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WORK-LIFE BALANCE AND MORAL COMPETENCE AMONG NURSES IN MEDICAL-SURGICAL UNITS OF SELECTED TERTIARY HOSPITALS

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ABSTRACT: *The medical-surgical unit is one of the busiest units in the hospital, registering as high as 20 patients per nurse (Tamayo et al., 2022; Villanueva, 2023). Due to this staffing situation, the nurses tend to be overburdened, which makes their work-life balance unstable and may directly affect their moral competence. Although there is a vast amount of literature about work-life balance among nurses, as well as various studies on moral competence, there has not been much study about how work-life balance and moral competence interact. The study aims to add to the larger conversation of work-life balance impacting moral competence of nurses by making sure that those who provide patient care have the resources they need for a morally enhanced happy and healthier career. The researcher used quantitative descriptive correlational design employing non-probability consecutive sampling technique based on the established inclusion criteria. G*Power software was used to determine the sampling size of 84-92 and data gathered reached a sample of 90 respondents. The study has been granted approval by the FEU-Ethics Review Board prior to implementation. Two adapted instruments were employed and were subjected to validity and reliability testing. Cronbach α coefficient results yielded a high reliability for both instruments obtaining 0.946 (Work-Life Balance) and 0.989 (Moral Competence) respectively. Data gathering was initiated using Google Forms. Frequency and percentile, weighted mean and standard deviation, Mann-Whitney U test and Kruskal-Wallis's test, Spearman's rho, and logistic regression are the statistical treatment used to interpret the gathered data. Staff nurses in the medical-surgical unit exhibit a "high agreement" in perceived level work-life balance and "very high" perceived level in moral competence. The demographic factors such as age, sex, civil status, years in service, and years assigned in the medical-surgical unit do not significantly affect the perceived level of work-life balance or moral competence, except for the job status of which regular staff nurses assigned in the medical surgical unit seem to exhibit higher moral competence as opposed to contractual staff nurses. Furthermore, the results show that moral competence is dependent on work-life balance and the supportive work environment as the sole contributor.*

KEYWORDS: Work-Life Balance, Moral Competence, Medical-Surgical Nurses, Tertiary Hospitals.

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INTRODUCTION

Nurses make up about 59% of global health professionals ("State of the World's Nursing 2020: Executive Summary," 2020). They are often exposed to the demand of their profession: long work hours, high stress levels, and shifting schedules that cause them physical and mental exhaustion (Jensen, 2023). They have to deal with nearly 80% of patient-related tasks (Razu et al., 2021) and are often pressured into extra duties to meet the staffing shortages.

Tertiary hospitals manage highly technical and specialized cases and serve as teaching facilities for medical students and trainees. Hospital admission in tertiary hospitals is influenced by patient demand, regulatory guidelines, system-wide coordination, patient flow, efficient bed management and patient transfer between two institutions (Al-Worafi, 2023; Bartlett et al., 2023).

Globally, approximately 650,000 nursing staff work in the medical-surgical unit (Phillips, 2020). Adult patients who are critically ill with a variety of acute illnesses, or are recuperating from surgery, are the primary patients that nurses in this specialization manage. Nurses assigned in the medical-surgical unit work in fast-paced, tech-driven environments characterized by high patient acuity and rapid turnover, which is correlated with nurse burnout and staffing challenges (Journal of Nursing. Nursing Journals: American Society of Registered Nurses, 2022). Per recommendation, the legally defined nurse-patient ratio in the medical-surgical unit is 1:5, which was found to be favorable for both nurses and patient (Goldsmith, 2022). In the Philippines, hospitals often operate at extreme ratios of 1:20 to 1:50 nurse-patient ratio, which is well above the Philippine Department of Health recommendation of 1:12 standard nurse-patient ratio (Tamayo et al., 2022; Villanueva, 2023). This imbalance exacerbates job strain and increases risks of work errors due to exhaustion (Poon et al., 2023)

Work-life balance is essential for nurses to safeguard their well-being while meeting both personal and professional goals. It enables nurses to feel fulfilled at work while remaining connected to their personal lives. WLB in nursing refers to how well nurses can meet their personal needs through their organizational experiences while contributing to the objectives of their workplace (Uplaunkar & Kandgul, 2020). A key factor of this balance is the satisfaction of the nurse which thrives when they are able to feel valued and respected.

Moral competence is vital in the professional practice of the nurse. It involves the nurse's ability to acknowledge, reflect, and act upon their emotional responses to moral situations, ensuring that their decisions will benefit their patients (Göl & Arkan, 2022). A high level of moral competence is essential for a sound professional judgment by the nurse (Haghighat et al., 2020).

The link between work-life balance and moral competence in nurses remains unexplored, despite the growing recognition of its significance. This study speculates that imbalance in the professional and personal life of nurses could hinder moral competence. Many studies about work-life balance have been published but they mainly focus on outcomes in terms of stress and burnout (Fadillah et al., 2021; Matsuo et al., 2021; Gribben & Semple, 2021; Tanaka et al, 2020; Dousin et al., 2020; Chan et al., 2021), effect of recognition, acknowledgement to contentment of the staff nurse (Uplaonkar & Kandgul, 2020; Tosun & Özkan, 2023; Wardana et al., 2020; Salahat & Al-Hamdan, 2022), effect of self-efficacy, personal mastery, enhancement of core competencies to psychological well-being (Ayar et al., 2021; Panda &

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Sahoo, 2021), perceived workplace autonomy (Naryan & Mehta, 2021; Alreshidi & Alsharari, 2021; Fond et al., 2023; Marzec et al., 2023), and job performance. There is still a knowledge gap in terms of examining the association between work-life balance encountered by nurses and the possible effect of these difficulties to uphold moral competence.

The study aims to examine the perceived moral competence and work-life balance of nurses in the medical-surgical unit and how demographic profile influences its relationship. By doing so, the study hopes to provide information on how the work environment can be further improved in consideration of the nurses' diverse backgrounds, perceived moral competence and work-life balance. Nursing administrators, educators, and clinical mentors may benefit from the study by integrating the result of the study in the improvement of school and clinical work environments to promote the nurses' well-being. Moreover, the study can contribute to a broader cultural shift which recognizes that moral competence is not solely an individual trait but a reflection of the work environment of the staff nurse. By acknowledging the interplay between work balance and moral competency, it invites a more emphatic, sustainable approach to nursing practice, where looking after the needs of the nurses who render care for patients also becomes a moral imperative in the workplace.

LITERATURE/THEORETICAL UNDERPINNING

The nursing profession is inherently a demanding profession, requiring individuals with specific physical, psychological, and emotional resilience to manage its challenges effectively (Babapour et al., 2022). The study recognizes the vital importance of the role of nurses in the healthcare industry, where they are constantly exposed to issues related to their well-being and professional and personal equilibrium, which may greatly contribute to their moral dilemmas.

Overview of Work-Life Balance

Modern work environments often disrupt the ability of the individual to harmonize personal and professional spheres that cause strain, confusion, and stress (Panda & Sahoo, 2021). These disruptions create a ripple effect and negatively impact both home and workplace dynamics. The pressure to attract and retain committed professionals exacerbates this imbalance, especially among nurses (Panda & Sahoo, 2021; Santhanam et al., 2021). Achieving equilibrium between work and personal life leads to increased happiness resilience, and productivity. Employees who can blend this domain report a better health and stronger family ties (Marzec et al., 2022).

Work itself is influenced by social conditions, human needs, and cultural values which contribute to the identity formation and individual purpose of the person (Tosun & Özkan, 2023; Uplaunkar & Kandgul, 2020). The need for flexibility is essential but complex due to the varied roles that adults perform and their time demands (Marzec et al., 2022) Individuals work as a vital part of their lives but juggling work and personal life is a difficult effort (Dayrit & Lacap, 2020).

Environments where workers feel valued enhance job satisfaction, which correlates with well-being (Uplaunkar & Kandgul, 2020). Stressors will inevitably distort work-life boundaries, and can risk the wellness and intensify conflict within the individual (Trudeau,2022). Factors that

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promote motivation, workplace conditions, and compensation schemes significantly affect workers' productivity (Fadillah et al., 2021). A well-balanced lifestyle promotes long-term health and happiness (Smith-Tredeau, 2021).

The present fast-paced, interconnected domain, the lines between personal and professional life have evolved increasingly vague, often tipping the scale in favour of work (Babamohamadi et al., 2023). WLB has emerged as a vital concept which sustains health and productivity, not just the individual, but also the whole organization (Brogle et al., 2024). At its core, WLB became the harmony and compatibility between work responsibilities and personal aspirations, where each domain contributes to the individual's overall progress and satisfaction (Diehl et al., 2023; Attar et al., 2020).

Maintaining this balance remains an enormous challenge (Stankevičiūtė, 2022). Individuals are constantly juggling multiple roles and striving to meet both organizational and personal expectations, which has been the source of internal negotiation (Uplaunkar & Kandgul, 2020). The balance is not static; contrarily, it is being influenced by how people perceive harmony and find fulfillment in both spheres (Marzec et al., 2022; Fadillah et al., 2021). When WLB is achieved, it fosters emotional well-being, augments job satisfaction, and enhances worker performance, which helps to retain talented professionals (Gregorio et al., 2021; Dayrit & Lacap, 2020). While the modern workplace is rapidly evolving as the industry demands challenging the traditional boundaries of the workday (Recio et al., 2020), these shifts involve fulfilling role-based expectations within both family and organizational contexts, while managing time and energy across personal, social, and professional domains (Susanto et al., 2022; Thevanes & Harikaran, 2020).

Psychologically, WLB is a dynamic condition that reflects the allocation of limited personal resources across competing goals (Pudasaini et al., 2022). It is also an indicator of one's emotional and motivational health, often revealing the level of commitment and resilience in response to global pressure (Panda & Sahoo, 2021). High levels of self-esteem, contentment, and a sense of internal harmony are markers of successful balance and are deeply intertwined with one's psychological adjustment and coping strategies (Fadillah et al., 2021).

WLB is a multidimensional paradigm that incorporates physical, emotional, social, and environmental well-being (Panda & Sahoo, 2021). When properly nurtured, it cultivates productivity, organizational commitment, and personal happiness. But when neglected, it can unravel the very framework of a person's daily life which will underscore the urgent need for workplaces to empower employees with autonomy, flexibility, and meaningful support (Naryan & Mehta, 2021; Khateeb, 2021).

Work-Life Balance in Nursing

Nurses represent a critical pillar of the global healthcare workforce, which comprises of approximately 19.3 million of the 43.5 million health professionals worldwide (World Health Organization, 2020). Their pivotal role in improving the quality of patient care underscores the necessity of their well-being and professional support systems (Salahat & Al-Hamdan, 2022). Nurses' success hinges on their ability to efficiently manage time, manage personal and interpersonal stress, and navigate both individual and organizational conflicts (Fadillah et al., 2021).

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Nurses today face unprecedented problems, including increased workloads, emotional burden, changing professional demands, adaptation, and resilience (Imkome et al., 2025). These difficulties are compounded by insufficient medical supplies, poor sanitation, and inadequate personal protective equipment, which heighten the fear of contagion and threaten the safety of both the nurse and the patient (Althobaiti et al., 2020; Enli-Tuncay et al., 2020; Babamohamadi et al., 2023).

The physical and emotional toll of nursing, ranging from sleep issues and psychological distress to loneliness and anxiety, is frequently associated with poor time management across personal and professional domains (Bao et al., 2020; Cullen et al., 2020). Nursing is widely acknowledged as a highly stressful occupation, with stress accounting for 27.9% of variance in nurses' quality and safety (Matsuo et al., 2021). To function effectively, nurses must maintain strong physical and psychological health (Fadillah et al., 2021). This involves meeting personal needs, gaining control over weekly working hours, and securing time for rest and rejuvenation to be able to possess strategies shown to mitigate stress and improve their resilience (Fadillah et al., 2021). Long shifts and limited autonomy over workload have been directly associated with rising burnout levels (Araslar, 2021; Prakash & Pabalkar, 2020). Research continually highlights how staffing shortages exacerbate work pressure, reducing nurses' job satisfaction and ultimately compromising patient care outcomes (Dousin et al., 2020).

WLB significantly influences the job satisfaction, productivity, and well-being of nurses. High WLB is linked to reduced absenteeism, stress, burnout, injuries, and increased professional pleasure and engagement (Biresawa et al., 2020; Alreshidi & Alsharari, 2021; Philips 2020). Nurses often struggle to maintain WLB due to extended work hours, which disrupts their social and family lives (Karunagaran et al., 2020). These demanding schedules undermine both the physical and mental health of the nurse, contributing to diminish WLB (Ayar et al., 2022). As work hours increase, WLB tends to deteriorate, which can negatively affect nurses' job performance and personal well-being (Scott-Marshall, 2024). Insufficient job satisfaction can lead to compromised nursing practice, directly or indirectly impacting patient satisfaction (Salahat & Al-Hamdan, 2022). Personal life stressors heighten the risk of substandard care, which threatens patient safety (Alreshidi & Alsharari, 2021; Phillips, 2020). With adequate WLB, nurses can fulfill their duties without excessive pressure (Fadillah et al., 2021), but fatigue often limits afterwork family interactions and weakens the personal relationships of the nurse (Fadilla et al., 2021; Phillips, 2020).

Key Components of Work-life Balance of Nurses

WLB plays a crucial role in fulfilling the broad expectations of every nursing staff, which include autonomy, responsibility, security, meaningful work, social belonging, self-improvement, and economic independence (Tosun & Özkan, 2023). Enhancing the job satisfaction of the nursing staff through trust, perceived support, and personal-professional harmony is essential for optimizing productivity and maintaining the equilibrium.

Key WLB dimensions identified in a study include job satisfaction, work stress, working conditions, wellbeing, family interface, and the physical work environment (Panda & Sahoo, 2021). These elements are influenced by factors such as flexible work arrangements, negotiated between the professional and the management (Dumitriu et al., 2025; Panda & Sahoo, 2021), as well as career development, financial and non-financial rewards, social and cultural activities, paid leave, performance-based promotions, and recognition.

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Teamwork and communication foster synergy, where complementary talents enhance individual capacity (Panda & Sahoo, 2021). Communication and family social support further encourage motivation toward balanced living. Cultivating a workplace culture that emphasizes cooperation, autonomy, and well-being contributes positively to professional attitudes and organizational success. When professionals are holistically engaged in their mind, body, and spirit, they will be better equipped to handle stress and meet challenges.

Overview of Moral Competence

Morality encompasses internal guidelines that enable individuals to judge right from wrong (Sharma & Charulatha, 2024). It is being influenced by communal norms and expectations, learned early in life and essential for shared moral behavior (Martins et al., 2020). Defined as an individual's belief system about acceptable conduct, morality underpins the ability of a person to distinguish between good and bad actions. Moral competence refers to the effective application of knowledge, skills, and experience to achieve outcomes across contexts (Vitello et al., 2021). Though it is related to values and attitudes, morality is not limited to them alone (Popoveniuc, 2021). The theory of moral utilization suggests variability not just in moral cognition, but also in how individuals act on such reasoning (Brown & Treviño, 2006). Kohlberg (1958) emphasized fostering moral growth through intellectual, social, and educational development (Martins et al., 2020), supported by systems that encourage cooperation and shared accountability. Morality facilitates societal organization via altruism, labor division, and collaboration, where individuals often prioritize collective welfare over personal desires (Miranda-Rodriguez et al., 2023; Christens, 2020).

Competency encompasses the integrated components of knowledge, skills and attitudes (Spencer et al., 2025). Knowledge entails foundational data, principles, and perspectives within a field; skills involve task execution using this knowledge; and attitudes reflect intentional responses to people or circumstances. Broader definitions of competence highlight the personal drive to achieve desirable outcomes (Ma et al., 2020), integrating motives, traits, self-concepts, and cognitive or behavioral skills (Wong, 2020). Competence can be measured against established standards and refined through development initiatives (Wong, 2020), stemming from the mindset, values, and ability of the individual to adapt across personal and professional domains.

In nursing, competency reflects the application of precise, clinical skills and critical thinking to meet client needs. Core nursing competencies include professional attitude, clinical practice, communication, health promotion, care planning, leadership, safety and quality assurance, ongoing education, technological integration, and patient empowerment (Wit et al., 2023). These competencies are interdependent and essential across varied nursing contexts. A holistic view of nursing further underscores the integration of judgment, values, attitudes, and personal qualifications necessary to deliver effective care (Ambushe et al., 2023), requiring adaptability to situational demands through the synthesis of learned knowledge and intrinsic characteristics.

Moral competence is recognized by the European Commission as a foundational aspect of meta-competencies, necessary not only for intellectual and skill development but also fostering autonomy (Göl & Arkan, 2022). The World Health Organization (WHO) echoes this significance, categorizing MC as a global "basic competence" essential across cultural and national boundaries. Kohlberg's (1964) foundational work positions MC as the ability to make moral judgement and decisions rooted in universal principles. Kohlberg's stages of moral

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development trace how reasoning evolves from fear-driven self-interest in childhood (preconventional), to adherence to social norms in adolescence (conventional), and finally to principled moral reasoning in a select few adults (postconventional) (Martins et al., 2020). In a study, MC is highlighted as the consistent application of the moral viewpoint of the person in varied social contexts which says that consistency in moral behavior reflects its soundness (Popoveniuc, 2021). MC is developed through a deliberate process of moral growth and behavioral refinement. It is described as comprising inner mental functions strengthened through sustained moral action, where reliability, consistency, and coherence are its defining traits (Prokes & Klusacek, 2025). MC cannot be mimicked because it must be genuinely nurtured through education, observational, and reflective practice (De Snoo-Trimp et al., 2020). Moral instructions and parental influence are particularly impactful in shaping this growth (Prendeville & Kinsella, 2022). Beyond decision making, MC involves self-reflection, motivation, communicative ability, and adherence to values grounded not in dominance or deception, but in reasoned dialogue (Miranda-Rodriguez et al., 2023). Such competence fosters qualities like empathy, self-control, and fairness which distinguish morally competent individuals as trustworthy and respectful (Göl & Arkan, 2022).

MC is not simply a reflection of social conformity because it promotes conflict resolution techniques anchored in moral principles rather than obedience to external norms (Prokes & Klusacek, 2025). With appropriate training, individuals can cultivate MC through respectful interaction, critical thinking, and shared reasoning. This development enables high-quality relationships and greater workplace dedication (Spencer et al., 2025), as moral orientation supports growth in judgment (Bentahila, et al., 2021). As moral development unfolds, moral competence emerges as the ability to distinguish right from wrong, and the person acts accordingly (Haguighat et al., 2020; Rook et al., 2021).

The Moral Foundations theory (Popovenuic, 2021) complements this by suggesting that the human mind is biologically predisposed to adopting behaviors that resolve recurring social challenges. These include values like care, fairness, loyalty, respect, and purity, each playing a role in moral regulation and social integration. Moral integration (Lind, 2018) shows how individuals may surrender moral agency to institutions such as religion or professional codes during moral dilemmas, thereby inhibiting authentic MC (Martins et al., 2020).

MC emphasizes recognizing universal moral principles and applying them consistently across situations, regardless of the developmental stage of an individual's moral reasoning (Miranda-Rodriguez et al., 2023). It is not merely about personal virtue but about navigating diverse ethical landscapes with integrity and thoughtful responsiveness.

Moral Competence in Nursing

In the challenging domain of health care delivery, nurses serve as the indispensable pillars not only in technical competence but subjectively in emotional and moral integrity (Haghighat et al., 2020; Jiménez-Herrera et al., 2020). Moral competence emerges as a vital foundation within nursing, rooted deeply in the moral, reciprocal nature of human care and trust (Göl & Arkan, 2022). This competence is not merely academic; it is a multidimensional attribute that integrates nurses' emotional awareness ethical discernment, and clinical judgment to guide actions that yield the best patient outcomes (Ali & Khalifa, 2025). As outlined in the ethical code of nursing, nurses must deliver holistic and morally sound care which is an endeavor made possible through the acquisition of MC (Nazari et al., 2025). Moral competence is the quality

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that allows nurses to embody traits such as empathy, attentiveness, and critical thinking, all while upholding professional values amidst daily practice (Göl & Arkan, 2022). Given the complex moral landscape of modern healthcare, MC empowers nurses to confront dilemmas with integrity, and resolve, fostering trust-based relationships with their patients (Bahari et al., 2024). MC also shapes the nurses' understanding of professional responsibility which motivates their actions that are aligned with moral principles even if they are experiencing pressure or conflicts (Haghighat et al., 2020; Maluwa et al., 2021). Clinical exposure plays an important role by refining moral reasoning and decision-making with moral predicaments (Martins et al., 20202).

The increasing mental, emotional, and physical demands on nurses can erode their ability to deliver competent care, leading to lapses in moral judgment such as rudeness, neglect, or indifference (Babapour et al., 2022). High levels of MC equips the nursing staff to navigate this turbulence, helping them to resolve the tensions, consider justice and human rights, and act with moral charity (Martins et al., 2020; Butalid, 2023). MC serves not only as a response to moral challenges but also as a proactive framework for quality care, where moral reasoning is intertwined with compassionate connection (Ha & Oh, 2025; Vujanić et al., 2022). MC in essence became the compass that guides the nurses to traverse the intricacies of modern caregiving.

Key Components of Moral Competence

Moral competence in nursing is deeply rooted in the understanding and commitment of the nurse to professional ideals, which encompass values such as integrity, compassion, and responsibility. These professional values empower nurses to identify moral issues, make judgments grounded in moral reasoning, and take appropriate actions in clinical practice (Haghighat et al., 2020). The moral framework of nursing incorporates a system of norms, moral language, cognitive and emotional awareness, decision-making ability, and effective communication. In practice, the indicators of moral competence, which comprise love, kindness, honesty, discipline, and respect for human dignity, emerge from cultural influences and their nursing education, and these are reinforced by their professional experiences (Göl & Arkan, 2022; Mendiola et al., 2022; Khoshmehr et al., 2020). These virtues are not merely abstract ideals because they manifest through intentional acts of empathy and interpersonal connections. Kindness, for instance, is viewed as the nurses' effort to cultivate non-hostile, relational engagement with patients and others (Greco et al., 2025). Compassionate care guides decision-making and enhances humanistic communication; this is anchored on the Ubuntu philosophy which reflects the interconnectedness and shared humanity of an individual (Chigangaidze et al., 2021; Rushton, 2023). A nurse exemplifying compassion and empathy communicates respectfully and is committed to preventing harm (Su et al., 2024). Caring transcends all emotional concern because it involves critical thinking, collaboration, and the drive to create healing environments and support patients holistically (Baek et al., 2023; Muños-Rubilar et al., 2022). Responsibility and accountability are fundamental to moral integrity; it reflects the nurses' duty to their patients, colleagues, and the society, as well as their capacity to uphold the standards through moral self-governance (Grace et al., 2023; Benner, 2010; Atalla et al., 2024; Wong et al., 2024). Honesty in nursing is anchored on truthfulness and trustworthiness, fostering clear and accurate communication while avoiding deception or harmful rhetoric (Bahari et al., 2024b; Ibrahim et al., 2024). Respect for individual rights and dignity remains a cornerstone of ethical nursing, urging nurses to acknowledge

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patients as unique beings and protect their cultural values and autonomy (Dutra et al., 2022; "ANA Position Statement," 2023). The concept of personhood, especially within the Ubuntu framework, reaffirms the nurses' role in cultivating a sense of solidarity, mutual care, and ethical collaboration within the health care team (Nyandeni et al., 2024).

Grounded in the literature gathered, the researcher identified the key components of moral competence specific to nurses assigned in the medical-surgical unit, which include knowledge and awareness, decision-making, effective communication, cultural sensitivity, empathy and compassion, professional boundaries, self-awareness, and leadership. These competencies are essential for maintaining high-quality and ethically sound care in the aspect of evolving health care challenges (Martins et al., 2020). As technology advances, nursing practice demands renewed strategies to uphold moral integrity that emphasizes the importance of nurturing professional competence to meet the increasing responsibilities of nurses.

Profile Variables in Work-Life Balance and Moral Competence

In light of previous studies examining the work-life balance and moral competence of staff nurses, the demographic variables such as age, sex, civil status, job status, and length of service play a notable role in influencing perceptions of the nurses. Study reveals that nurses who belong to the under 30 years of age exhibit higher levels of work-life balance, whereas those above 40 years of age report the lowest level (Gumpal & Cardenas, 2021). Interestingly, moral competence appears not prominent among nurses aged 30-34, suggesting a developmental peak in moral decision-making capacity. Sex also emerges as a differentiating factor, with female nurses evaluating their work-life balance more favorably than their male counterparts; this is a disparity that may affect how moral competence manifests in practice (Brooks et al., 2024). Civil status adds another layer of complexity. While the majority of the respondents were single, married nurses demonstrated a more balanced work-life experience compared to their single or separated/widowed peers (Kislev, 2022), possibly due to differing life demands and support systems. Experience also proves influential; it shows that those with more than five years in the field hold the most positive views on work-life balance, while novice nurses report the lowest levels (Büssing et al., 2020). This suggests that while job status and years assigned in the medical-surgical unit may not have been explicitly addressed, they are indirectly reflected through experiential factors. These findings highlight how intersecting demographic characteristics can influence the well-being and ethical engagement of nurses, underscoring the need for further inquiry into these disparities and their implications for healthcare delivery.

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THEORETICAL FRAMEWORK

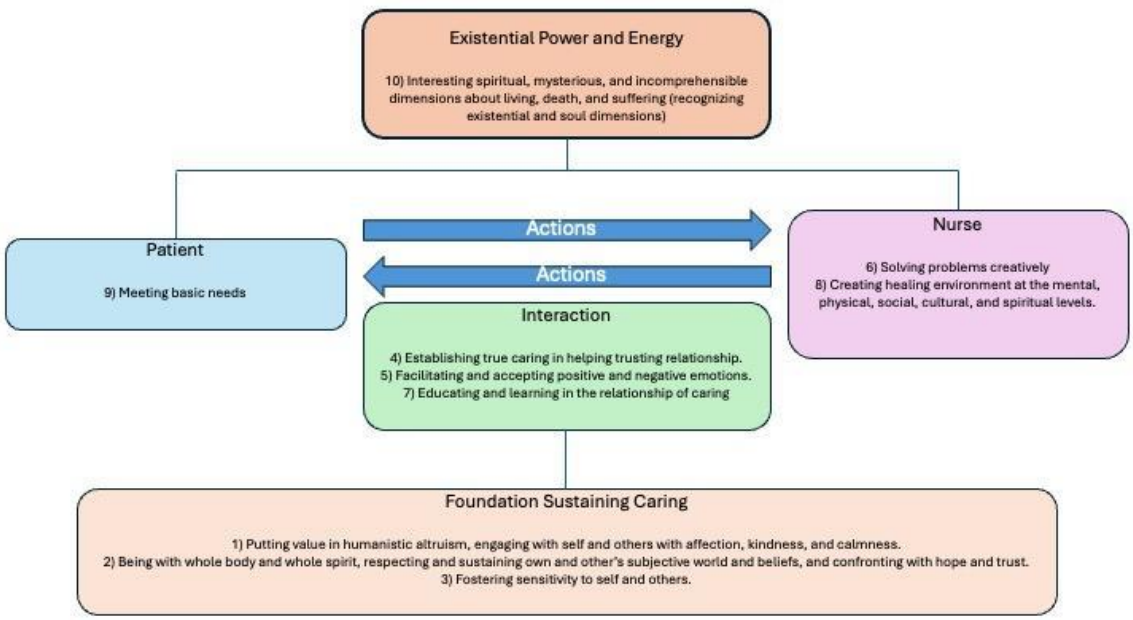

Fig. 1: *Dynamics of the Human Caring Process Based on Transpersonal Caring of Jean Watson (Kondo et al., 2020)*

The Theory of Transpersonal Caring by Jean Watson (1975, 1979) illuminates not only the nurse-patient dynamic but extends its sacred imperative to the caregivers as well (Polit & Beck, 2018). The theory promotes a holistic lens that attends to emotional, physical, and spiritual well-being, recognizing self-care as a necessary element of caregiving (Fig 1). The foundation of the theory in the carative factors/caritas process articulates caring not as a task, but as ethic and philosophy. These factors are grouped into the philosophical basis (first three), the practical enactment of care (fourth to ninth), and the existential understanding (tenth) (Kondo et al., 2020). These dimensions forge the "foundation sustaining caring" and delineate the "interaction" between "patient and nurse," from honoring humanistic altruism and practicing kindness to fostering deep sensitivity and mutual trust. The nurse becomes both healer and human, generating a healing environment across mental, physical, social, cultural, and spiritual domains, while the patient fulfills basic needs in reciprocity.

The model resonates with the essence of work-life balance, reminding nurses that sustaining care for others begins with intentional care for self. The "education and learning in the relationship of caring" underscores that when nurses care for themselves with equal intentionality, they foster transpersonal connections that uphold humanity and healing. Watson's emphasis on the authentic presence and responsiveness underscores the ethical necessity for flexible scheduling practices. Such responsiveness to the life rhythm of the nurse which encompasses the personal obligations, energy cycles, and recovery needs will render flexible scheduling not only efficient but also profoundly human-centered. Empathy-laden cultures evolve when these principles are honored, advancing both nurse well-being and patient outcomes.

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Leadership in nursing plays a pivotal role by modeling compassion and mutual respect; a nurse leader sets the emotional tone of the workplace, supporting a positive environment as a vital component of work-life balance. The embodiment of caring principles creates a ripple effect in which open communication, genuine connections, and psychological safety where nurses feel valued and unafraid to ask for support (Gunawan et al., 2022). The fruits of such relationship emerge from team cohesion and shared resilience.

The spiritual cultivation and inner harmony component is not a wellness trend,) but a sacred inward journey of self. Self-care, which is framed through reflection and mindfulness, nurtures emotional resilience and a deeper sense of purpose. When nurses pause amidst chaos, they transform stress management from reactive into sustaining practices that uphold clarity, identity, and emotional equilibrium.

The advocacy for loving kindness and equanimity ties directly into workload management which reframes the nurses not as laborers but as whole persons with finite resources. Fair task distribution is not logistical but moral. The system becomes a vehicle for justice and sustainability, not burnout, when emotional labor is recognized and supported, and when the distribution of assignments is balanced.

Professional development takes a transpersonal contour when nurses are invited to view their work not merely as tasks to accomplish but as an avenue for transformation. Transpersonal growth, when tethered to lifelong learning and reflective practice, deepens caring consciousness and repositions professional development as a living, breathing journey. It is not about competence but compassion, connection, and an evolved sense of one's impact to the world.

Research Paradigm

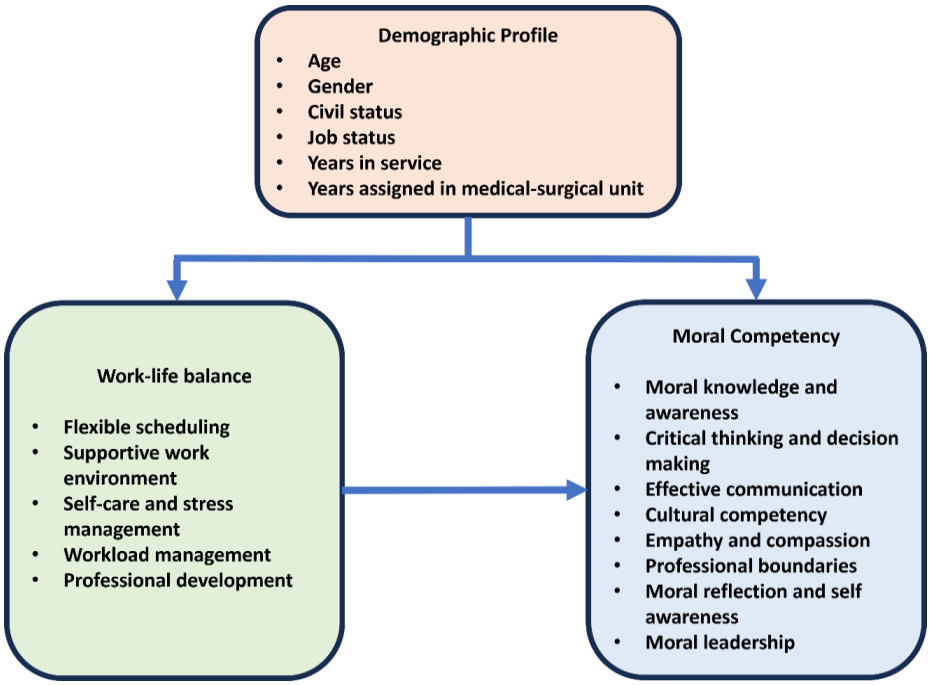

Fig. 2: *The Illustration of Work-Life Balance Affecting Moral Competence*

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The research paradigm presents the dependent, independent and extraneous variables of the study. The first box represents the work-life balance as the independent variable, moral competency as the dependent variable and demographic profiles as the extraneous variable. This study examines how the work-life balance is compared based on the demographic profile. Similarly, it also examines how moral competence is compared based on the demographic profile. The study will also test if there is any association between moral competency and work-life balance.

The demographic profile, comprising age, sex, civil status, job status, years in service, and years assigned in the medical-surgical unit, represents its basis. These are the variables that represent the lived contexts of the staff nurses. The work-life balance layer, which serves as a mediator between ethical ability and personal context, builds upon this basis. This includes flexible scheduling, a supportive work environment, self-care and stress management, workload management, and opportunities for professional development. These components are not just logistical, but they are deeply ethical. At the end part of the model is moral competence; it is a multidimensional construct that includes moral knowledge and awareness, critical thinking and decision making, effective communication, cultural competency, empathy and compassion, professional boundaries, moral reflection and self-awareness, and moral leadership. These are not innate traits but cultivated capacities which are shaped by the nursing staff's background and the conditions of their work environment.

The paradigm suggests a dynamic interplay where the demographic factors may affect the variance in work-life balance and moral competence. It is a good reminder that moral excellence in healthcare is not merely a matter of personal virtue but is deeply embedded in structural and relational contexts.

Research Hypothesis

The following hypotheses will be tested in this study at 0.5 levels of significance:

1. There is no significant difference in the perceived level of work-life balance scores among nurses assigned in medical-surgical units when grouped according to the demographic profile of the respondents.

2. There is no significant difference in the perceived level of moral competence scores among nurses assigned in medical-surgical units when grouped according to the demographic profile of the respondents.

3. There is no significant association between work-life balance and moral competence of nursing staff assigned in medical-surgical units.

METHODOLOGY

The researcher employed quantitative descriptive correlational design to examine any association of work-life balance to moral competence. The goal of descriptive correlational research is to characterize the correlation between work-life balance and moral competence rather than assume cause-and-effect correlations (Polit & Beck, 2018). Researchers do not alter any parameters or look for links between causes and effects. Rather, they just observe and

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quantify the relevant variables, and then analyse the patterns and correlations that show up in the data. Descriptive correlational research strives to explain the link between two or more variables without establishing a cause-and-effect relationship (Bhat, 2023).

Research Locale

The researcher conducted the study in the medical-surgical units of two selected tertiary hospitals in Metro Manila Hospital. The hospital is operated by the Department of Health with a primary goal of providing quality medical care and treatment to patients irrespective of sex, socioeconomic status, and religious creed. The hospital has been designated by the Department of Health as a training and teaching facility. It offers suitable training programs, resources, and infrastructure with the goal of giving its medical and non-medical staff members' chances for professional growth and competency-building. The researcher chose these hospitals because of its long-standing trustworthiness of rendering medical-surgical services which are best suited for this study. These hospitals are known for the number of patients admitted due to medical-surgical cases.

Sample Size and Sampling Design

The researcher employed non-probability consecutive sampling techniques. The researcher employed G*Power software and set the most appropriate statistical test as the "correlation: bivariate model." The researcher set the input parameters for tail(s) to two-tailed test; effect size to 0.3, indicating moderate effect; an alpha (α) of 0.05 which designates that there is a 5% chance of making a Type I error; and a power of 0.80. The number of samples in each hospital are based on the number of nursing staff assigned in the medical-surgical unit. The sample size generated is n = 84; the researcher assigned a 10% attrition prior to the minimum sample size, which gives the total sample size of 92.

To determine the eligibility of the respondents, the following criteria were applied by the researcher: (a) respondents are staff nurses with six months and more professional experience, and six months or more; and (b) with not less than six months experience that they were assigned in the medical-surgical unit.

The exclusion criteria include nurses holding a managerial (head nurses) and supervisory position, staff nurses who are on leave, those absent at the time of the data gathering, those who refuse to participate in the study, and staff nurses in special areas (e.g., operating theater, intensive care unit, post anesthesia care unit, stroke unit, etc.).

The respondents who answered the survey totaled 97 nurses; the researcher rejected seven (7) respondents because they did not fit the inclusion criteria set in the study, which made the final number of respondents to be 90 nurses.

Research Instrument

The researcher used three different sets of instruments to examine the sociodemographic profile, the level of agreement in work-life balance, and the level of agreement in moral competence. The first instrument examined the socio-demographic factors of the respondents' age, sex, civil status, job status, years in service, and years assigned in the medical-surgical unit. The second instrument was an adapted standardized tool pertaining to the work-life balance scores of nursing staff assigned in the medical surgical unit. The researcher

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acknowledged the use of the Quality of Nurses Work Life (QNWL) questionnaire developed by Beth Brooks (2001). The adapted questionnaire was modified to tailor-fit and match the experience of the nursing staff assigned in the medical-surgical unit; it became a thirty-two-item survey tool sub-divided among the five key components of work-life balance. The third instrument was an adapted tool referring to the level of agreement in moral competence of nursing staff assigned in the medical-surgical unit. The researcher recognized the use of the Moral Competence Scale for Home Care Nurses in Japan developed by Kiyomi Asahara and colleagues (2013). The adapted questionnaire was modified to tailor fit and match the experience of the nursing staff assigned in the medical-surgical unit; it became a seventy-four-item survey tool and was subdivided among the eight key components of moral competence.

The researcher consulted three subject matter experts in the medical-surgical concept to examine the validity of the questionnaires before the conduction of the pilot study. The questionnaire was tested for correlation using Cronbach α coefficient with acceptable threshold of 0.70 and above as the acceptable reference. WLB garnered 0.946 score while MC got 0.989.

Statistical Treatment

To analyze the demographic profile of the respondents, the researcher employed frequency and percentile. Weighted mean and standard deviation were used to analyze the perceived level of agreement in work-life balance and moral competence among nurses assigned in medical-surgical unit in terms of the key components. Mann-Whitney U test and Kruskal-Wallis's test were utilized to examine the significant difference in the perceived level of agreement in work-life balance and moral competence of nurses when grouped according to the demographic profile. To test the significant relationship in the perceived level of agreement in work-life balance and moral competence of nurses, the researcher utilized Spearman's rho. To identify which key components of work-life balance can best predict moral competence, the researcher employed logistic regression.

RESULTS/FINDINGS

Table 1: Demographic Profile of the Respondents

Indicators	Frequency	Percentage
Age		
20-29	13	14.44
30-29	55	61.11
40-49	15	16.67
50-Above	7	7.78
Sex		

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Male	35	38.89
Female	55	61.11
Civil Status		
Single	41	45.56
Married	45	50
Widow/Widower	2	2.22
Job Status		
Contractual	12	13.33
Regular	78	86.67
Years in Service		
6 mos. to 11 mos.	10	11.11
1 to 5 yrs	53	58.89
6 to 10 yrs	15	16.67
11 to 15 yrs	6	6.67
15 to 20 yrs	5	5.56
21 to 25 yrs	0	0
26 yrs and above	4	
Years assigned in the medical-surgical unit		
6 mos. to 11 mos.	9	10
1 to 5 yrs	49	54.44
6 to 10 yrs	23	25.56
11 to 15 yrs	6	6.67
16 to 20 yrs	2	2.22
21 to 25 yrs	0	0
26 yrs and above	1	1.11

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The findings show a significant concentration of nurses falls within the age 30-39 (61.11%) categorizing them in middle adulthood. According to developmental studies, this stage is characterized by career maturity, ethical depth, and established professional identity (Havighurst, 1972; Kohlberg, 1980). This age distribution implies both readiness and resilience for high-pressure clinical roles.

The gender composition shows that female nurses dominate the sample size (61.11%), aligning with the global trends (State of the World's Nursing, 2020), although a notable 38.89% are males in this study, which is an indication of the growing male participation in the profession. This aligns with the findings in a study supporting male representation as beneficial to diversity of patient care (Martsol et al., 2023).

Civil status appears evenly distributed, with 50% of the respondents being married and 45.56% being single. This distribution marks a professionally grounded workforce—an implication that married individuals exhibit better balance due to established support systems (Kislev, 2022).

The job status distribution is heavily skewed towards regular employment (86.67%), which suggests relative job stability and the potential for higher satisfaction. The 13.33% in contractual roles signal underlying issues in workforce planning and budget constraints (Marzan, 2021), as well as employment insecurity that could impact morale and equity in work-life balance (Agagna et al., 2024; Condes & Lachica, 2022).

In terms of tenure, most nurses have served 1-5 years (58.89%) in nursing service, which complements their age profile and reflects the function as a clinical stepping stone. Longer service durations are rare, potentially pertaining to retention challenges. The alignment between early-career nurses and those serving short tenures highlights the pressure and demands of nursing tasks. The study showing organizational neglect of work-life balance is a contributing factor to retention difficulties (Hashim et al., 2022).

Assignment data within the medical-surgical unit mirrors years in service. Most nurses have spent 1-5 years (54.44%) in the medical-surgical unit, with only a few extending beyond certain years. The high-stake nature of the medical-surgical unit demands adaptability and resilience where the traits are nurtured through short-term exposure but potentially compromised in longer assignments (Lee et al., 2019). Prolonged tenure could cultivate moral competence through experience, and yet may also erode WLB through sustained stress.

Table 2: Perceived Level of Agreement in Work-Life Balance Among Nurses Assigned in Medical-Surgical Unit in Terms of Its Key Components

Key Components	**Weighted Mean**	**SD**	**Interpretation**
Flexible Scheduling	3.08	0.72	High agreement
Supportive Work Environment	3.21	0.66	High agreement
Self-care and stress management	3.03	0.67	High agreement
Workload management	3.01	0.67	High agreement
Professional development	3.24	0.58	High agreement
Overall Score	3.12	0.67	High agreement

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**Agreeable interpretation categories as 1.00 – 1.75 very low agreement, 1.76 – 2.50 low agreement, 2.51 – 3.25 high agreement, 3.26 – 4.00 very high agreement (Lindner & Lindner, 2024).*

The overall weighted mean score is 3.12; SD = 0.67. The components are rated on a scale that suggests various levels of agreement with higher weighted mean that shows that all components of work-life balance are "high agreement."

Professional development emerges as the component with the highest score (weighted mean = 3.24; SD = 0.58). Nurses view growth opportunities not just as a path to clinical competence but as moral nourishment. This perspective resonates deeply with Watson's Caritas process of engaging in genuinely teaching-learning experiences. The opportunity for continued education and advancement feeds into their sense of purpose, supports their moral agency, and reflects a broader motivation for retention and job satisfaction (Koo et al., 2022). The results conveys that nurses flourish when their profession supports their growth.

Workload management (weighted mean = 3.01; SD = 0.67) registers as the least of all the key components. It stands tenuously at the edge of dissatisfaction. Nurses express unease over how tasks and hours are distributed, suggesting that the burden may weigh too heavily or unevenly. This concern reflects the Caritas Process of creating healing environments, where overwhelmed nurses risk moral fatigue and reduced attentiveness. It aligns with studies that underscore the effect of workload on burnout and attrition (Dyrbye et al., 2020; Araslar, 2021; Prakash & Pabalkar, 2020).

The supportive work environment (weighted mean = 3.21; SD = 0.66), flexible scheduling (weighted mean = 3.08; SD = 0.72), and self-care/stress management (weighted mean = 3.03; SD = 0.67) imply that nurses value camaraderie and respectful relationships, absorbing moral strength from their social environment (Babalola & Nwanzu, 2023). The capacity for flexible time reflects sensitivity to both personal and collective needs, an agreement to Watson's Caritas emphasis on transpersonal relationships and attentiveness to human necessities.

Table 3: Perceived Level of Agreement in Moral Competence Among Nurses Assigned in Medical-Surgical Unit in Terms of Its Key Components

Key Components	**Weighted Mean**	**SD**	**Interpretation**
Moral Knowledge and Awareness	3.39	0.52	Very high moral competence
Critical Thinking and Decision Making	3.37	0.56	Very high moral competence
Effective Communication	3.39	0.52	Very high moral competence
Cultural Competency	3.39	0.51	Very high moral competence
Empathy and Compassion	3.41	0.51	Very high moral competence
Professional Boundaries	3.48	0.53	Very high moral competence

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Moral Reflection and Self-awareness	3.47	0.52	Very high moral competence
Moral Leadership	3.38	0.54	Very high moral competence
Overall Score	3.41	0.53	Very high moral competence

**Agreeable interpretation categories as 1.00 – 1.75 very low moral competence, 1.76 – 2.50 low moral competence, 2.51 – 3.25 high moral competence, 3.26 – 4.00 very high moral competence (Lindner & Lindner, 2024).*

The findings shows an overall weighted mean = 3.41; SD = 0.53 where the nurses demonstrated "very high moral competence" across all key components.

Among the domains assessed, professional boundaries emerged as the most internalized component (weighted mean = 3.48; SD = 0.53). This underscores the adeptness of nurses in balancing relational closeness with professional integrity which is a trait central to sustaining therapeutic alliances without crossing ethical boundaries. The institutional emphasis on moral conduct, particularly in high-stakes environment like the medical-surgical unit, appears to reinforce this competence. Watson's caritas process affirms the sacredness of the nurse-patient relationship, emphasizing the importance of boundaries not as barriers but as respectful spaces where healing can occur.

Moral reflection and self-awareness (weighted mean = 3.47; SD = 0.52) as well as empathy and compassion (weighted mean = 3.41; SD = 0.51) are both pivotal in fostering humanistic care. Watson's encouragement for nurses to engage in authentic teaching-learning experiences and create healing environments finds resonance in these results. Their scores are indicative that nurses are not only technically skilled but emotionally attuned, capable of fostering deep connections with their patients. Study findings show that the professional self-concept of the nurse, which is a blend of competence and caregiving identity, is fundamental to career development and quality care delivery (Miao et al., 2024). Moral competence involves empathic understanding, openness, and the capacity to place self within the worldview of the patient (Gastmans et al., 2025).

Moral leadership (weighted mean = 3.38; SD = 0.54) revealed comparatively lower scores, which is an implication of a potential gap in institutional training opportunities related to visionary leadership and ethical advocacy. Watson's caritas process invites openness to miracles and the unknown calls for nurses to embrace moral courage—a hallmark of moral leadership. The lower score in critical thinking and decision making (weighted mean = 3.37; SD = 0.54) marks the need for more robust training in clinical reasoning. Watson advocates for value laden decisions grounded in both scientific rationale and moral sensitivity. Competent decision-makers actively evaluate procedures, challenge norms when necessary, and advocate fiercely for patient rights.

The competencies of effective communication (weighted mean = 3.39; SD = 0.52) and cultural awareness (weighted mean = 3.39; SD = 0.52) suggest a shared strength among staff nurses. The low variability in responses points to consistent application, possibly influenced by standardized protocols and shared professional norms. Communication, viewed through the

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Caritas process, is a deeply relational act that goes beyond exchanges of information; it became the cornerstone of transpersonal caring. Cultural competence reflects the role of the nurse in honoring the patient holistically, spiritually and culturally.

Table 4: Test of Difference for Perceived Level of Agreement in Work-Life Balance Based on Demographic Profile

Demographic Profile	Mean Rank	Stat. Value	p-value	Decision	Interpretation
Age					
20 - 29	42.50				
30 - 39	42.02	H = 4.95	0.18	Failed to Reject H_0	Not significant
40 - 49	57.83				
50 - Above	52.07				
Sex					
Male	48.77	U = 848.00	0.34	Failed to Reject H_0	Not significant
Female	43.42				
Civil Status					
Single	44.89				
Married	47.50	H = 1.79	0.41	Failed to Reject H_0	Not significant
Widowed	69.75				
Separated	48.22				
Job Status					
Contractual	33.42	U = 323.00	0.09	Failed to Reject H_0	Not significant
Regular	47.36				
Years in Service					
6 mos. to 11 mos.	41.95				
1 to 5 years	41.09				
6 to 10 years	48.62	H = 4.71	0.58	Failed to Reject H_0	Not significant
11 to 15 years	48.80				
16 to 20 years	59.57				
26 years and above	53.67				
Years assigned in the medical-surgical unit					
6 mos. to 11 mos.	39.10				
1 to 5 years	43.48				
6 to 10 years	50.55	H = 4.15	0.53	Failed to Reject H_0	Not significant
11 to 15 years	34.00				
16 to 20 years	56.70				
26 years and above	39.10				

**Legend: H is Kruskal-Wallis Test; U is Mann-Whitney Test.*

**Level of significance = 0.05

The results show a consistent pattern across multiple demographic variables, which includes age, sex, civil status, job status, years in service, and years assigned to the medical-surgical unit. The p-value of all sub variables is higher than the level of significant set at 0.05 which fails to reject the null hypothesis (H_0), suggesting that there are no significant differences in

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perceived level of work-life balance regardless of age, sex, civil status, job status, years in service, and years assigned to the medical-surgical unit. Nurses uniformly report a high agreement on their ability to balance professional responsibilities with personal life. This uniformity suggests that institutional and structural workplace factors—such as legally mandated shift lengths, the ability to pre-select their off day, standardized workload expectations, and equitable access to support systems—can help in managing a more decisive role in influencing the nurse perceptions of work-life balance than demographic distinctions.

The absence of age-related variation may be explained by the adherence of the institution to legal scheduling protocols and flexible time policies that accommodate employees irrespective of age (Lunas, 2024). The lack of sex-based differences reflects how standardized roles and support systems create parity across gender identities (Badran & Khalaaf, 2023). The insignificance of civil status highlights the impact of peer collaboration, supervisory support, and flexible work conditions on maintaining equilibrium between work and life demands (Felizardo & Faller, 2024). Both regular and contractual staff report comparable experiences, indicating that job status is less influential than workload manageability, resource access, and autonomy in clinical decision-making. Years in service and tenure in the medical-surgical unit likewise show no meaningful divergence, suggesting that constant job demands and shifting protocols neutralize the influence of professional longevity on work-life perceptions. These findings resonate with broader research which emphasizes that systemic workplace conditions, rather than personal demographics, are primary determinants of work-life balance and job satisfaction among nurses (Babamohamadi et al., 2023; Felizardo & Faller, 2024).

Table 5: Test of Difference for the Perceived Level of Agreement in Moral Competence Based on Demographic Profile

Demographic Profile	Mean Rank	Stat. Value	p-value	Decision	Interpretation
Age					
20 - 29	44.04	H = 6.52	0.09	Failed to Reject H_0	Not significant
30 - 39	41.12				
40 - 49	55.60				
50 - Above	61.43				
Sex					
Male	46.46	U = 929.00	0.78	Failed to Reject H_0	Not significant
Female	44.89				
Civil Status					
Single	44.78	H = 1.52	0.47	Failed to Reject H_0	Not significant
Married	63.50				
Widowed	58.50				
Separated	56.75				
Job Status					
Contractual	25.21	U = 224.50	0.01	Reject H_0	Significant
Regular	48.62				

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Years in Service					
6 mos to 11 mos	32.15				
1 to 5 years	44.07				
6 to 10 years	45.05	H = 7.15	0.31	Failed to Reject H_0	Not significant
11 to 15 years	51.40				
15 to 20 years	61.36				
26 years and above	62.00				
Years assigned in the medical-surgical unit					
6 mos to 11 mos	32.45				
1 to 5 years	47.01				
6 to 10 years	45.24	H = 6.35	0.27	Failed to Reject H_0	Not significant
11 to 15 years	26.50				
16 to 20 years	59.20				
26 years and above	74.00				

**Legend: H is Kruskal-Wallis Test; U is Mann-Whitney Test **Level of significance = 0.*05

The results collectively affirm that moral competence among nursing staff in medical-surgical units remains consistently high across a range of demographic variables. Statistical analysis reveals no significant differences in perceived moral competence in terms of age (p-value = 0.09), sex (p-value = 0.78), civil status (p-value = 0.47), years in service (p-value = 0.31), and years assigned in the medical-surgical unit (p-value = 0.21), each exceeding the 0.05 significance threshold. These results suggest that moral competence is more significantly shaped by professional experience, structured ethical education, and workplace culture than by inherent or social characteristics. The presence of comprehensive training in moral principles, critical thinking, and professional standards appears to equalize moral reasoning capabilities across diverse nurse profiles.

In contrast, job status yields a statistically significant difference (p-value = 0.01), indicating that nurses with regular job status demonstrate stronger moral competence compared to their contractual counterparts. This may reflect the stabilizing influence of job security on moral decision-making, as stability fosters greater institutional commitment and professional accountability, whereas job insecurity may hinder moral engagement due to elevated stress levels. Study supports these interpretations underscoring moral courage, which is closely linked with moral competence, where it is more profoundly influenced by organizational and professional factors rather than demographic traits (Ali & Khalifa, 2025; Abdollahi et al., 2024; Martins et al., 2020; Nazari et al., 2024). These findings illuminate the necessity of reinforcing moral foundations and professional integrity within clinical environments, particularly among nurses with less stable employment.

Table 6: Correlation Between Perceived Level of Agreement in Work-Life Balance and Moral Competence

	Mean	SD	Spearman	p-value	Decision	Interpretation
Work-Life balance	3.12	0.67	0.63	0.001*	Reject H_0	Significant relationship
Moral Competence	3.41	0.53				

Significant at 0.05 level

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The statistical result shows that a p-value = 0.001* score shows a lower score than the 0.05 level of significance; hence, the data rejects the null hypothesis (H_0), concluding that there is a significant relationship between the perceived level of work-life balance and moral competence. This finding underscores the notion that moral competence does not emerge in isolation but flourishes within conditions that nourish psychological and emotional equilibrium. A balanced integration of personal and professional life cultivates mental clarity and emotional regulation; both are essential for ethical discernment and compassionate engagement. When nurses operate within flexible schedules and manageable workloads, their capacity for moral reflection and sound decision-making improves. This regulatory ease will be possible to achieve through effective self-care and stress mitigation which can strengthen the empathic response of the nurse and enhance the moral texture of their clinical interactions. Furthermore, professional development initiatives, by fostering moral reasoning and setting of boundaries, instill moral leadership and intercultural sensitivity in high pressure environments. Such empowerment enables the individual to navigate morally complex situations with integrity and self-awareness. These are aligned with the psychological well-being engendered by WLB as a precursor to moral competence (Nwanzu & Babalola, 2023). The mediating role of psychological empowerment suggests that professional retention and moral leadership thrive within balanced work environments, where moral practice is not merely expected but meaningfully supported (Panda & Sahoo, 2021).

Table 7: Logistic Regression on Predictors of Moral Competence Based on Work-Life Balance Components

	Standardized Coefficients (β)	t-value	Sig. (p-value)
Flexible Scheduling	-.011	-.079	.938
Supportive Work Environment	.511	3.264	.002
Self-Care and Stress Management	-.252	-1.739	.086
Workload Management	.170	1.105	.272
Professional Development	.239	1.573	.119

The results show a compelling narrative focused on the primacy of the supportive work environment in influencing moral competence among staff nurses. Statistical analysis affirmed that this variable is denoted by a robust standardized coefficient β = .511, t-value = 3.264, and a significantly low p value = .002 which was the sole significant predictor among the tested components of WLB. These metrics not only quantify its strength but underscore its unique and decisive influence on the moral decision-making capacity of nurses. Such environments appear to serve as sanctuaries of psychological safety, where nurses feel emboldened to act morally, covey concerns, and navigate moral dilemmas without fear and retaliation.

The response of the nurses substantiated the echoing sentiments of being supported, respected and part of a cohesive and morally attuned health team. The mediating power of workplace support and a moral climate in mitigating moral distress and cultivating moral competence

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resonate these experiences (Plouffe et al., 2023). A positive work environment not only fosters moral acuity but also contributes to enhanced job satisfaction (Malinowska-Lipień et al., 2024), reduced burnout (Cao et al., 2024; Boudreau & Rhéaume, 2024), and improved nurse retention, which all culminate in higher quality patient care.

Other components, such as flexible scheduling (β = -0.011, p value = .938), workload management (β = 0.170; p value = .272), and professional development (β = 0.239; p value = .119), did not yield statistically significant effects. Although these elements exhibited weak positive trends, they lacked the predictive depth necessary to influence moral competence meaningfully. Self-care and stress management paradoxically trended toward a negative association (β = -0.252; p value = .086), suggesting that while these practices support well-being, they may not inherently bolster moral clarity or moral fortitude in clinical contexts.

There was conflict between perceived support for professional development and its limited predictive value. Staff nurses rated professional development highest as perceived level of WLB in Table 2, likely due to visible institutional commitments to training and education. However, this perception did not translate into measurable moral competence gains in Table 7 because of the demonstrating distinction between felt support and actual behavioral outcome.

Moral competence is not solely a product of technical knowledge but a reflection of the relational, motional, and moral scaffolding provided by one's environment. Drawing upon the Transpersonal Caring Model of Jean Watson, the study underscores how a morally supportive workplace nurtures the caring consciousness of nurses which is a vital precursor to moral action. An environment that fortifies the moral landscape in which professional values are not only taught but are embodied thereby shines upon the path toward compassionate and competent care.

DISCUSSION

The majority of nurses assigned in the medical-surgical unit are in their early to midcareer, between the ages of 30-39 years, and have worked in the unit for approximately 1-5 years. They are mostly female, married, and hold regular positions, suggesting professional stability with growing clinical experience. The nurses report a strong sense of work-life balance, especially valuing professional development, which helps them feel more in control of their careers. On the moral front, their moral competence is notably high, with professional boundaries standing out as the area they most confidently uphold which reflects self-awareness and compassionate care. Personal factors like age, gender, marital status, and years of service do not appear to affect how they perceive either work-life balance or moral competence. However, regular employment status does make a difference in moral competence, possibly because job security fosters deeper ethical engagement.

The study finds that nurses who enjoy a better balance between personal and professional life tend to show higher moral competence. While professional development is highly valued, it is supportive work environment that most strongly influences nurses' moral strength and integrity.

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IMPLICATION TO RESEARCH AND PRACTICE

The highly balanced work-life components are indicative that the current workplace policies are effective, but sustaining this balance is crucial. To guarantee long-term satisfaction and retention of staff nurses, enhancing stress reduction and workload management techniques should be strictly implemented. The management should foster mentorship programs to reinforce moral leadership and moral decision making in daily practice. The result of this study highlighted the critical role of workplace policies that seeks to prioritize employee well-being, professional development, and structured support systems in fostering ethical behavior and decision making. Health institutions seeking to enhance moral competence among their nursing staff should invest in policies that promote work-life balance, professional growth, and ethical leadership development to create a workplace culture that nurtures both professional and moral excellence. In terms of effective communication, to elevate the quality and responsiveness of nurse patient interactions in the medical-surgical unit, it is recommended that the nursing administration integrates structured communication tools and strictly supervised routine interdisciplinary debriefings, which foster reflective dialogue, encourage adaptive communication styles, and promote shared accountability. By traversing beyond uniform protocols and embracing dynamic, team-based communication strategies, nurses can better adapt their interactions to the delicate needs of their patients, which will ultimately result in enhanced care outcomes and their own professional satisfaction.

The very high moral competence among nurses highlights the value of integrating moral reasoning and reflective practices towards the nursing curriculum. Nursing schools should enhance experiential learning modalities that will strengthen cultural competency, empathy, and setting of boundaries that will ensure that graduates will enter the professional workforce prepared for ethically complex situations.

These recommendations align with the goal of the nursing profession in maintaining moral, well supported professional nurses who will be able to fulfill and provide high quality care while fostering postering personal and professional growth.

CONCLUSION

Evidence would tend to point out that the nursing staff in the medical-surgical unit exhibit a highly balanced work-life as well as very high moral competence. The demographic factors such as age, sex, civil status, years in service, and years assigned in the medical-surgical unit do not significantly affect work-life balance or neither moral competence. Except for the job status of which regular-tenured nursing staff assigned in the medical surgical unit seemed to exhibit higher moral competence as opposed to contractual staff nurses. Furthermore, the results show that moral competence is dependent on work-life balance and the supportive work environment as the sole contributors which strengthen the case for organizational cultures that nourish psychological safety, collegial empathy, and professional growth. The study highlighted that nursing staff who experience balance across their professional and personal lives are more likely to exercise sound ethical reasoning, emotional sensitivity, and principled leadership.

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Aligned with Jean Watson's Transpersonal Caring Model, these findings affirm that moral competence emerges not only through cognitive knowledge but through a caritas-driven practice environment. Watson's focus on cultivating authentic presence, transpersonal human-to-human connections, and spiritual-ethical engagement is reflected in the data. The settings that support the interpersonal and inner life of a nurse also increase their ability to provide holistic, moral, and restorative care.

The study underscores that the creation of caring-healing environment is not only philosophically desirable but empirically supported. When institutional priorities include flexible scheduling, emotional resilience, and professional affirmation, nurses are empowered to bring their whole being into caring encounters, sustaining both moral competence and transpersonal authenticity in patient care.

FUTURE RESEARCH

The strong indicators of work-life balance and moral competence could be a milestone for future studies to explore the long-term impact of flexible scheduling and professional development on nurse retention and positive patient outcomes. Investigating various variations across different nursing units will help refine policies that will promote resilience and sustainability in healthcare environments. Other components of work-life balance, such as professional development and workload management, may contribute to moral competence but require further investigation to determine their impact.

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