

Determinant Elements That Influencing the Intention of Professionals Group Community in Malaysia Toward Healthcare Endowment Via PLS-SEM Analysis

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ABSTRACT

The increasing of populations and rise in the costs of healthcare services have led to the problem in financing the health services for many developing countries. This study investigates the determinant elements that influencing the intention of professionals group community toward healthcare endowment. The implementation of endowment as social finance instrument in healthcare has been tried over centuries in providing better health access to the society. 260 potential respondents have been selected among the professionals group community in Malaysia, out of that 169 complete result were retained and analysed using partial least squares-structured equation modelling (PLS-SEM). This study reveals that the intention of Malaysian professionals' group community toward contributing on healthcare endowment is significantly influences by the element of attitude, faith, and subjective norms while element of knowledge did not. Impact of this study will enhance the understanding of existing conceptual literature on the determinants element that influences the intention of professional group community in Malaysia toward healthcare endowment, the elements then can be focused by the endowment's institutions in dealing with this group of donors to attract their intention toward participating in healthcare endowment programme.

Keywords: Business, Healthcare, Malaysia, PLS-SEM Model

1. INTRODUCTION

The Shared Prosperity Vision 2030 (SPV 2030) has officially launched as the effort from the government to enhance the country development and well-being level. There are Seven Strategic Thrust of SPV 2030 that will become the indicator that want to be achieved by the government mainly focus on sustaining social wellbeing, regional inclusion, and social capital enhancement. Under social capital enhancement, there is Rakyat Health Index. This Index is important as it would help to show how far Malaysia has come in its efforts to provide healthcare to their citizens and whether Malaysians can access the health services they need. This is linked with the Universal Health Coverage (UHC) that stated all people should have access to the health services they need, when and where they need them, without financial hardship.

Besides, UHC also relevant to be linked with the third goal of Sustainable Development Goals (SDGs) which is good health and well-being as it emphasized that to have a sustainable development, it is crucial to ensure the healthy lives and promoting a well-being not only to the certain group of people but at all ages and aspects. Thus, World Health Organisation

(WHO, 2018) reported that to achieve SDG in healthcare services, all people must be ensured of receiving healthcare services and having no difficulty in financial means as a result. However, due to the financing issue, providing good healthcare services and facilities have become as one of the most difficult challenges that currently being faced not only in Malaysia but all over the world (Nur Atika Atan et al., 2017).

The increasing of populations and rise in the costs of healthcare services have led to the problem in financing the health services for many developing countries. In fact, at least half of world's population are suffering the financial hardship in attempt to get the access for their essential healthcare services (Sustainable Development Goals, 2019). Hence, this study introduces the Islamic alternative as solutions, which has been tried over centuries through the implementation of endowment (*waqf*) as a social finance instrument in providing better health access to the society. *Waqf* is made by a Muslim under Islamic Law to a fund manager (*mutawalli*). This fund manager then will be entrusted to manage the fund for the purpose of generating profits that are subsequently used to support socioeconomic development activities including the healthcare sector (Sukmana, 2020).

Endowment is part of wealth redistribution instrument in the form of charitable giving (voluntary payment) that not only able to downplayed the wealth and social gap within the society but also able to eliminate the existing gap (H. Hasan et al., 2019). Hence, endowment (*waqf*) is trusted as the best alternative to support healthcare sector (Baqutayan & Mahdzir, 2018). This is because it has been identified as one of the most effective alternatives in providing fund for the sake of healthcare services in order to ensure that healthcare services is affordable for all society especially the poor (Nur Atika Atan et al., 2017). In Malaysia, the role model of successful healthcare endowment (*waqf*) institution is show by Waqf An-Nur Hospital. Waqf An-Nur Hospital which located in Johor as example on how endowment (*waqf*) based hospital are able to provide good healthcare services to the society (Mohamed et al., 2017). Waqf An-Nur Hospital operates 24 hours a day; only costed of RM5.00 for the consultation and treatment from the doctor included medicine. While for kidney patients, they will only be charges of RM90.00 for every dialysis services.

In order to ensure all level of society member able to get a proper healthcare service, the establishment of social-based healthcare institution seems to be necessary as this institution main goal is to provide a service that can maximize the healthcare access for the society (Hazriah Hasan & Ahmad, 2018; Mahadhir et al., 2021). Undeniably, the development of healthcare endowment institutions is very crucial in attempt to help the government and society in term of providing and delivering better healthcare services. The selection of Malaysian professionals group community as study population is due to the finding from Johari et al. (2015) and Shukor et al. (2016) found that the largest group of donors who have the intention to contribute endowment (*waqf*) comes from the professional or senior management group. Finding from this study can be use by the endowment (*waqf*) institution in order to develop the proper plan to attract endowers intention toward contributing on healthcare endowment.

2. LITERATURE REVIEW

In Islamic perspective, endowment (*waqf*) is established from the notion of religious and economic voluntary duty of a mankind towards their worldly affairs and life hereafter (H. Hasan et al., 2020). Besides, endowment also placed under the third sector economy which known as voluntary sector. This sector is not operated under the profit oriented concept as their main goal that want to be achieve is to provide safeguard toward the society welfare (H. Hasan et al., 2020). As stated by H. Hasan et al. (2020) in their study mentioned that third sector is unique and effective in providing society welfare as 'the higher the public involvement in volunteer activities, the greater the role of the third sector in enhancing a country's socioeconomic status'.

Hence, as endowment in healthcare is consider as the volunteer activities, it will enhance the work of providing good healthcare access for the society especially the unfortunate one. Thus, this study proposes a conceptual model to determine the direct effects of independent variables; attitude, faith, knowledge, and subjective norms toward the dependent variables; intention to contribute endowment in healthcare by Malaysian professional group community (Figure 1). Result from this study will highlight the related element from the IV's that can be used by the endowment institution in dealing with donors based on the selected preferences in order to attract their intention toward participating in healthcare endowment.

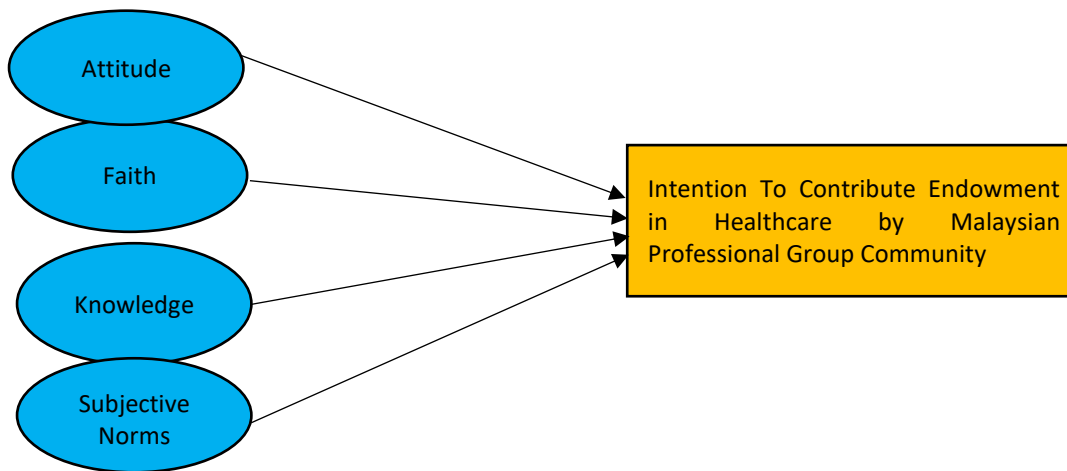


Figure 1: Conceptual Framework

2.1 Attitude

Attitude as defined by Ajzen (1991) as a person psychological tendency that come from the favourable or unfavourable event which create to the certain evaluation of person on a particular things. According to Hasbullah et al. (2015) indicated that the attitude is very important in predicting and explaining human behaviour in any kind of situation. It also refers to degree to which a person has a favourable or unfavourable evaluation or appraisal of the behaviour in question. In general, if a person has a favourable intention to commit the behaviour, then it will influence their attitude to perform that behaviour (Kosnin et al., 2019). Thus, this study construct attitude as one of the independent variables which will influence the relationship on the dependent variable.

H1: Attitude is significantly influencing the intention to contribute endowment in healthcare among Malaysian professionals’ group community.

2.2 Faith

Syadiyah Abdul Shukor et al. (2017) mentioned that faith could be translate and being understand in various of form, but it more accurately described as a belief value in God. Faith also refers to the degrees of which a person shows their compliance and obeying toward the religious values, beliefs, and practices that are related with their daily life activity and task. While Mokhtar (2016) indicated that faith (*iman*) has become the primary motivation in Islam that influences their adherents to commit on the good deeds. According to Johnson (2000) stated that individuals with higher levels of faith will maintain the behaviour patterns that are guided from religion. This study construct faith as one of the independent variables which will influence the relationship on the dependent variable.

H2: Faith is significantly influencing the intention to contribute endowment in healthcare among Malaysian professionals’ group community.

2.3 Knowledge

Knowledge represent as a set of information on certain things that obtained through the stored knowledge (book, electronic media), range of environment phenomena and also messages transmitted from sender to receiver (Amin et al., 2014). While Mokhtar (2016) mentioned that knowledge plays important role in enhancing person’s understanding that will directly influences their behavioral intention on the particular things. Ahmad (2019) in their study found that knowledge have become the most influential factor that caused the bank’s clients in Pakistan to use the online bank services as the knowledge will not only enhance people awareness about the things, but more importantly it will lead them to also

participate on a particular behaviour. For this study, knowledge have been constructed as one of the independent variables which will influence the relationship on the dependent variable.

H3: Knowledge is significantly influencing the intention to contribute endowment in healthcare among Malaysian professionals' group community.

2.4 Subjective Norm

Subjective norm can be explained as part of perceived social pressure where it influences person interest and opinion to perform certain behavior that they consider worth to be done according to their normative belief. Besides, it also affect ones perception which make they believe that their behavior need to be in accordance with other opinion on what they should and should not do on particular event (Ajzen, 1991). This then being highlighted by Niswah (2020) as it mentioned that subjective norm lead to the big impact on person perception as it able to influence their decision either to commit or not on certain behaviour. Supporting this, Faiz (2014) mentioned that there was previous study being done to measure the effect of subjective norm on halal product, and the result that being discover show a strong relationship of subjective norm toward that behavioral intention. This study then constructs subjective norm as one of the independent variables which will influence the relationship on the dependent variable.

H4: Subjective Norms is significantly influencing the intention to contribute endowment in healthcare among Malaysian professionals' group community.

3. METHODOLOGY

The target population of this study is professional groups community in Malaysia. Based on the classification by Jabatan Perkhidmatan Awam (2016) have stated that the professional group refer to the group officer of management and professional; starting grade of service scheme 41. The selection of appropriate sample size is also important as whether the sample size is small or large, it will affect statistical significance. Therefore, the GPower tool approach is consider as viable option in determining the sample size for this study. Ongoing advancements recommend that the researcher ought to decide sample size through power analysis and GPower are ideal for researcher to identify minimum sample size, particularly if the researcher uses the SmartPLS tool for the data analysis (J. F. Hair et al., 2017; Memon et al., 2020).

Figure 2 below showed that this study requires 129 respondents as the minimum sample size for data collection. In addressing this, the researcher will collect 260 responses for the study, with a minimum responses rate of 50%. Furthermore, the acquired data on the demographic profile from the target respondents was analysed by frequency analysis using the Statistical Package Social Science (SPSS) version 26.0 software. The researcher then proceeds with the measurement model analysis carried out to test the goodness of fit and model fit. Lastly, the researcher carries out the indices of structural model analysis for hypothesis testing.

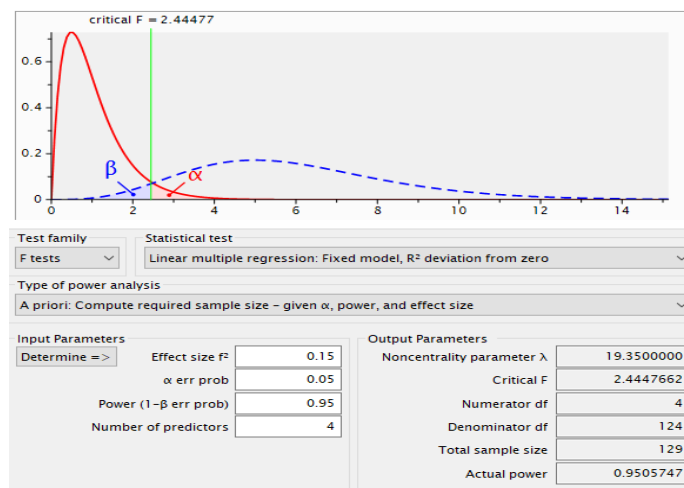


Figure 2: Power analysis performed by G-power tool

To ensure their eligibility, the participants were required to meet the following criteria: (1) come from the group of management and professional; starting grade of service scheme 41 (2) they got the acceptable bachelor’s degree that accredited by the government that liable their position in the professional group scheme (3) they have the intention to contribute on healthcare endowment. The questionnaires were emailed to qualified individuals with a cover letter that explained the purpose of the survey.

4. DATA ANALYSIS

All survey instruments were develop based on existing scales from the literature with minor modifications in wording to suit them to the target context. The measures for attitude (5 items) were adapted from Syadiyah Abdul Shukor et al. (2017); faith (4 items) were drawn from Puad (2014); intention to contribute endowment in healthcare (5 items) were taken from Gopi (2007) and Ramayah (2009); knowledge (4 items) were adapted from Faiz (2014) and subjective norms (5 items) were derived from Gopi (2007) and Ramayah (2009). All constructs were evaluated on a 5-point Likert scale (1 strongly disagree, 5-strongly agree). Of the 260 potential respondents, a total of 190 were returned, resulting in a 73 percent response rate. After removing responses that were unusable or not meeting the inclusion criteria, 169 were retained for the analysis.

4.1 Assessment of Response Rate

Based on Table 1, 104 (61.5%) out of 169 respondents are female and the remaining 65 (38.5%) are male. In terms of age, majority of respondents is in the age group of 45 to 54 years old (82 respondents or 48.5%), followed by the age group of 35 to 44 years old (36 respondents or 21.3%) and the lowest numbers of age group come from the respondents that below than 25 years old (3 respondents or 1.8%). Besides, most of the respondents is a bachelor’s degree holder (142 respondents or 84.0%), followed by master’s degree (18 respondents or 10.7%) and PhD (9 respondents or 5.3%). In term of status, majority of respondents are married (144 respondents or 85.2%), followed by single respondents (19 respondents 11.2%), while the divorced respondents show the lowest number (1 respondents or 0.6%).

Furthermore, most of the respondents in this study are from the group of income RM 5000 - RM 10,000 (111 respondents or 65.7%), followed with group of income RM 2500 – RM 5000 (52 respondents or 30.8%), while the lowest group of income is respondents with income above RM 20,000 (2 respondents or 1.2%). In this study, 134 out of 169 respondents’ occupation are schoolteacher or academician, followed by administrative officer (19 respondents or 11.2%) and others occupation recorded the lowest number (2 respondents or 1.2%). In conclusion, majority of respondents in this study are female in the age group of 45 to 54 years old with the range of income RM 5000 – RM 10,000 and most of them are in the occupation as schoolteacher or academician.

Table 1: Frequency Analysis for Response Rate

Descriptions	Frequency	Percentage
<u>Gender</u>		
Male	65	38.5
Female	104	61.5
TOTAL	169	100
<u>Age</u>		
Below 25	3	1.8
25 to 34	24	14.2
35 to 44	36	21.3
45 to 54	82	48.5
55 Above	24	14.2
TOTAL	169	100
<u>Status</u>		
Single	19	11.2

Married	144	85.2
Divorced	1	.6
Widow/Widower	5	3.0
TOTAL	169	100

Education

Bachelor’s degree	142	84.0
Master’s degree	18	10.7
PhD	9	5.3
TOTAL	169	100

Income

RM 2500 – RM 5000	52	30.8
RM 5000 – RM 10,000	111	65.7
RM 10,001 – RM 20,000	4	2.4
Above RM 20,000	2	1.2
TOTAL	169	100

Occupation

Manager or Executive	6	3.6
School teacher or academician	134	79.3
Medical Doctor	8	4.7
Administrative Officer	19	11.2
Others	2	1.2
TOTAL	169	100

4.2 Assessment of Measurement Model

For the assessment of measurement model, the highest loading value recorded by the variables of knowledge (K3 : 0.911) and faith (F1 : 0.897) while the lowest subjective norm (SN4 : 0.511) but still can be accept as it AVE is exceed the limit of 0.5 (Hair et al., 2012). Next is the composite reliability (CR) value, the highest CR value recorded by faith (0.897) while the lowest is subjective norms (0.845), all the CR value for the construct variable is acceptable as it is exceeding the acceptable limit of 0.60 (Hair et al., 2019). Furthermore, the average variance extracted (AVE) of the construct variable show that highest value recorded by faith (0.687) while the lowest is recorded by subjective norms (0.527), all the AVE value is accepted as it is exceed the acceptable limit of 0.5 (Hair et al., 2012).

Indeed, all the indicators and variables in this study are reliable and valid. This is because all the loading value are more than 0.5 (range between 0.511-0.911) as stated by Hair et al. (2010) who mentioned that loading values need to be more than 0.5, while the average variance extracted (AVE) for this study also exceed the limit of 0.5 as suggested by Hair et al. (2012) value of AVE must be more than 0.5. Meanwhile, the composite reliability (CR) also meet the criteria with value more than 0.8 as suggested by Hair et al. (2019) CR value must be above 0.60 to be considered as acceptable, while values range between 0.70 and 0.90 are considered as satisfactory to good. Therefore, all the items in this study are reliable since the loading value, AVE and CR fulfilled the criteria for convergent validity test.

Table 2: Convergent Validity

Construct	Items	Loading	CR	AVE
Attitude			0.885	0.609
I believe that by participating in healthcare endowment, I will be blessed by God.	AT1	0.825		

I believe that by participating in healthcare endowment is also considered as charity.	AT2	0.687		
I believe that a collection from endowment in healthcare has the potential to provide a better healthcare system for the society.	AT3	0.752		
I believe that by contributing endowment in healthcare is a good idea.	AT4	0.874		
I prefer to contribute endowment in healthcare when I want to give charity.	AT5	0.749		
Faith			0.897	0.687
As a religious person, I believe my religion encourages its adherents to contribute endowment in healthcare.	F1	0.897		
As a religious person, I should be concerned about the well-being of others.	F2	0.892		
Religious beliefs influence all my dealings with others.	F3	0.735		
I believe that contribution of endowment in healthcare will be given a good reward in hereafter.	F4	0.778		
Intention to Contribute Endowment in Healthcare			0.885	0.608
I will choose to contribute endowment in healthcare as a way for my charity.	CEH1	0.764		
Overall, I plan to do endowment in healthcare.	CEH2	0.831		
I will recommend healthcare endowment to my friends.	CEH3	0.829		
I intend to contribute for endowment in healthcare as much as possible.	CEH4	0.750		
Overall, I will contribute to endowment in healthcare for my future welfare activities.	CEH5	0.719		
Knowledge			0.879	0.646
Generally, I have enough knowledge on the endowment in healthcare.	K1	0.773		
Required knowledge gathered from friends or family have influence my decision to perform endowment in healthcare.	K2	0.705		
Wide knowledge on endowment have encourage me to contribute endowment in healthcare.	K3	0.911		
I believe that the right knowledge about endowment benefits has led me to contribute endowment in healthcare.	K4	0.813		
Subjective Norms			0.845	0.527
My friends encourage me to contribute endowment in healthcare.	SN1	0.777		
Most people who are important to me think that I should contribute endowment in healthcare.	SN2	0.797		
My family and friends expect me to contribute endowment in healthcare.	SN3	0.800		
My contribution to endowment in healthcare is because of social influence.	SN4	0.511		
My contribution to endowment in healthcare is because of shared responsibility.	SN5	0.704		

In addition to convergent validity, this study also determined the validity of the instrument by implementing the discriminant validity. This test purpose is to identify the multicollinearity issues among the constructs in this study. The researcher decided to use the Heterotrait-monotrait (HTMT.85) stringent criteria as a measurement as suggested by Kline

(2011). Therefore, Table 3 below shows the result; there are fewer multicollinearity issues among the constructs since the value for each construct is less than 0.85. Thus, the validity of this study instrument can be confirmed.

Table 3: The HTMT Stringent Criterion

	AT	F	CEH	K	SN
AT					
F	0.650				
CEH	0.685	0.700			
K	0.565	0.702	0.540		
SN	0.528	0.540	0.601	0.588	

(Developed for Research) (HTMT established at HTMT .85)

Note: AT= Attitude; F= Faith; CEH = Intention to Contribute Endowment in Healthcare; K= Knowledge; SN= Subjective Norms

4.3 Assessment of Structural Model

For the structural model, path coefficient was used to identify the degree of value of the independent variables towards the dependent variable by measuring the direct effect value (β - value). Besides, this testing can also identify the significant impact of the independent variables towards the dependent variable by measurement the t-value. As Hair. et al. (2014) suggested, t-value must be more than 1.96 and p-value must be less than 0.05 for the two-tailed hypothesis. Therefore, Table 4 shows the result of path coefficient and hypothesis testing result in this study.

Based on Table 4, the influence of each variable AT, F and SN respectively to the intention to contribute endowment in healthcare was positively and significant as the T-statistical value of variables more than 1.96 and P-Value less than 0.05. Only variable K did not influence the intention to contribute endowment in healthcare as its T-statistical value $0.440 < 1.96$ and P-Value $0.660 > 0.05$.

Thus, the hypothesis of H1, H2, and H3 can be confirmed and supported as the variables are significantly influencing the intention to contribute endowment in healthcare among Malaysian professionals’ group community. While the hypothesis for H3 were not being support as the variable of knowledge is not significantly influencing the intention to contribute endowment in healthcare among Malaysian professionals’ group community.

Table 4: The Path Coefficient Result (Mean, STDEV, T-Values)

Relationship	Hypothesis	Direct Effect (β)	T- statistic	P- Value	Significant	Comment
AT -> CEH	H1	0.290	3.596	0.000	Significant	Support
F -> CEH	H2	0.306	3.366	0.001	Significant	Support
K -> CEH	H3	0.038	0.440	0.660	Not Significant	Not Support
SN -> CEH	H4	0.242	3.276	0.001	Significant	Support

(Developed for Research)

Note: AT= Attitude; F= Faith; CEH= Intention to Contribute Endowment in Healthcare; K= Knowledge; SN= Subjective Norms

5. DISCUSSION AND IMPLICATION

This study deals with the elements that considered to influence the intention of donors among Malaysian professionals group community toward healthcare endowment. Based on Table 5, the selection of four element; attitude, faith, knowledge, and subjective norms to be analyzed have found that all elements are significantly influencing the intention to contribute endowment in healthcare among Malaysian professionals' group community except knowledge which is believe by respondent to not influence their intention toward contributing to healthcare endowment.

Findings from this study are significant to be use by the endowment institutions as a potential guideline for them in making better promotion plan in order to increase the numbers of donor among professional group community in Malaysia. In order to approach this group of donors' intention toward healthcare endowment, three specific variables; attitude, faith, and subjective norms have become the vital aspect that should be highlight by the endowment institution as this group of donors are majorly agreed that the three stated variables are influencing their intention to contribute on healthcare endowment programme.

Moreover, this research also helps to identify which group from the professional group community that have the highest tendency to contribute endowment in healthcare. Based on the classification of finding, majority of the respondents come from the group of females (61.5%), aged 45-54 year (48.5%) and from the occupation of academicians and teachers (79.3%). This finding can give better point of view to the endowment institution in developing a proper promotion plan to approach this group of donors to contribute to healthcare endowment programme.

In conclusion, this study only investigating a direct effect of relationship between four independent variables; attitude, faith, knowledge, and subjective norms toward dependent variable; intention to contribute endowment in healthcare among professional group community in Malaysia. For future study, it can be extended by adding the variables of respondent ages or gender as the moderator in determining the intention toward healthcare endowment contribution. Indeed, through some modification like this will enable the study finding to be more accurate and reliable study.

6. ACKNOWLEDGEMENT

This study was financed by Ministry of Higher Education (MoHE) Malaysia for Fundamental Research Grant Scheme (FRGS/1/2020/SS0/UMK/02/6) led by Dr. Hazriah Hasan of Universiti Malaysia Kelantan.

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