004; Berkowitz, 1990). Furthermore, it was reported that physical or verbal aggression is connected to moral disengagement (Bandura et al., 1996; Paciello et al., 2008). These studies indicate that anger, hostility, and moral disengagement contribute to aggressive actions.

Negative information perceived by people with strong negative affectivity hinders the application of the dominant processing style, causing them to experience moral disengagement as a secondary cognitive strategy (Isbell et al., 2013). Consequently, their internal moral norms are deactivated, and they show signs of irritability and aggressiveness (Wang et al., 2017). While working in a fast-paced and stressful environment, negative emotional states experienced by employees can result in tension, moral disengagement, and inappropriate behavior in the workplace (Fida et al., 2015; Zhao & Xia, 2018).

Several studies have found that moral disengagement promotes unethical and deviant behavior at work (Bandura et al., 1996; Detert et al., 2008; Duffy et al., 2012; Schweitzer & Hsee, 2002; Shalvi et al., 2011). Previously, moral disengagement has been shown to act as the mediator in studying the effects of envy on social undermining (Dufy et al., 2012), self-monitoring on unethical

decision-making (Ogunfowora et al., 2022), psychopathy on unethical decision-making (Stevens et al., 2014), authenticity on unethical behavior (Knoll et al., 2016), and resource depletion on social undermining (Lee et al., 2016). Valle et al. (2011) state that moral disengagement mediates the relationship between abusive supervision and organizational deviance. Consequently, moral disengagement is important for detecting deviant behavior and workplace ethics (Trevino et al. 2006).

Based on the generalized additive model (GAM), this study proposed moral disengagement as a mediator between trait anger, negative affectivity, and deviant workplace behavior (Anderson & Bushman, 2018; DeWall et al., 2011). Furthermore, since moral disengagement is a fundamental driver of deviant workplace conduct, it is logical to assume that it will regulate the association between negative affectivity and deviant workplace behavior. Although Zhao et al. (2018) proved that the association between nurses' negative emotional states and their knowledge-hiding practices is slightly mediated by moral disengagement, no similar study has been done in Malaysian public-sector nursing. Based on the review of related literature, this study proposed 7 hypotheses (Table 1).

Figure 1 illustrates the formulated framework in this research.

2. Materials and Methods

Design, setting, and sample

It was a cross-sectional correlational study. The study population for this research is defined as nurses in government hospitals in Malaysia. The accessible population comprised all nurses in the government hospitals of 4 regions (northern, southern, east coast, and central) in Malaysia. The sample size for a given population of the target respondents (n=52331) is 382, based on Krejcie and Morgan (1970), and recruited by proportionate stratified random sampling. In line with Sekaran and Bougie (2016), the researcher included the sample from each

stratum. After determining each stratum's percentage, each stratum's proportion was also determined.

The staff nurses from general hospitals were invited to participate in a multicentre survey. The main investigator contacted the heads of the nursing departments of the particular hospitals and convinced them to support the present study. The head nurses informed all their staff nurses to respond to the survey within two weeks if they wished. Initially, more than 400 surveys were distributed to the prospective respondents to compensate for incomplete answers and other technical issues. Finally, 387 surveys were identified as suitable for further development.

Study instruments

In addition to a demographic questionnaire, four validated survey instruments were used: negative affect scale, deviant workplace behavior scale, trait anger scale, and moral disengagement scale.

The negative affect scale (Watson, Clark & Tellegen, 1988) is a part of the brief measures of positive and negative affect schedule (PANAS). This scale has 20 items (10 for positive and 10 for negative affect). Questions 2, 4, 6, 7, 8, 11, 13, 15, 18, and 20 relate to negative affect, including distress, upset, ashamed, guilt, embarrassment, irritability, fear, hostility, and anger. It is scored on a 5-point Likert scale (1=very slightly or not at all to 5=extremely). The total score of the negative scale (used in this study) is obtained by calculating the sum of the 10 negative items. The total score ranges from 10 to 50; a lower score indicates less negative affect. For this study, after going through the content validity process with experts, they suggested dropping one item because when it was translated into Malay, it had the same meaning. Therefore, the questionnaire was modified, but the original question from the real authors was still kept. The internal consistency for the PANAS ranges from 0.86 to 0.90 for positive affect and 0.84 to 0.87 for negative affect. The test-retest reliability for the PANAS is reported as 0.79 for positive affect and 0.81 for negative affect (Watson et al., 1988).
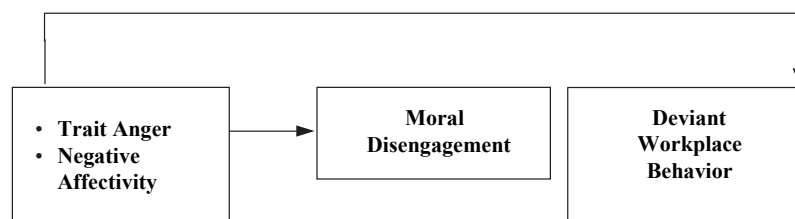

Figure 1. Research framework

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Table 1. Summary of developed hypotheses

No.		Hypothesis
1	H₁	There is a positive relationship between trait anger and deviant workplace behavior.
2	H₂	A positive relationship exists between an individual's negative affectivity and deviant workplace behavior.
3	H₃	There is a positive relationship between trait anger and moral disengagement.
4	H₄	A positive relationship exists between an individual's negative affectivity and moral disengagement.
5	H₅	There is a positive relationship between moral disengagement and deviant workplace behavior.
6	H₆	Moral disengagement mediates the positive relationship between trait anger and deviant workplace behavior.
7	H₇	Moral disengagement mediates the positive relationship between negative affectivity and deviant workplace behavior.

Client- Centered Nursing Care

The deviant workplace behavior scale (Bennet & Robinson, 2000) is a 19-item scale to measure deviant behavior in the workplace. On this scale, 12 items are related to organizational deviance and 7 to interpersonal deviance. The responses range from 1 (never) to 7 (daily), and higher scores indicate more deviant behavior at work. The Cronbach α reliability for organizational deviance is 0.81, and interpersonal deviance is reported as 0.78 (Bennet & Robinson, 2000).

Trait anger scale (TAS) (Spielberger, 1999) is a 10-item, Likert-type scale (1=almost never to 4=almost always). The respondents report how angry they generally felt. The total score ranges from 10 to 40, with higher scores indicating more anger. The internal consistency reliability of this scale ranges from 0.81 to 0.91, with the highest reliabilities for college students (Spielberger et al., 2014). The TAS correlates positively with various anger and hostility measures and distinguishes high and low-anger groups (Spielberger, 1999).

The moral disengagement scale is a valid and reliable scale constructed by Fida et al. (2015). It has 24 items scored on a 5-point Likert scale (from 1=completely disagree to 5=completely agree). The total score ranges from 24 to 120, with higher scores indicating more moral disengagement. The Cronbach reliability coefficient is 0.89.

The questionnaires distributed to the respondents were bilingual (English and Malay versions), and they could complete either version as they wished. The experts confirmed the content validity of all translated questionnaires, and their Cronbach α coefficients ranged from 0.75 to 0.83.

Data analysis

Our hypotheses were tested using partial least squares (PLS) modeling (Ringle et al.l, 2005). The measurement and structural models were used to interpret the PLS model (Henseler et al., 2009). The quality of the measurement model was assessed by determining the construct reliability (composite reliability), two different validities (convergent validity through average variance extracted [AVE] and discriminant validity based hetero-trait-monotrait ratio criterion), and collinearity testing (variance inflation factor). The structural model then concentrated on the causality between proposed exogenous and endogenous constructs. The performance of the structural model was evaluated based on the significance of the path coefficients and R^2 values (Hair et al., 2017).

3. Results

Descriptive statistics

This section describes the demographic profile of the respondents.

According to Table 2, the age of 36.4% of the nurses was between 30 and 39 years, most of them were female (86.2%), married (70.8%), and the majority of nurses (49.9%) had work experience of more than 10 years.

Inferential statistics

We used PLS modeling with the well-known of Smart-PLS software, version 3.2.8 (Ringle et al.,2005) as the primary method to analyze the measurement and structural models since it does not require strict assumptions of normality and is preferable for any samples size (Chin et al., 2003). To determine the reliability and validity of

Table 2. Demographic profile of respondents (n=387)

Items		No. (%)	Cumulative %
Gender	Male	51(13.2)	13.2
	Female	336(86.2)	100
Marital status	Married	274(70.8)	70.8
	Single	94(24.2)	95
	Divorced	19(5)	100
Age (y)	20-29	111(28.7)	28.7
	30-39	141(36.4)	65.1
	40-49	116(30)	95.1
	50≤	19(4.9)	100
Work experience (y)	>1	47(12.1)	12.1
	1-5	74(19.1)	31.2
	6-9	73(18.9)	50.1
	≤10	193(49.9)	100.0

each construct applied for this study, several examinations were conducted at the measurement stage by determining their factor loadings, composite reliability (CR), and average variance extracted (AVE). The acceptable value for CR should be at least 0.70, whereas the recommended value for the AVE should be more than half of the total variation, approximately 0.50. Since all the indicators shown in Table 3 exhibited loadings ranging from 0.637 to 0.958 (which exceeds the minimum acceptable value of 0.5) (Hair et al., 2010; Afthanorhan et al., 2021b), the data were kept. Similarly, all latent constructs show good convergent validity since the AVE values range from 0.662 to 0.667. Meanwhile, the latent variable CR values (ranging from 0.903 to 0.968) are higher than Hair et al.'s (2010) 0.7 criterion, implying strong homogeneity. Finally, the measurement model used in the study (Table 3) is reliable and has appropriate convergence.

The heterotrait-monotrait (HTMT) ratio criterion was applied to examine the discriminant validity of the measurement model. This method has recently become a method of choice for the composite construct when establishing discriminant validity (Afthanorhan et al., 2021a). The HTMT values in Table 4 do not exceed 0.90 (ranging from 0.223 to 0.507); thus, the constructs are truly unique and distinct from each other, as clearly stated by Gold, Malhotra and Segars (2001).

Before hypothesis testing, collinearity issues were inspected to avoid the detrimental effect of bias in estimating the parameter estimates of path coefficients. To do so, the authors combined the effects of the exogenous constructs (trait anger and negative affectivity) on moral disengagement and deviant workplace behavior to construct the variance inflation factor (VIF). After that, the VIFs were calculated using the effects of the aforementioned predictor factors. All VIFs and tolerance values for each construct (trait anger=1.289; negative affectivity=1.292; and moral disengagement=1.072) are less than the Hair et al. (2017) threshold value of 5. Thus, collinearity is not considered a serious concern among the predictors in our model.

The R^2 values for moral disengagement and deviant workplace behavior were 0.068 and 0.298, respectively. Our measurement model (Figure 2) implies that trait anger and negative affectivity account for only 6.8% of the variance in moral disengagement and 29.8% of the variance in deviant workplace behavior.

Structural model results

The bootstrapping results (Table 5) suggest that the trait anger plays a significant role in deviant workplace behavior. The results show that trait anger influences deviant workplace construct. As a result, H_1 is supoted. Negative affectivity, on the other hand, does not influence deviant workplace behavior. Thus, H_2 is not supported. Moral disengagement is positively and significantly associated

Table 3. Measurement model for the first order constructs

Constructs	Question items	Loadings	AVE	CR
Trait anger	TA9	0.701	0.631	0.903
	TA8	0.849		
	TA7	0.839		
	TA6	0.745		
	TA5	0.847		
	TA4	0.752		
	TA3	0.832		
	TA2	0.818		
	TA1	0.748		
Negative	NA9	0.755	0.662	0.968
	NA7	0.798		
	NA6	0.845		
	NA5	0.824		
Affectivity	NA4	0.839		
	NA3	0.805		
	NA2	0.827		
Moral	MD9	0.821	0.667	0.932
	MD8	0.862		
	MD7	0.809		
	MD4	0.796		
	MD3	0.755		
	MD22	0.717		
	MD19	0.793		
	MD18	0.829		
Disengagement	MD17	0.904		
	MD16	0.811		
	MD15	0.845		
	MD14	0.902		
	MD13	0.848		
	MD11	0.779		
	MD10	0.756		
Deviant	DWB6	0.79	0.651	0.939
Workplace	DWB5	0.834		
	DWB4	0.827		
Behavior	DWB17	0.775		
	DWB16	0.808		

Abbreviations: TA: Trait anger; NA: Negative affectivity; MD: Moral disengagement; DWB: Deviant workplace behavior; AVE: Average variance extracted; CR: Composite reliability.

Table 4. Heterotrait-monotrait ratio (HTMT)

	DWB	MD	NA	TA
DWB	-	-	-	-
MD	0.507	-	-	-
NA	0.305	0.236	-	-
TA	0.395	0.223	0.499	-

Abbreviations: TA: Trait anger; NA: Negative affectivity; MD: Moral disengagement; DWB: Deviant workplace behavior.

with trait anger and negative affectivity, supporting H_3 and H_4. Surprisingly, moral disengagement and deviant workplace behavior have a good relation. As a result, H_5 is supported. All of the formulated hypotheses on direct relationships are supported except for H_2.

To test the mediation model, the authors bootstrapped the indirect impact, as suggested by Preacher and Hayes (2004, 2008). Thus, there is significant mediation if the confidence intervals (lower and upper limit) do not straddle a value of 0, negative affectivity (moral disengagement (deviant workplace behavior ($\beta=0.063$, $P<0.01$), and trait anger (moral disengagement (deviant workplace behavior ($\beta=0.059$, $P<0.01$) are all significant, as indicated in Table 5. The bias-adjusted 95% confidence intervals do not show any intervals straddling a 0, validating our findings. As a result, H_6 and H_7 are also supported.

4. Discussion

The current study investigated the mediating role of moral disengagement in the effect of trait anger and negative affectivity on deviant workplace behavior among Malaysian government hospital nurses. Our statistical analysis yielded mixed results.

Negative affectivity, in particular, had no effect on workplace misbehavior in any way. The characteristics of the nurses in our sample could explain this surprising conclusion. Most participants had more than 6 years of nursing experience in their respective institutions. Throughout their career, it is plausible that they have developed coping mechanisms to manage their negative affectivity due to their familiarity with the human resource policies of their employing hospitals, leading to emotions of acceptance. In addition, it may have been satisfying for nurses to consider the profession from their perspective as an inherently authentic role (Fida et al., 2018). Consequently, nurses' negative affectivity does not influence them to show deviant workplace behaviors. Our result differs from previous studies, advocating that individuals' negative affectivity will have a direct impact on deviant workplace behavior (Chen et al., 2013; Alias et al., 2012; Zhang et al., 2019).

Table 5. Hypothesis testing results

Relationship	H	Path	β	t-Statistics	P	LL	UL	Decision
Direct	H_1	TA→DWB	0.245	5.764	0.001	0.176	0.313	Supported
	H_2	NA→DWB	0.074	1.524	0.064	-0.007	0.153	Rejected
	H_3	TA→MD	0.148	2.749	0.003	0.06	0.242	Supported
	H_4	NA→MD	0.157	3.025	0.001	0.073	0.243	Supported
	H_5	MD→DWB	0.399	7.749	0.000	0.314	0.486	Supported
Indirect	H_6	TA→MD→DWB	0.059	2.514	0.006	0.022	0.099	Supported
	H_7	NA→MD→DWB	0.063	2.805	0.003	0.028	0.099	Supported

[**]P<0.01; Bootstrapping (n=500).

Abbreviations: TA: Trait anger; NA: Negative affectivity; MD: Moral disengagement; DWB: Deviant workplace behavior; LL: Lower limit; UL: Upper limit.
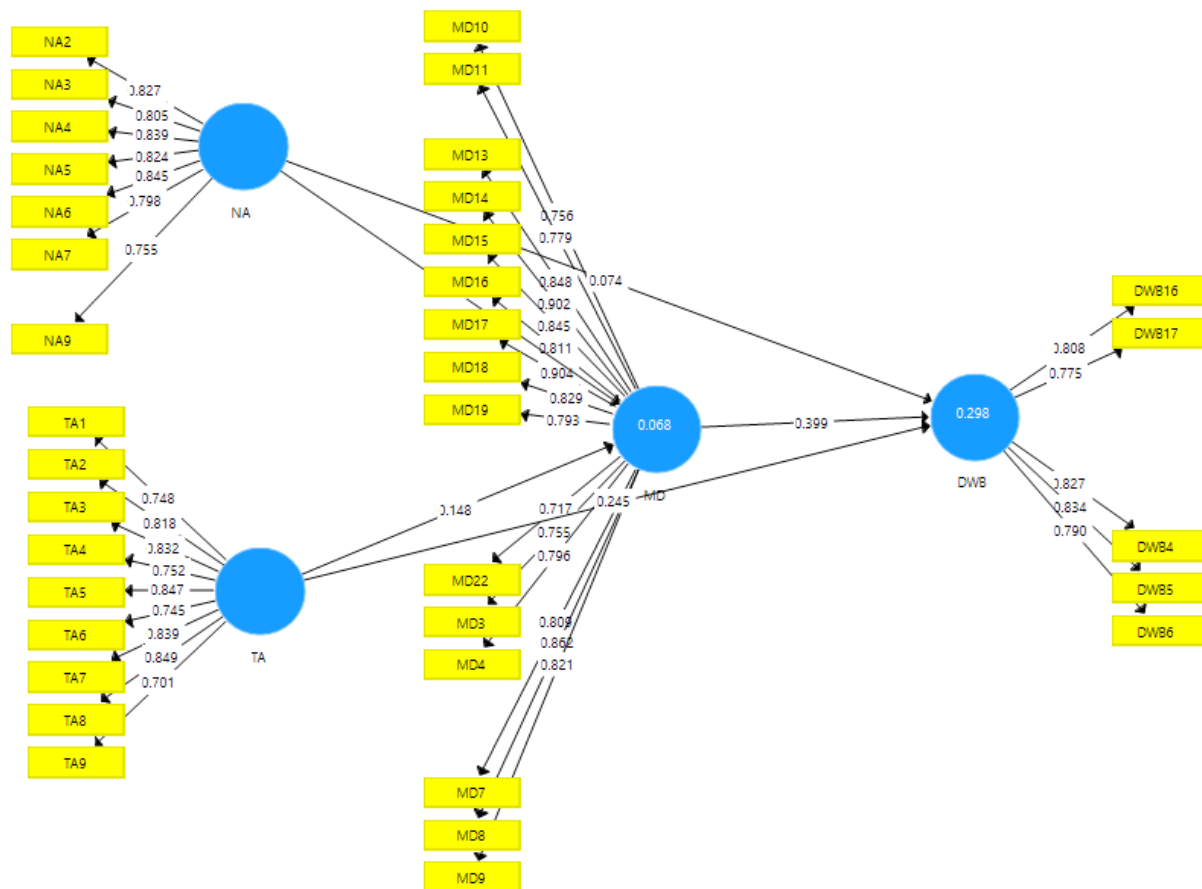
Figure 2. Measurement model of the study

On the other hand, it was shown in our study that trait anger affects nurses' deviant workplace behavior. When dealing with daily conflicts in challenging medical settings, employees with an angry temperament are more likely to demonstrate deviant reaction. This finding is consistent with the extensive works on this topic (Ansari et al., 2013; Eatough et al., 2016; Jiang et al., 2019; Kozako et al., 2013; Santos & Eger, 2014; Zhou et al., 2018).

In line with the work of others, this study found that moral disengagement acts as a mediator in the relationship between trait anger, negative affectivity, and deviant workplace conduct (Fida et al., 2015 & 2018; Caprara et al., 2014). Staff nurses with strong trait anger and negative affectivity might engage in moral disengagement, leading to workplace misbehavior. In another study, moral disengagement was discovered to be a mediator between anger and physical aggression, as well as anger and verbal aggression (Rubio-Garay et al., 2016). The result is also synchrony with the study conducted by Zhao and Xia (2018), who reported that nurses' negative emotional states were positively linked to their

knowledge-hiding practices, with a slight mediating role of moral disengagement. In a more recent investigation on the impact of individual differences on deviant workplace behavior, moral disengagement was discovered to be an underlying mechanism (Newman et al., 2020).

This study has several limitations that need to be addressed. Firstly, the study's cross-sectional nature limits our capacity to make causal findings. Since the survey simultaneously examined exogenous and endogenous variables, bias might emerge because multiple variables being considered simultaneously could potentially introduce bias in the results. Therefore, future longitudinal research should cross-validate the existing findings and add to the evidence for a causal link between trait anger, negative affectivity, moral disengagement, and deviant workplace behavior. Secondly, the data were collected from staff nurses working at Peninsular Malaysia's major government hospitals. Future research should include nurses working in private hospitals to improve the findings' generalizability. Next, seeing as this study only examined two qualities, future studies should consider additional personality quali-

ties when predicting deviant workplace behavior, such as shyness. Finally, in addition to moral disengagement, other attitudinal categories mediating the link between trait anger, negative affectivity, and deviant workplace behavior should be investigated, such as job alienation, work-family conflict, work ethics, and workplace spirituality.

5. Conclusion

This study discovered that, through moral disengagement, trait anger and negative affectivity influence deviant workplace behavior among staff nurses. The present study provides new insights into factors that contribute to deviant workplace behavior in Malaysia's public healthcare industry which is useful for any empirical research related to nursing issues.

The outcomes of this study have theoretical and practical implications. Theoretically, the current study offers new insight that enriches knowledge about moral disengagement and inappropriate workplace behavior in healthcare settings, specifically Malaysia's public healthcare industry. Moreover, our findings support the application of Bushman's general aggression theory (Bushman& Anderson, 2002) and Bandura's moral disengagement theory (1986).

Practically, since this study has established that anger may raise the risk of deviant workplace behavior among nurses, hospital managers should offer support to help their staff regulate their emotions and responses. Training or seminar programs might be useful to instill awareness of the negative impacts of moral disengagement and deviant workplace behavior among staff nurses.

Ethical Considerations

Compliance with ethical guidelines

This research was approved by the Medical Research and Ethics Committee of the University Malaysia Terengganu (Code: NMRR-20-1104-52987 IIR). Written approval was received from the Malaysian Ministry of Health to conduct the study. The necessary permissions were also obtained from University Malaysia Terengganu before sampling. Informed written consent was obtained from all the subjects, and they were assured of the confidentiality of their information.

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Authors' contributions

Conceptualisation, theoretical basis and framework, compiling abstract, introduction, discussion, and conclusion sections: Maslina Mansor; Methodology and literature review: Rashidah Mohd Ibrahim; Statistical analysis: Asyraf Afthanorhan; Data collection and logistics: Ahmad Munir and Mohd Salleh; Final approval: All authors.

Conflict of interest

The authors declared no conflict of interest.

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