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THE EFFECTS OF EMPOWERING LEADERSHIP AND PSYCHOLOGICAL EMPOWERMENT ON NURSES' AFFECTIVE COMMITMENT AND WORK ENGAGEMENT

Egi Andiyana[1], Ayunda Yulianti[2*], Sumaryo[3], Andrean Eko Haryoko[4]
Institut Putra Perdana Indonesia
andiyana.egi@gmail.com[1], ayundayuli02@gmail.com[2], marytgl354@gmail.com[3], andre.haryoko@gmail.com[4]

Abstract

Nurses' work engagement and affective commitment are central to sustained service quality in hospital settings. This study examines the effects of empowering leadership on psychological empowerment, affective commitment, and work engagement among nurses assigned to outpatient units in private hospitals in Tangerang Regency, Indonesia. A cross-sectional quantitative survey was administered online, producing 263 usable responses selected through purposive sampling. The instrument comprised 52 five-point Likert items: 17 items for empowering leadership, 12 for psychological empowerment, 18 for work engagement, and 5 for affective commitment. Data were analyzed using partial least squares structural equation modeling in SmartPLS 4. The measurement model demonstrated satisfactory indicator reliability, internal consistency, convergent validity, and discriminant validity. The structural model explained 48.7% of the variance in psychological empowerment, 54.4% in affective commitment, and 66.5% in work engagement. Empowering leadership positively affected psychological empowerment ($\beta = 0.698$), affective commitment ($\beta = 0.345$), and work engagement ($\beta = 0.244$). Psychological empowerment positively affected affective commitment ($\beta = 0.454$) and work engagement ($\beta = 0.208$), while affective commitment positively affected work engagement ($\beta = 0.459$); all six hypotheses were supported at $p < 0.001$. The findings demonstrate that empowering leadership and psychological empowerment are important organizational and personal resources for strengthening nurses' emotional attachment and active investment in work.

Keywords: empowering leadership; psychological empowerment; affective commitment; work engagement; nurses

INTRODUCTION

Hospitals depend heavily on the competence, availability, and sustained contribution of nurses. Because nurses constitute a large proportion of the healthcare workforce and maintain continuous contact with patients, their psychological connection to work and to the organization can materially affect service continuity and care quality (Daly et al., 2014; Laschinger et al., 1999). This concern is especially relevant in outpatient units, where nurses must coordinate patient flow, communicate across professional boundaries, and respond rapidly to changing service demands. In such settings, leadership practices that enable nurses

to exercise judgment and participate meaningfully in decisions may be as important as formal staffing and procedural controls.

The nursing profession continues to experience retention challenges associated with turnover intentions, burnout, demanding workloads, and limited organizational support (Hayes et al., 2012; Dall'Ora et al., 2020; Kelly et al., 2021; Marufu et al., 2021). The work environment is therefore not merely a contextual condition; it is a central mechanism through which hospitals can protect nurses' well-being and sustain professional performance (Lake et al., 2019). Evidence from nursing research indicates that supportive leadership and access to empowering work conditions are associated with stronger organizational commitment, healthier work experiences, and improved retention-related outcomes (Laschinger et al., 2009; Spence Laschinger & Finegan, 2005; Keyko et al., 2016).

Empowering leadership is particularly relevant because it moves beyond directive supervision. It involves sharing authority, encouraging participation, providing information, supporting skill development, and creating accountability for autonomous action (Konczak et al., 2000a; Zhang & Bartol, 2010). Such behavior can strengthen psychological empowerment, defined as an active motivational state reflected in meaning, competence, self-determination, and impact (Spreitzer, 1995). Employees who perceive themselves as psychologically empowered are more likely to invest energy in their work, identify with their organization, and respond positively to supportive leadership (Albrecht & Andreetta, 2011; Seibert et al., 2011; Gyu Park et al., 2017).

Prior studies have linked empowering leadership and psychological empowerment with work engagement and affective commitment in health services and other organizational settings (Albrecht & Andreetta, 2011; Alotaibi, Amin, & Winterton, 2020; Al Otaibi et al., 2023). Nevertheless, context remains important. Evidence specifically focused on nurses working in outpatient units in Indonesia remains limited, even though these units combine high service intensity with substantial coordination and decision-making demands. Simultaneously examining the six direct relationships among empowering leadership, psychological empowerment, affective commitment, and work engagement can clarify the relative contribution of leadership behavior, personal empowerment, and organizational attachment to nurses' engagement at work.

Accordingly, this study investigates six proposed direct relationships among empowering leadership, psychological empowerment, affective commitment, and work engagement among outpatient-unit nurses in private hospitals in Tangerang Regency. The study contributes by testing an integrated direct-effects model in a specific healthcare setting and by comparing the relative magnitude of leadership, empowerment, and commitment pathways. Practically, the findings are intended to guide hospital managers in designing leadership practices that support autonomy without weakening accountability, strengthen nurses' psychological resources, and sustain engagement in patient care.

Literature Review

Empowering leadership and psychological empowerment

Empowering leadership refers to leader behavior that distributes authority and creates conditions in which employees can make decisions, access information, develop relevant capabilities, and accept responsibility for outcomes (Konczak et al., 2000a; Hakimi et al., 2010). Rather than reducing the role of leadership, empowerment changes its focus from close control to enabling competent and accountable action. By communicating confidence and providing discretion, leaders signal that employees are trusted contributors rather than passive implementers.

Psychological empowerment captures an employee's motivational orientation toward work through four cognitions: meaning, competence, self-determination, and impact (Spreitzer, 1995). Empowering leader behavior can strengthen each cognition. Participation and information sharing enhance meaning and perceived impact; skill development reinforces competence; and delegated authority supports self-determination. Empirical research has consistently identified empowering leadership as an antecedent of psychological empowerment (Zhang & Bartol, 2010; Fong & Snape, 2015; Gyu Park et al., 2017). For nurses, this relationship is especially plausible because clinical work requires professional judgment within organizational protocols.

H1: *Empowering leadership has a positive effect on psychological empowerment.*

Empowering leadership and affective commitment

Affective commitment is the employee's emotional attachment to, identification with, and involvement in the organization (Allen & Meyer, 1990; Meyer & Allen, 1991). Employees with strong affective commitment remain because they want to belong, not solely because leaving would be costly or because staying is perceived as an obligation. Positive work experiences, trust, support, and opportunities for meaningful contribution can therefore strengthen this form of commitment.

Empowering leaders create such experiences by recognizing employees' judgment, involving them in decisions, and supporting professional development. In nursing environments, empowerment-related leadership and supportive supervisory relationships have been associated with stronger commitment and retention-related outcomes (Brunetto et al., 2012; Laschinger et al., 2009; Araujo & Figueiredo, 2019). When nurses perceive that their leaders value their expertise and provide room for responsible autonomy, they are more likely to develop a sense of belonging and emotional attachment to the hospital.

H2: *Empowering leadership has a positive effect on affective commitment.*

Empowering leadership and work engagement

Work engagement is a positive and persistent work-related state characterized by vigor, dedication, and absorption (Schaufeli et al., 2002, 2006). Engaged employees invest physical, cognitive, and emotional energy in their roles. For nurses, this state is reflected in sustained effort, professional enthusiasm, and focused attention while delivering care and coordinating services.

Empowering leadership can increase engagement by providing autonomy, developmental support, access to information, and a stronger sense of responsibility for meaningful outcomes. These conditions reduce passivity and encourage employees to bring more of themselves into their work. Studies across organizational contexts have reported positive associations between empowering leadership and work engagement (Alotaibi, Amin, & Winterton, 2020; Kim & Beehr, 2020; Wen et al., 2023). In outpatient units, where rapid coordination and patient-facing responsiveness are essential, leader-enabled discretion may be particularly salient.

H3: *Empowering leadership has a positive effect on work engagement.*

Psychological empowerment and work engagement

Psychological empowerment provides an internal motivational basis for engagement. Employees who experience their work as meaningful, believe they are competent, perceive discretion in how they perform, and feel able to influence outcomes are more likely to invest sustained energy and attention in their roles. This logic has been supported in studies linking psychological empowerment with engagement and related positive work outcomes (Jose & Mampilly, 2014; Seibert et al., 2011; Stander & Rothmann, 2010).

For nurses, psychological empowerment can translate professional knowledge into active role ownership. A nurse who feels capable and influential is more likely to approach patient care proactively, persist when demands increase, and maintain concentration throughout service delivery. Research in nursing and cross-national settings has similarly identified psychological empowerment as a pathway to work engagement (Wang & Liu, 2015; Monje-Amor et al., 2021).

H4: *Psychological empowerment has a positive effect on work engagement.*

Psychological empowerment and affective commitment

Psychological empowerment can also strengthen affective commitment because it connects employees' identities and capabilities with organizational membership. Meaningful work encourages identification, competence supports confidence, self-determination promotes ownership, and impact signals that one's contribution matters. Together, these cognitions can transform employment from a transactional exchange into a psychologically valued relationship.

Previous research has reported positive relationships between psychological empowerment and affective or organizational commitment (Joo & Shim, 2010; Albrecht & Andreetta, 2011; Macsinga et al., 2015). In nursing, development opportunities and empowering work experiences can reinforce attachment to the organization and reduce withdrawal intentions (Salminen & Miettinen, 2019; Araujo & Figueiredo, 2019).

H5: *Psychological empowerment has a positive effect on affective commitment.*

Affective commitment and work engagement

Although affective commitment and work engagement are related, they are conceptually distinct. Affective commitment is directed primarily toward the organization, whereas work engagement concerns the employee's energetic and motivational connection to the work role. Emotional attachment to the organization can nevertheless encourage employees to invest more effort and dedication in the work through which organizational goals are achieved.

Employees who identify strongly with their organization are more likely to interpret their tasks as personally and collectively significant. They may therefore demonstrate greater vigor, persistence, and willingness to contribute beyond minimum requirements. Research in health services and broader organizational settings supports the linkage between commitment and engagement-related outcomes (Albrecht & Andreetta, 2011; Mahmood & Sahar, 2017; Kim & Beehr, 2020).

H6: *Affective commitment has a positive effect on work engagement.*

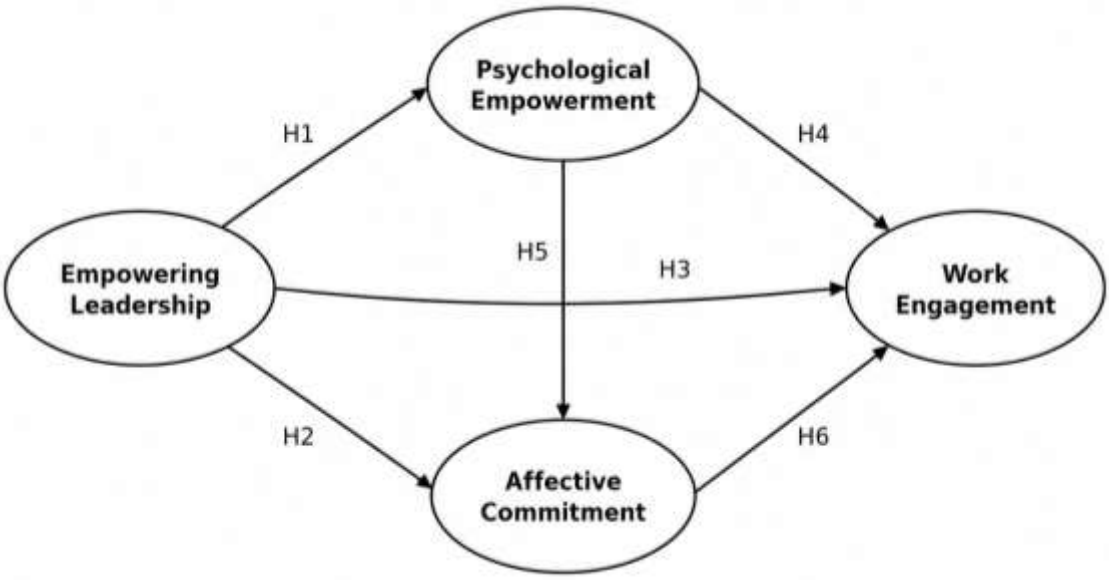


Figure 1. Proposed research model

METHOD

The study employed a quantitative, cross-sectional survey design. Data collection began in February 2026 and targeted nurses assigned to outpatient units in private hospitals in Tangerang Regency, Indonesia. Respondents were selected using purposive sampling because participation required direct experience in the focal organizational and clinical setting. The questionnaire was distributed online through Google Forms. A total of 263 usable responses were included in the final analysis.

The achieved sample size was adequate for the specified PLS-SEM model. The instrument contained 52 observed items, and the final sample exceeded a commonly used minimum ratio of five observations per item (Hair et al., 2014). The sample also substantially exceeded the minimum implied by the number of structural paths in the model.

All constructs were measured with a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Empowering leadership was measured with 17 statements adopted from Konczak et al. (2000a). Psychological empowerment was measured with 12 statements adopted from Ladd et al. (2014), Meng et al. (2016), and Spreitzer (1995). Work engagement was measured with 18 statements adopted from Ladd et al. (2014), Schaufeli et al. (2002, 2006), and Yan et al. (2016). Affective commitment was measured with 5 statements adopted from

Nelson (2012). The model and the number of questionnaire items were retained exactly as specified in the original study, resulting in 52 items overall.

A pre-test was evaluated in SPSS 24. Kaiser–Meyer–Olkin values ranged from 0.764 to 0.858, and measure-of-sampling-adequacy values ranged from 0.493 to 0.941. The minimum MSA value was marginally below the conventional 0.50 criterion and should therefore be interpreted cautiously; however, all 52 items were retained because the main-sample measurement model subsequently showed acceptable indicator loadings. Pre-test Cronbach's alpha values ranged from 0.815 to 0.920, indicating satisfactory internal consistency.

The proposed model was analyzed using partial least squares structural equation modeling (PLS-SEM) in SmartPLS 4. The analysis proceeded in two stages. First, the reflective measurement model was assessed through indicator loadings, Cronbach's alpha, rho_A, composite reliability, average variance extracted (AVE), the Fornell–Larcker criterion, and the heterotrait–monotrait ratio (HTMT). Second, the structural model was evaluated using collinearity diagnostics where available, coefficients of determination (R^2 and adjusted R^2), path coefficients, bootstrapped t statistics, and p values (Hair et al., 2017).

The six proposed structural relationships (H1–H6) were evaluated using bootstrapped path coefficients, t statistics, and p values. A hypothesis was considered supported when $t > 1.96$ and $p < 0.05$. The analysis was restricted to the six direct paths specified in the revised research model.

RESULTS

The 263 respondents were predominantly women (67.7%), aged 20–30 years (76.4%), educated at the Diploma III nursing level (89.7%), and employed for 1–5 years (56.3%). Table 1 summarizes the sample profile. The distribution indicates that the sample largely represents early-career outpatient nurses, although the dataset also includes nurses with substantially longer tenure.

Table 1. Respondent characteristics

Characteristic	Category	n	%
Gender	Female	178	67.7
	Male	85	32.3
Age	20–30 years	201	76.4
	31–40 years	43	16.3
	>40 years	19	7.2
Education	Diploma III in Nursing	236	89.7
	Bachelor's degree in Nursing	27	10.3
Tenure	1–5 years	148	56.3
	6–10 years	64	24.3
	11–20 years	35	13.3
	>20 years	16	6.1

Measurement model

All indicator loadings exceeded 0.70. The loading ranges were 0.737–0.895 for affective commitment, 0.740–0.873 for empowering leadership, 0.770–0.881 for psychological empowerment, and 0.845–0.901 for work engagement. These values

indicate that each indicator shared more than half of its variance with the intended construct; therefore, no indicator was removed.

Internal consistency was high across all constructs. Cronbach's alpha ranged from 0.921 to 0.973, rho_A ranged from 0.923 to 0.974, and composite reliability ranged from 0.941 to 0.975. AVE values ranged from 0.675 to 0.760, exceeding the 0.50 threshold and supporting convergent validity. Table 2 presents the construct-level values available in the supplied output.

Table 2. Measurement model summary

Construct	Items	Loading range	Cronbach's α	AVE
Empowering leadership	17	0.740–0.873	0.970	0.675
Psychological empowerment	12	0.770–0.881	0.963	0.710
Affective commitment	5	0.737–0.895	0.973	0.687
Work engagement	18	0.845–0.901	0.921	0.760

Note. Across constructs, rho_A = 0.923–0.974 and composite reliability = 0.941–0.975. Exact construct-level rho_A and composite reliability values were not supplied.

Discriminant validity was supported by both reported criteria. Under the Fornell–Larcker criterion, the square roots of AVE were 0.822 for empowering leadership, 0.843 for psychological empowerment, 0.829 for affective commitment, and 0.872 for work engagement. Each diagonal value exceeded the reported interconstruct correlations, which ranged from 0.662 to 0.765.

HTMT values ranged from 0.681 to 0.807 and were below the conservative threshold of 0.85. The highest value was observed between affective commitment and work engagement (0.807), indicating that the constructs were related but empirically distinguishable.

Table 3. Heterotrait–monotrait ratio (HTMT)

Construct	AC	EL	PE	WE
Affective commitment (AC)	—	0.681	0.716	0.807
Empowering leadership (EL)	0.681	—	0.721	0.733
Psychological empowerment (PE)	0.716	0.721	—	0.739
Work engagement (WE)	0.807	0.733	0.739	—

Structural model and hypothesis testing

The model explained 48.7% of the variance in psychological empowerment, 54.4% in affective commitment, and 66.5% in work engagement. These values indicate moderate explanatory power for psychological empowerment and affective commitment and moderate-to-substantial explanatory power for work engagement. The small differences between R^2 and adjusted R^2 suggest limited inflation from the number of predictors.

Table 4. Coefficients of determination

Endogenous construct	R^2	Adjusted R^2	Unexplained variance
Psychological empowerment	0.487	0.485	51.3%

Affective commitment	0.544	0.541	45.6%
Work engagement	0.665	0.661	33.5%

All six hypotheses were supported. Empowering leadership had its largest effect on psychological empowerment (β = 0.698), followed by affective commitment (β = 0.345) and work engagement (β = 0.244). Psychological empowerment positively predicted affective commitment (β = 0.454) and work engagement (β = 0.208). Affective commitment also had a positive effect on work engagement (β = 0.459). All direct paths were significant at $p < 0.001$.

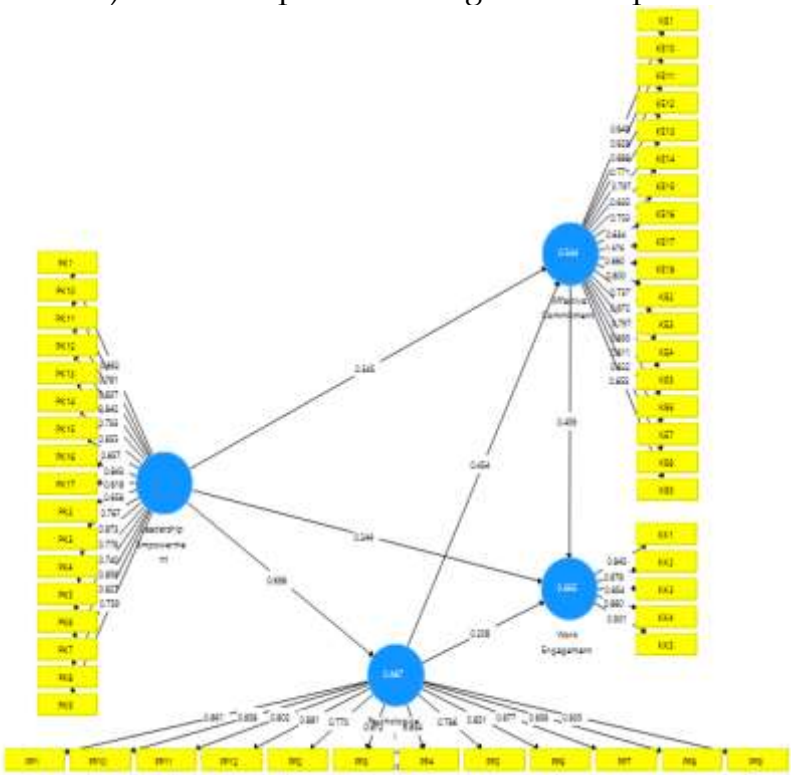


Figure 2. Structural model estimates

Table 5. Structural path results

Hypothesis	Path	β	t	p	Decision
H1	EL → PE	0.698	22.600	<0.001	Supported
H2	EL → AC	0.345	5.872	<0.001	Supported
H3	EL → WE	0.244	4.452	<0.001	Supported
H4	PE → WE	0.208	3.704	<0.001	Supported
H5	PE → AC	0.454	8.455	<0.001	Supported
H6	AC → WE	0.459	8.421	<0.001	Supported

DISCUSSION

The findings demonstrate that empowering leadership is strongly associated with nurses' psychological empowerment. The coefficient for H1 was the largest in the model, indicating that leader behavior is closely connected to whether outpatient nurses experience their work as meaningful, feel competent, exercise self-determination, and perceive that their actions influence outcomes. This finding is consistent with Spreitzer's (1995) conceptualization of psychological empowerment and with prior evidence identifying empowering leadership as a

key antecedent of empowerment cognitions (Zhang & Bartol, 2010; Fong & Snape, 2015; Gyu Park et al., 2017). In practical terms, delegating authority is likely to be effective only when accompanied by information, developmental support, and confidence in the nurse's professional judgment.

Empowering leadership also directly strengthened affective commitment. Nurses who receive trust, participation opportunities, and support from supervisors appear more likely to develop emotional attachment to the hospital. This result extends nursing evidence on supportive leadership, empowerment, and commitment (Laschinger et al., 2009; Brunetto et al., 2012; Araujo & Figueiredo, 2019). The direct effect suggests that leadership affects commitment not only through task design but also through the relational message communicated by empowerment: the organization values the nurse's contribution and recognizes the nurse as a capable professional.

The positive direct relationship between empowering leadership and work engagement indicates that empowering behavior functions as an immediate motivational resource. Nurses who are trusted to act, invited to contribute, and supported in developing their capabilities are more likely to display vigor, dedication, and absorption. This pattern aligns with studies that connect empowering leadership with engagement across health and non-health settings (Alotaibi, Amin, & Winterton, 2020; Kim & Beehr, 2020; Wen et al., 2023). Although the direct coefficient was smaller than the effect of leadership on psychological empowerment, it remained statistically meaningful, suggesting that leader behavior can energize work even before broader attitudes develop.

Psychological empowerment positively predicted both affective commitment and work engagement. Its stronger effect on affective commitment indicates that empowerment may be particularly important for transforming day-to-day work experiences into emotional attachment to the organization. When nurses perceive that their work matters, that they are competent, that they have discretion, and that they can influence outcomes, they are more likely to value continued membership in the hospital. This result supports earlier research linking psychological empowerment with commitment and engagement (Joo & Shim, 2010; Albrecht & Andreetta, 2011; Seibert et al., 2011; Macsinga et al., 2015).

Affective commitment was a strong predictor of work engagement. The magnitude of this path was comparable to the effect of psychological empowerment on affective commitment and exceeded the direct effects of empowering leadership and psychological empowerment on engagement. This suggests that emotional attachment to the hospital is an important proximal source of engagement among outpatient nurses. Nurses who identify with the hospital and want to remain part of it may be more willing to invest energy, attention, and persistence in their work. The finding is consistent with research positioning affective commitment as a bridge between supportive employment experiences and active engagement (Albrecht & Andreetta, 2011; Mahmood & Sahar, 2017; Kim & Beehr, 2020).

The study offers three theoretical implications. First, it confirms that empowering leadership is a strong antecedent of psychological empowerment in outpatient nursing, while also exerting distinct direct effects on affective

commitment and work engagement. Second, the positive effects of psychological empowerment on both affective commitment and work engagement show that meaning, competence, self-determination, and impact are consequential personal resources rather than merely perceptions of the work environment. Third, the strong affective commitment–work engagement relationship highlights the value of distinguishing emotional attachment to the organization from energetic involvement in the work role while recognizing their functional connection.

The context also adds value. Outpatient nurses operate at the intersection of patient service, clinical judgment, administrative coordination, and time-sensitive communication. Demonstrating the relevance of empowerment-related mechanisms in this setting extends the empirical base beyond generalized employee samples and reinforces the need to test leadership models within specific healthcare work systems.

Hospital managers should translate empowering leadership into consistent managerial practices. Unit leaders can delegate decisions that fall within nurses' professional competence, involve nurses in workflow and service-improvement discussions, provide timely access to operational information, and clarify accountability for autonomous decisions. Empowerment should not be interpreted as the withdrawal of supervision; it requires clear boundaries, resources, coaching, and feedback.

Because psychological empowerment was strongly associated with affective commitment, leaders should also design work so that nurses can see the significance and impact of their contribution. Regular feedback linking nursing actions to patient experience, service efficiency, and team outcomes can reinforce meaning and impact. Competence can be strengthened through targeted development opportunities, while self-determination can be supported through discretion over task sequencing and problem resolution where clinically appropriate.

Finally, the strong relationship between affective commitment and engagement suggests that retention and engagement initiatives should not be separated. Recognition, fair support, professional development, and inclusion in decisions can build attachment to the hospital and, in turn, encourage deeper investment in work. Managers should monitor these experiences across career stages because the sample was dominated by nurses with one to five years of tenure.

Several limitations should be considered. First, the cross-sectional design does not establish temporal or causal ordering. Longitudinal or time-lagged designs are needed to determine whether empowering leadership produces changes in psychological empowerment, commitment, and engagement over time. Second, the study was limited to outpatient nurses in private hospitals in Tangerang Regency, which constrains generalizability to other hospital units, public hospitals, professions, and regions.

Third, all constructs were measured through self-reported questionnaires, creating potential common-method bias. Future studies could combine employee responses with supervisor ratings, administrative indicators, or patient-service outcomes. Fourth, the supplied output did not include exact construct-level rho_A

and composite reliability values, collinearity statistics, effect sizes, predictive relevance, or model-fit indices. Reporting these statistics would improve methodological completeness. Fifth, several entries in the original reference list appear potentially inconsistent with the constructs cited in the manuscript; bibliographic verification is required before submission, although the reference list has been preserved in accordance with the author's instruction.

Future research may examine organizational support, job autonomy, psychological safety, work–life balance, job satisfaction, and burnout as additional mediators or moderators. Multi-group analyses by tenure, education, hospital type, or unit characteristics may also clarify whether empowerment mechanisms operate similarly across nurse subgroups.

CONCLUSION

This study shows that empowering leadership is an important antecedent of psychological empowerment, affective commitment, and work engagement among outpatient nurses in private hospitals in Tangerang Regency. Psychological empowerment, in turn, strengthens both affective commitment and work engagement, while affective commitment contributes substantially to engagement. The model explains meaningful proportions of variance in all three endogenous constructs, with its strongest direct pathway running from empowering leadership to psychological empowerment.

The central managerial implication is that empowering leadership should be implemented as a structured combination of autonomy, information, capability development, participation, and accountability. When nurses experience themselves as competent, self-directed, and influential, they are more likely to develop emotional attachment to the hospital and invest sustained energy in their work. Taken together, the six supported relationships demonstrate that leadership practices, psychological empowerment, and affective commitment each make a meaningful contribution to nurses' work engagement.

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