

Empowerment as a Mediation of Organizational Support

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ABSTRACT

The hospital is one of the health facilities which has a function to carry out primary health efforts or referral health and supporting health efforts. One of the elements implementing service activities and the spearhead of a hospital's health services is the nurse. The quality of the nurses determines the performance of the hospital. This study aimed to test and analyze perceived organizational support on psychological empowerment, structural empowerment, and organizational commitment. This research was conducted on 72 nurses of Muhammadiyah Tuban Hospital. The sampling technique used saturated sampling; all population members were used as samples. The type of data used is primary data using a questionnaire. Data analysis techniques using PLS. The results showed that perceived organizational support can increase psychological and structural empowerment but cannot increase organizational commitment. Well-implemented psychological empowerment and structural empowerment can increase organizational commitment.

Keywords: Organizational Commitment, Perceived Organizational Support, Psychological Empowerment, Structural Empowerment



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INTRODUCTION

The hospital is one of the health facilities which has a function to carry out primary health efforts or referral health and supporting health efforts. The hospital is also a professional organization, with employees who mostly have professions as doctors or nurses who carry out the hospital's mission and goals (Suhermin, 2012). Nurses are one of the elements of implementing service activities and spearheading a hospital's health services. The quality of the nurses determines the performance of the hospital. Qualified nurses will have an impact on optimal hospital work results. Nurses have the task of monitoring the patient's progress every day. Implementing this task requires high commitment from nurses, considering that nurses are the spearhead of patient service. Organizational commitment is a form of responsibility to the profession and work at the hospital.

The results of the study concluded that organizational commitment is influenced by job satisfaction and structural empowerment (Church et al., 2018), individual support (Miadaner et al., 2018), organizational support (Sharma & Dhar, 2016), leader-member exchange (Sasmita et al., 2019), transformational leadership (Eliyana et al., 2019), organizational support (Sun, 2019), employee empowerment (Alkahtani et al., 2021).

The attention given by hospital management is in the form of organizational support. Support for nurses is undoubtedly not only limited to the material but moral and educational support such as training and fair treatment is also considered very important. The hospital organization's strategy in developing and retaining nurses is to provide autonomy at work. The higher the empowerment, the higher the organizational commitment (Tania & Sutanto, 2013; Suhermin, 2018). The two most popular types of empowerment today are structural and psychological. Kanter (1993) explains that structural empowerment is an employee's access to the social structure at work so that employees can get work done meaningfully. Psychological empowerment is an intrinsic task motivation embedded in the dimension of individual awareness (cognition) of their work (Spreitzer, 1995). Suhermin (2019) states that psychological empowerment is a psychological condition needed by employees so that actions taken in the workplace can be successful. This study aims to analyze the effect of perceived organizational support on psychological and structural empowerment and its impact on organizational commitment.

Theory and Hypothesis Development

This research is based on the social exchange theory, which states that a social relationship has elements of mutual rewards, sacrifices, and benefits. Social exchange theory also states that commitment can be considered a form of employee reciprocity for what they receive from the organization or organizational support. The concept of empowerment, structurally and psychologically, is an essential agenda for research. Giving nurses full autonomy to carry out nursing care is part of empowerment. It makes the internal motivation of each nurse. Nurses' acceptance of the hospital's organizational values will increase the nurses' organizational commitment. Therefore, this study will examine the impact of organizational support on structural empowerment, psychological empowerment, and organizational commitment.

Based on theoretical and empirical studies, a conceptual framework can be made as follows:

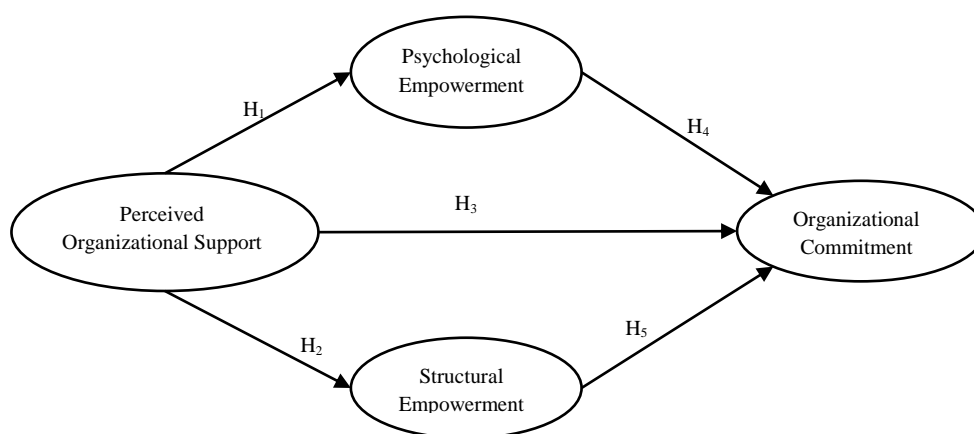


Figure 1. Conceptual Framework
Source: Model Development (2022)

Organizational support theory also explains the underlying psychological process due to perceived organizational support. In this case, there is a reciprocal relationship between the organization and its organizational members. As members of the organization, employees need attention and

welfare in return for the effort and time they have given to their organization. Literature analysis conducted by Sun (2019) shows that organizational support is related to affective commitment. Research by Claudia (2019) and Fard et al., (2015) states that high organizational support impacts organizational commitment. Research by Maan et al., (2020), El-Banan (2017) concluded that organizational support provided by the organization impacts employee psychological empowerment. Furthermore, there still needs to be research results that relate organizational support variables to structural empowerment. This study tries to hypothesize again on different research objects that:

H1: Organizational support affects psychological empowerment

H2: Organizational support affects structural empowerment

H3: Organizational support affects organizational commitment

Psychological empowerment is a concept of empowerment that is grown within each employee. Exploring empowerment within each employee is done by fostering motivation internally. Nurse empowerment is considered necessary for ensuring professional success and developing nurses' professional image (Lockhart, 2017). Research by Suhermin (2019), Aggarwal et al., (2018), Mir and Manzoor (2018) state that psychological empowerment that grows among employees or nurses in hospitals can increase organizational commitment. In contrast, the research of Sulistijono et al., (2019) concluded that increasing psychological empowerment could not increase organizational commitment. Therefore, there is still a gap to hypothesize again that :

H4: Psychological empowerment affects organizational commitment.

As more and more organizations are looking for employees who have initiative and are creative toward work challenges, empowerment is essential at both the individual and organizational levels. Empowered employees are generally more satisfied, committed, and effective at work (Orgambidez-Ramos & Borrego-Alés, 2014). Structural empowerment includes staff involvement in organizational structures that result in empowered professional nurse practice. Empowerment refers to the ability to practice fully as a professional nurse. Research by Tania and Sutanto (2013), Suhermin (2018), and Puncreobutr and Wattanasan (2016) concluded that structural empowerment has an impact on organizational commitment. Organizations that empower their employees well will have high organizational commitment.

H5: Structural empowerment affects organizational commitment.

METHODS

This research is an explanatory research that explores the causal relationship (Paramita et al., 2021), between variables and examines and analyzes the influence relationship on perceived organizational support, psychological empowerment, structural empowerment, organizational commitment. The population of this research were 72 nurses at the Muhammadiyah Tuban Hospital. The sampling technique uses a census, in which all members of the population are used as samples. So that the sample of this study amounted to 72 nurses. The feasibility test of the research instrument was carried out using a validity test and a questionnaire reliability test. The data used were primary data obtained directly from the research subjects, namely nurses at the Muhammadiyah Tuban Hospital. Data collection using a questionnaire. Data analysis technique using SmartPLS (Partial Least Square) software.

RESULTS AND DISCUSSION

This study has distributed 72 questionnaires who work as nurses. The characteristics of the respondents can be explained as follows:

Table 1. Respondent Characteristics

Respondent Characteristics	Frequency	%
26 – 35 years old	34	48
36 – 45 years old	24	34
≥ 46 years old	12	18
Gender		
Male	23	31
Female	49	69
Tenure:		
1 – 5 years	14	20
6 – 10 years	17	24
11 – 15 years	19	27
≥ 15 years	22	29
Total	72	100

Source: Data Processed (2022)

Based on the respondent data, the age of most respondents is in the age range of 26 to 35 years. The respondent's job as a nurse is a professional job that also requires maturity in thinking. This age range is a productive age with sufficient work experience to become a nurse. Most respondents were female. While there is no gender difference for this profession-first job, in this case, the majority of the profession is held by the female gender. The respondent's tenure shows how long the respondent has worked at the Muhammadiyah Tuban hospital at the time of data collection. This tenure indicates seniority in the organization. The longer the tenure owned by the respondent, the higher the seniority of the respondent's profession in the hospital. The lowest tenure owned by respondents was two years, while the highest tenure was more than 15 years. It shows that nurses in Muhammadiyah Tuban Hospital are senior nurses. The following working period is in the range of 11 to 15 years.

Data Analysis

Outer Model Testing (Measurement Model)

The outer or measurement model assesses the reliability and validity of research variables. Three criteria for determining the outer model are convergent validity, discriminant validity, and composite reliability. This test is carried out so that the measuring instrument meets the requirements and can precisely and accurately measure what should be measured and not measure other counting objects.

Convergent validity tests whether the indicators can accurately measure latent constructs (Garson, 2002). This study represents latent variable indicators by dimension scores previously tested for validity and reliability. Testing convergent validity in PLS can be seen from the factor loading of each indicator on the latent variable. This loading factor is identical to the simple correlation between the indicator score and the latent variable or factor score. The cut-off value required to conclude that an indicator correctly measures its latent variable is at least 0.5 or a p-value <0.05. The results of the convergent validity test of the research indicators are presented in table 2.

Table 2 shows that each latent variable indicator has a loading > 0.50 and a p-value <0.001, which indicates that the indicators can adequately measure the latent variable. Thus, the measurement for each latent variable in this study meets the convergent validity test criteria because it can measure the meaning of the latent variable construct being measured.

Table 2. Convergent Validity Test Results

Variable	Indicator	Loading	Type (a)	SE	P value
POS	POS1	0,820	Reflect	0,089	<0.001
	POS2	0,632	Reflect	0,095	<0.001
	POS3	0,787	Reflect	0,090	<0.001
	POS4	0,827	Reflect	0,089	<0.001
PE	PE1	0,856	Reflect	0,088	<0.001
	PE2	0,899	Reflect	0,087	<0.001
	PE3	0,749	Reflect	0,091	<0.001
	PE4	0,893	Reflect	0,087	<0.001
SE	SE1	0,858	Reflect	0,088	<0.001
	SE2	0,830	Reflect	0,089	<0.001
	SE3	0,835	Reflect	0,089	<0.001
	SE4	0,835	Reflect	0,089	<0.001
OC	OC1	0,675	Reflect	0,093	<0.001
	OC2	0,881	Reflect	0,088	<0.001
	OC3	0,837	Reflect	0,089	<0.001

Source: Data Processed (2022)

Loading is identical to the correlation between indicators and factors (latent variables). Then the more significant the loading, the better the indicator in measuring latent variables. The highest loading value indicates that the indicator best represents the latent variable. In the table above, it can be seen that the indicators have the same loading value. To determine which indicator has the larger loading, it can be seen in the Normalized combined loadings and cross-loadings output (Discriminant Validity Test). Then the primary indicator or the highest loading for the POS latent variable is indicator POS4. The PE variable's highest loading value is the PE4 indicator, and the lowest is PE3. For the SE latent variable, the highest loading is the SE1 indicator. For the OC latent variable, the highest loading value is the SE2 indicator.

Discriminant Validity Test

A good measurement is unidimensional, which can precisely measure what is measured (convergent) and does not measure other constructs (discriminant). Discriminant validity is used to test whether the indicators of a construct are not highly correlated with indicators of other constructs or at least these indicators are less correlated with indicators of different constructs (Garson, 2002). The discriminant validity test can be done by:

1. Comparing loading with cross-loading,
2. Average variance extracted (AVE), and
3. Comparing \sqrt{AVE} the correlation between latent variables.

Table 3. Cross Loadings For Discriminant Validity Test

Variable	Indicator	StruKpm	Kpts Ke	Reak Ps	Nil Prs
POS	X1.1	0,860	0,021	0,076	-0,044
	X1.2	0,820	-0,207	-0,286	0,455
	X1.3	0,937	0,023	-0,070	-0,234
	X1.4	0,825	0,136	0,250	-0,096
PE	Y1.1	0,192	0,910	-0,080	0,005
	Y1.2	-0,021	0,961	0,132	-0,220
	Y1.3	-0,102	0,958	-0,037	0,011
	Y1.4	-0,075	0,896	-0,052	0,240
SE	Y2.1	-0,060	0,058	0,838	0,013
	Y2.2	-0,069	0,065	0,799	0,216
	Y2.3	-0,055	0,000	0,890	-0,245
	Y2.4	0,217	-0,136	0,803	0,096

OC	Y3.1	0,334	-0,004	0,456	0,691
	Y3.2	-0,072	-0,096	-0,214	0,944
	Y3.3	-0,095	0,135	0,030	0,847

Source: Data Processed (2022)

The results of the discriminant validity test with these three criteria are presented in Table 3 and Table 4. Cross-loading is a simple correlation between the model's indicators and other latent variables. Ideally, factor loading should be greater than cross-loading so that the indicator does not measure a different construct from the construct that should be measured.

Table 3 shows that the indicator loading value on the latent variable is higher than the cross-loading. It indicates that the latent construct has predicted its indicators better than predicting other latent indicators so that it can be interpreted that it has met the discriminant validity criteria.

In addition, discriminant validity testing, apart from comparing loading with cross-loading, needs to be strengthened by checking the AVE and comparing \sqrt{AVE} with the correlation between latent variables. AVE shows the ability of latent variable values to represent the original data score (before being extracted). AVE is identical to multiple R² (coefficient of determination), so the greater the AVE, the greater the representation of the original variable value by the factor score. The AVE cut-off value is ≥ 0.50 . The Average Variance Extracted (AVE) value and the correlation between latent variables are presented in the following table.

Table 4. Average Variance Extracted (AVE) and Correlation between Latent Variables

Variable	AVE	\sqrt{AVE}	Correlation matrix			
			POS	PE	SE	OC
POS	0,594	0,770	0,770	0,232	0,458	0,231
PE	0,725	0,851	0,232	0,851	0,024	0,297
SE	0,725	0,839	0,458	0,024	0,839	0,467
OC	0,644	0,803	0,231	0,297	0,467	0,803

Source: Data Processed (2022)

From Table 4, the AVE value ≥ 0.50 for each latent variable, which indicates the ability of the latent variable to explain or represent the original variable's value meets the specified criteria. Furthermore, the discriminant validity test criteria comparing \sqrt{AVE} with the correlation between latent variables show that the \sqrt{AVE} value of each latent variable is greater than its correlation with other latent variables.

The table above shows that the POS variable is strongly correlated with SE, then PE is strongly correlated with OC. OC is strongly correlated with SE. The correlation values between these variables are all lower than the \sqrt{AVE} values of the four latent variables, so it is concluded that the measurement of the four latent variables has good discriminant validity, which can be distinguished from the measurement of other latent variables.

Reliability test

Reliability reflects the consistency of the results of measurements taken repeatedly on the same subject. The measuring instrument is considered reliable or trustworthy if the results are consistent. Reliability testing uses composite reliability, the results of which are presented in the following table.

Table 5. Composite Reliability

Variable	Composite Reliability	Cronbach's alpha
POS	0.853	0.768
PE	0.913	0.871
SE	0.905	0.860
OC	0.843	0.718

Source: Data Processed (2022)

The general guideline used to conclude a reliable measuring instrument. There is a composite reliability test if it has a value ≥ 0.60 . Based on table 5, the level of reliability of variable measurement is good because each latent variable has a composite reliability value > 0.60 . The combined reliability value of the four latent variables ranges from 0.647 to 0.982. It means that the indicators support each other in measuring the latent variable. Similarly, Cronbach's alpha coefficients are all > 0.60 , which means that the research instruments have a good level of reliability.

Structural Model Testing

The next step in PLS analysis is testing the structural model. As with SEM analysis in general, testing the inner model includes two stages, namely: (1) testing the goodness of fit of the model and (2) testing the significance of the path. Testing the path coefficient on the structural model also means testing the hypothesis proposed in this study because the hypothesis formulated is reflected in the paths in the model. The results of the structural model processed with WarpPLS are presented in the following figure.

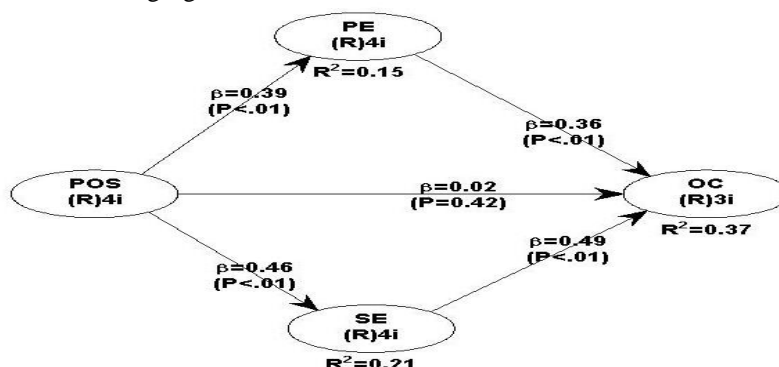


Figure 2. Inner Model Results (Original Sample Estimate)

Source: Data Processed (2022)

Test goodness of fit

Analysis results using WarpPLS show that the model is fit and suitable for hypothesis testing. The model test results can be displayed in Table 10 below.

Tabel 6. Evaluasi Pengujian model

Model fit	Quality indices	Model Result*	Description
APC	-	0.344, P<0.001	Good
ARS	-	0.245, P=0.006	Good
AARS	-	0.228, P=0.009	Good
AVIF	acceptable if ≤ 5 , ideally $\leq 3,3$	1.189	Ideal
AFVIF	acceptable if ≤ 5 , ideally $\leq 3,3$	1.401	Ideal
GoF	small ≥ 0.1 , medium ≥ 0.25 , large ≥ 0.36	0.404	Large
SPR	acceptable if ≥ 0.7 , ideally = 1	1.000	Ideal
RSCR	acceptable if ≥ 0.9 , ideally = 1	1.000	Ideal

SSR	acceptable if ≥ 0.7	1.000	Accepted
NLBCDR	acceptable if ≥ 0.7	1.000	Accepted

Source: Data Processed (2022)

Based on Table 10, the model has shown a good fit with the facts at the research site.

Hypothesis Test

There are five hypotheses proposed in this study. Hypothesis testing in PLS analysis tests the significance of the path coefficient in the model. To conclude whether the path or research hypothesis is proven, a cut-off value of p-value < 0.05 is used (Sholihin, 2013). The results of testing the path coefficient are presented in the following table.

Table 7. Hypothesis Testing Results

Independent Variable	Dependent Variable	Hypothesis	Coefficient Path	SE	P Value	Description
POS	PE	H ₁	0,390	0,102	< 0.001	Significant
POS	SE	H ₂	0,464	0,100	< 0.001	Significant
POS	OC	H ₃	0,024	0,115	0,416	Insignificant
PE	OC	H ₄	0,358	0,103	< 0.001	Significant
SE	OC	H ₅	0,485	0,099	< 0.001	Significant

Source: Data Processed (2022)

Table 8. Indirect Effect for Path

Indirect effects for paths	Coefficient	SE	P Value	Description
POS --->PE ---> OC	0,140	0,054	0,010	Significant
POS --->SE ---> OC	0,225	0,067	0,001	Significant
POS --->PE;SE ---> OC	0,364	0,103	< 0.001	Significant

Of the entire hypothesized seven direct path model, there are four significant paths and ONE insignificant path. While the indirect effects are all significant

1. POS has a significant positive effect on PE with a path coefficient of 0.390 and P Value < 0.001 . It means that the better the POS, the better the PE.
2. POS has a significant positive effect on SE with a path coefficient of 0.464 and P Value < 0.001 . It means that the better the POS, the better the SE.
3. POS has a positive and insignificant effect on OC with a path coefficient of 0.024 and a P-Value of $0.416 > 0.050$. It means that good POS cannot improve OC.
4. PE significantly positively affects OC with a path coefficient of 0.358 and P Value < 0.001 . It means that the better the PE, the better the OC.
5. SE has a significant positive effect on OC with a path coefficient of 0.485 and P Value < 0.001 . It means that the better the SE, the better the OC.
6. POS has a significant positive effect on OC through PE with a path coefficient of 0.140 and a P-Value of 0.010 < 0.050 . It means that the better the POS, the more PE will also increase, impacting the better OC.
7. POS has a significant positive effect on OC through SE with a path coefficient of 0.225 and a P-Value of 0.001 < 0.050 . It means that the better the POS, the more SE will also increase, impacting the better OC.

Discussion

Organizational Support affects Psychological Empowerment.

The results statistically show that organizational support positively and significantly affects psychological empowerment. Perceived organizational support (POS) is the extent to which employees believe that the organization values contributions, cares about employee well-being, and meets socioemotional needs. This study measures organizational support in appreciation, attention, care, and recognition. The attention aspect received the highest perception from respondents, which means that nurses at Muhammadiyah Tuban Hospital feel the attention given by hospital management. Attention, in this case, is in the form of good communication between superiors and subordinates within the scope of nurses, the provision of facilities and infrastructure needed in carrying out work, complaints submitted and the welfare of nurses. This perceived attention will have an impact on comfort at work.

Psychological empowerment is a motivational construct of intrinsic tasks, including four cognitions that reveal personal orientations: competence, meaning, self-determination, and impact, and they indicate cognitive orientations about their job roles (Spreitzer, 1995). Psychological empowerment is an essential motivation source that can increase employees' engagement with their work (Ugwu et al., 2014).

Organizational support that is perceived well by nurses will impact comfort and safety at work, thus generating motivation in the personal self of each nurse. Organizational support in the form of appreciation, care, attention, and recognition is an essential source of motivation for nurses. The source of motivation that arises within nurses (intrinsic) is psychological empowerment.

This research is in line with the results of a study by Maan et al., (2020), El-Banan (2017), which concluded that the organizational support provided by the organization has an impact on increasing employee psychological empowerment. The results of Kumar et al.'s research (2022) state that employee empowerment will increase employee responsibility only when employees feel that the organizational support that the organization feels is high.

Organizational Support affects Structural Empowerment.

The results of statistical data analysis state that organizational support perceived by nurses impacts structural empowerment. Perceived organizational support (POS) is the extent to which employees believe that their organization values their contributions, cares about their well-being, and meets socioemotional needs (Eisenberger, et al., 1986). Meanwhile, structural empowerment (SE) is one of the critical dimensions of employee empowerment that persuades employees to participate and contribute to crucial decision-making activities and provides authority to access available organizational resources.

As an organizational process, it allows employees to access the organizational structure and actively participate in decision-making to improve employee well-being (Tyagi and Shah, 2018). Such an approach requires support from hospital management in rewarding nurses' strenuous work efforts, caring about the aspirations given by nurses as members of the organization, and providing feedback on the sacrifices made by nurses to do their jobs. According to Eisenberger and Stinglhamber (2011), organizational support (Perceived Organizational Support), as a positive element in the workplace, has beneficial effects on employees and organizations.

Better organizational support from the hospital will increase nurses' access to mobilize the resources needed and access information about nursing care for patients. It can interact well between nurses and superiors, and hospital management.

Organizational Support has no significant effect on Organizational Commitment.

The results of this study indicate that organizational support felt by nurses has no impact on organizational commitment. Eisenberger et al. (1986) state that perceived organizational support increases when employees think they will benefit directly from organizational change. Changes and improvements to the outer aspects of the organization can be less appreciated if the benefits are indirectly related to the organization where the employee works. Furthermore, the organizational support theory (OST) developed by Eisenberger et al., (2020) states that employees develop a general perception of the extent to which their organization values their contributions and cares about their well-being (perceived organizational support, or POS). Key antecedents of POS include fairness, support from leaders, and human resource practices and working conditions, especially to the extent that employees perceive these as free organizational choices.

Feedback on the work and dedication that nurses have achieved at the hospital gets recognition through praise and incentives to nurses who deserve it. However, empirical results found that the feedback provided by hospital organizations did not directly have an impact on increasing organizational commitment. It is following the results of the research by Saleh et al., (2020), who suggested to hospital officials to improve organizational support factors further to help employees become more committed, provide operational and administrative activities to assist organizational support, and manage organizations for work structure and personal development to increase employee satisfaction and commitment.

This study's results align with research conducted by Labregue et al., (2018), which states that nurses working in government-owned hospitals feel less organizational support than in private hospitals. There is no significant correlation between perceived organizational support and work outcomes perceived by nurses in the Philippines (organizational commitment, job performance, job autonomy, job satisfaction, job stress, and turnover intention).

The results of this study are not in line with the literature analysis Sun (2019) conducted, which concluded that organizational support is related to affective commitment. Research by Claudia (2019), Fard et al., (2015) state that high organizational support impacts organizational commitment.

Psychological Empowerment has a significant positive effect on Organizational Commitment.

The results showed that psychological empowerment positively and significantly affects organizational commitment. Nurses who feel meaningful in their tasks will foster their attachment to their profession and organization. Psychological empowerment is a managerial tool aimed at organizational benefits. Empowerment means supporting and inspiring nurses to make decisions with high authority within the hospital concerning their work. It is referred to as giving nurses the authority, autonomy, and status to make essential decisions promptly for the hospital.

In a hospital setting, retaining a committed nursing workforce benefits the hospital. Committed nurses provide stable asset value, lower training, and development costs, and employee recruitment, and can improve the organization's image in the community.

Organizational Commitment, defined as the involvement of nurses in the hospital, is a reflection of the psychological state of nurses, which determines the relationship between nurses and hospital organizations. This study is in line with the results of research by Suhermin (2019), Aggarwal et al., (2018), Mir and Manzoor (2018), stating that psychological empowerment that grows among employees or nurses in hospitals can increase organizational commitment.

Structural Empowerment has a significant positive effect on Organizational Commitment.

The results showed that structural empowerment positively and significantly affects organizational commitment. Empowerment has received significant attention from scholars and practitioners due to its impact on organizational effectiveness and competitive advantage in the service industry (Kassim et al., 2012). Structural empowerment is a management practice and policy that aims to provide power from management to staff, focusing on practical management and policies.

Employee empowerment is a relational construct in the hospital environment that describes how nurses have power in the organization. This empowerment will have implications for nurses' contribution to the hospital's decision-making process and organizational affairs. Similarly, organizational commitment refers to nurses' engagement and dedication to individual work. Hospital organizations consistently empower nurses and value organizational commitment because it can produce optimal work performance.

Concerning empowerment, an efficiently functioning organization knows the art of delegating tasks. One must understand that one person cannot do all work. There are dedicated resources in an organization to carry out specific tasks. When work has been distributed efficiently, no one, in particular, is overburdened.

The Role of Psychological Empowerment and Structural Empowerment as Mediation of the Effect of Organizational Support on Organizational Commitment.

The results of the study state that psychological empowerment and structural empowerment can mediate between organizational support perceived by nurses and organizational commitment. In the context of hospital organizations, nurses are responsible for managing nursing care and nursing services, which involves access to resources, information, and good interactions with superiors.

In general, empowerment is how individuals strengthen or develop skills to adjust to positive organizational changes. In terms of psychological empowerment, it emphasizes what individuals feel, namely, meaning, competence, self-determination, and impact. It is a form of internal drive useful for driving behavior-oriented change. Furthermore, for ongoing responsibility, nurses must have authority and influence in completing their job responsibilities.

In nursing, psychological empowerment involves the professional's perception of work and the nurse's contribution to the care process, leading to feelings of competence and freedom. Thus, structural empowerment leads to the psychological empowerment of nurses.

Structural empowerment refers to the ability to mobilize resources and achieve goals through access to information, support, resources, and opportunities. Access to information refers to knowledge of organizational changes, policies, and the technical expertise required to carry out work. Nurses gain access to support by receiving feedback and guidance from subordinates, colleagues, and superiors, which enables autonomous decision-making. Access to resources involves the nurse's ability to obtain the necessary supplies, resources, and materials to achieve organizational goals. Opportunity refers to the possibility of learning and professional development of nurses.

Empowerment is a managerial tool intended for the organization's benefit and can be promoted by management to benefit empowered employees. Empowerment means supporting and inspiring the workforce to make decisions with high authority within the organization. It is referred to as granting authority, autonomy, and status to employees to make timely and critical decisions for the organization. This approach consists of practices intended to share information, work-related knowledge or data, and power with employees.

In nursing, psychological empowerment involves professionals' perceptions of their work's value and contribution to the care process, leading to feelings of competence and freedom. Thus,

structural empowerment and psychological empowerment of nurses contribute to organizational commitment.

Generally, in organizations, employees are encouraged to offer helpful and change-oriented ideas for work and business, which may reflect their authority and importance. Thus, when employees reflect a sense of control and proactive orientation towards roles at work, they strive for sustained performance and increased organizational commitment. In particular, several empirical studies have confirmed that individuals who experience greater empowerment at work are highly determined to work on their responsible behaviors to sustain performance.

CONCLUSION

This study concludes related to organizational support perceived by nurses, structural empowerment, and psychological empowerment in a hospital environment. Organizational support perceived by nurses of Muhammadiyah Tuban Hospital can increase psychological empowerment. Organizational support perceived well by nurses can provide comfort and safety at work, which motivates nurses. The source of motivation that arises within the nurse (intrinsic) is psychological empowerment. Organizational support felt by nurses at Muhammadiyah Tuban Hospital can increase structural empowerment. Organizational support is a positive element in the workplace. Better organizational support from the hospital will expand nurses' access to mobilize the resources needed and access information about nursing care for patients. It can interact well between nurses and superiors, and hospital management. The results concluded that organizational support perceived by nurses of Muhammadiyah Tuban Hospital could not increase organizational commitment. Feedback on hard work and dedication provided by the hospital organization does not directly impact increasing organizational commitment. Psychological empowerment has a positive and significant effect on organizational commitment. Psychological empowerment applied to nurses can support and inspire nurses to make decisions regarding their work. Better implementation of structural empowerment can increase organizational commitment. Organizational commitment refers to nurses' involvement and dedication to individual work.

Hospitals provide more balance in reciprocity for the hard work and dedication given by nurses in doing their jobs so as not to cause feelings of unfairness, producing negative emotions among employees or nurses. Formulate policies that lead to organizational support. Individuals perform in an organizational context. It is, therefore, essential to examine the influence of employees' individual-level perceptions of organizational factors related to organizational support and empowerment. Develop a supportive environment within the organization that is perceived to have the competence to develop empowered and creative nurses.

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