

Mediating Effects of Psychological Empowerment on the Relationship between Nurse's Self Leadership and Organizational Commitment

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This study aims to investigate the relationship between self leadership (SL) and nurses' organizational commitment (NOC) with psychological empowerment (PE) as a mediator using a sample of 157 nurses from healthcare organizations in Pusan in Korea. The study also looked at SL as antecedents to PE, and PE(meaning, competence, self-determination, and impact) as antecedents to NOC. The scales were proven to have reliability through the results based on Wortzel's idea (1979) arguing that the result is highly reliable if the Cronbach α value is between .70 and .98. The results show that SL is positively related to NOC while PE also produces some significant moderating effects on the relationship between SL and NOC. An important implication of this study's findings is, consequently, that SL should be positively enhanced for the purpose of increasing the level of NOC through using the mediating role of PE.

Keywords: Self-leadership, Psychological Empowerment, Organizational Commitment, Hierarchical Regression Model

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I. Introduction

The radically changing work environment in the twenty-first century are characterized by the increased competition that almost every organization face, requiring workers who are willing to contribute to successful change, regardless of formal job requirements (Stumpp, Hülshager, Muck, & Maier, 2009; McNall, 2011; Ho *et al.*, 2011). This trend would make healthcare organizations have a sustained competitive advantage in the product, for which highly committed nurses are required. However, nurses are known to work within a climate of uncertainty and disempowerment along with high organizational demands placing them under considerable stress (Hart, 2005), which, leading to nurses' high turnover rate and resignation, has only recently come to light (Page, 2004). Repeatedly, less empowered and motivated nurses in an uncertain organization are unsatisfied with their jobs (Manojlovich & Laschinger, 2002), and more susceptible to burnout and depersonalization (Leiter & Laschinger, 2006), leading to poorer patient service qualities. In this sense, special attention was given to psychological empowerment (PE), defined as "set of psychological states that are necessary for individuals to feel a sense of control in relation to their work" (Spreitzer, 2007: 6), which is expected to create an active, rather than passive, orientation to one's work role (Spreitzer & Doneson, 2005; Shi, 2012) due to its capacity for "enhancing feelings of self-efficacy among organizational members" (Simith & Mouly, 1998: 70).

It is clear from this literature that nurse perceptions of PE may play a crucial role in committing nurses for the quality of patient's cares and the organization outcomes. Unfortunately, however, few studies have examined these problems in the health service industry. Until recently, a number of studies have investigated the impact of PE on employees' commitment, whereas these investigations have largely focused on only the antecedent role of PE on commitment (Avolio *et al.*, 2004). In a recently published series of experimental studies, Rawat (2011) analyzed the simple relationship between PE's sub dimensions as predictor variables and

dimensions of organization commitment (OC) as criterion variables (Avey, Luthans, & Youssef, 2010). Moreover, there is also a PE-commitment study (Shin et al., 2010) which investigated impact of four dimensions of PE on job attitudes of dental hygienists in Korea. These relevant literature concerning the effect of PE on commitment, however, focused on the simple relationship between PE and outcomes, but not the antecedent constructs of self leadership on PE and its mediation effect, in particular, between SL and PE. Besides, there is no evidence on the accentuation role of SL between PE and OC across different hospital-based organizations, which inspired the current study to analyze the relationship between self leadership and nurses' OC with PE as a mediator.

The current study seeks to enrich our understanding of nurses' OC (NOC) in the hospital organization setting by identifying the main factors that may enhance these behaviors among nurses who come into contact with patients are responsible for the quality of patient care as well as patients' satisfaction (Laschinger, Finegan, & Shamian, 2001; Scotti, Harmon, & Behson, 2007; Donahue, Piazza, Quinn Griffin, Dykes, & Fitzpatrick, 2008).

For the purpose, this study suggests two antecedents to NOC: self-leadership (SL) and psychological empowerment (PE) which are expected to create an active, rather than passive, orientation to one's work role (Spreitzer & Doneson, 2005) due to its capacity for "enhancing feelings of self-efficacy among organizational members" (Simith & Mouly, 1998: 70). Considerable evidences indicate that SL and PE are fundamentally related to behavioral outcomes such as turnover and burnout as well as job satisfaction (Hechanova, Alampay & Franco, 2006; Ahearne et al., 2005). Zazzali et al. (2007) are congruent with the belief that SL and PE may be especially important determinants in health care performance. Moreover, Leggat, Bartram, & Stanton (2008) also advocate the role of human resource management related with information sharing, teamwork, and decentralized decision, which are associated with SL and PE.

Based on the perspective, the current study is going to review the predictors of

PE which may contribute to patient's cares quality and healthcare organization's performance, as well examining the accentuation role of SL on the relationship between the antecedent of PE and its outcome construct, NOC. This study has three main purposes. First, the study reviews the interaction between SL and four dimensions of PE. Second, the study examines if SL accentuates the effects of PE for NOC, finally, investigating the role of PE as a mediator between SL and NOC.

II. Literature Review and Hypotheses

1. Psychological Empowerment (PE)¹⁾

Regarded as one of the most widely studied topics in organizational behaviour research in recent years (Spreitzer, 2007; Alkahtani et al., 2011), empowerment has recently received increased research attention. Supportively, empowerment in the workplace is the process of enabling or authorizing an individual to have more freedom in decision-making and more influence and flexibility in self-control ways. Empowered workforce is widely claimed to be essential for the effective functioning of modern organizations. In the nursing context, the psychological implementation of empowering practices is sine qua non due to its specific characteristics and important roles. Considerable evidences indicate that PE is fundamentally related to behavioral outcomes such as turnover and burnout as well as job satisfaction (Hechanova, Alampay & Franco, 2006; Ahearne et al., 2005). As per Manojlovich (2005; 2007), self-efficacy (competence and self determination: the PE cognitions) for nursing practice was recently found to contribute to professional nursing practice behaviors.

¹⁾ The word *empower* originally meant "to invest with legal power, to authorize" and has its roots in government-mandated, antipoverty programs implemented in the 1960s. However, the term empowerment now has many meanings.

Notwithstanding the great importance of empowerment, the empirical research in this field is limited. According to Dimitriades (2005: 81), “the systematic and rigorous study of employee empowerment is still in its infancy.” The psychologically empowered state is thought of as a cognitive situation distinguished by a sense of perceived self-determination and meaningfulness, and perceptions of competence and impact. The four cognitions (meaning, competence, self-determination, and impact) are defined as sufficient set of cognitions for understanding PE (Spreitzer, 1995: 1443; Alkahtani *et al.*, 2011). First, *meaning* is related with the mechanism through which individuals become energized about work, playing a role as the engine of empowerment (Spreitzer, Kizilos, & Nason, 1997). And a sense of *competence* gives workers the belief that they are able to perform their work roles with skill and success. On the other hand, referring to an individual’s perceptions of the degree of choice he/she has in initiating and performing work behaviors, *self-determination* reflects the extent of autonomy or freedom that is indispensable for a sense of empowerment, and *impact* refers to the extent to which an individual believes they can influence the system (Thomas & Velthouse, 1990).

Taken together, the current study examining the effects of PE on NOC and PE’s mediation role between SL and NOC is expected to expand the literature in the realm.

2. The antecedent and outcome construct of PE

A. Self-Leadership (SL)

Self-leadership is defined as the process of a person to improve his or her self-motivation and influence his or her self-direction in order to behave in desirable ways (Neck & Manz, 2010). Originally, almost every review of the contemporary literature on self leadership begins with the theoretical foundation of self-leadership suggested by Bandura (1977; 1986) who built on social learning theory referring

to how people can influence their own cognition, motivation, and behavior (Yun *et al.*, 2006) and social cognitive theory explaining that people and their environment interact continually. Recently, special attention on self leadership is given to a self-influencing process in which the individuals manage their own behaviors, feelings, and thoughts to enhance personal effectiveness (Alves *et al.*, 2006).

A closer look at SL literature reveals that studies predominantly focus on the individual level of analysis and do not take the team context into account. SL skill development in employees offers considerable potential for addressing challenges posed by the dynamic, complex work systems of contemporary organizations. Thus, SL is an important organizational leadership capability, referring to a self-influencing process in which the individuals manage their own behaviors, feelings, and thoughts to enhance personal effectiveness (Alves *et al.*, 2006). It has been suggested, thus, that SL training helps employees cope with the challenges that change may bring by having positive perceptions of their competence and immediate work environment (DiLiello & Houghton, 2006), leading to enhancing psychological empowerment, creativity, and entrepreneurship (D'Intino *et al.*, 2007; Neubert & Wu, 2006). The process of SL involves the utilization of behavioral and mental techniques that belong to the classes of behavior-focused, natural reward, and constructive thought strategies (Manz & Neck, 2004; Neck & Houghton, 2006).

Behaviour-focused strategies are assumed to enhance self-awareness through methods such as self-goal setting, self-reward, self-punishment, self-observation, and self-cueing (Neck & Houghton, 2006). And helping people build pleasant and enjoyable features into their activities (Neck & Manz, 2010), natural rewarding activities are supposed to develop feelings of competence, self-control, and purpose. Similarly, based on the assumption that individuals are able to identify dysfunctional and irrational beliefs (Manz & Neck, 2004), constructive thought strategies is expected to create positive habitual ways of replacing negative destructive self-talk with optimistic self-talk (Neck & Houghton, 2006).

B. Nurses' organizational commitment (NOC)

On the other hand, the current study suggests nurses' commitment toward healthcare organization as the outcome construct of PE based on the attitudinal approach regarding commitment as an employee attitude (Meyer & Allen, 1991). Generally, OC can be defined as the extent to which an individual accepts and internalizes the goals and values of an organization and views his organizational role in terms of his contribution to such goals and values (Chughtai, 2008; Lok et. al., 2007). As per Jernigan *et al.* (2002), OC not only increases the success in a certain role, but also encourages the individual to achieve many voluntary actions necessary for enhancing the organization productivity. Hence, scholars have given considerable attention to the study of OC, and many conceptualizations and measures have been proposed and tested (Meyer & Allen, 1991; Beck & Wilson 2000).

The construct of NOC has three components representing affective, continuance, and normative aspects of commitment (Coyle-Shapiro *et al.*, 2006; Camilleri, 2006), representing psychological states that have implications on whether an employee remains with an organization (Jain *et al.*, 2009). Affective commitment referring to employees' emotional attachment to and identification with the organization, is a psychological attachment of an individual to remain in the organization (Camilleri, 2006). Continuance commitment is related with willingness to remain in an organization, and normative commitment alludes to the employee's feeling of obligation to remain with an organization (Meyer & Allen, 1991).

3. Hypotheses

A. SL and PE

Referring to the potential distribution and sharing of leadership throughout an organization, SL can be self-imposed and thus does not require the traditional roles

of leader and follower. This self-influence based view addresses that SL can increase employees' PE, since it is closely connected with self-identity and individuality. Typically, researchers have predicted that employees who perceive themselves more in control would experience fewer negative consequences of role stressors than would their counterparts who perceive themselves less in control. This interpretation is congruent with studies done by Houghton & Yoho (2005) and Neck & Houghton (2006), among others, who provided insight into the relationship between the two constructs. According to them, the individuals who practice self-leadership skills will feel heightened autonomy, competence, meaning, and impact. It is because the self-leaders who feel meaningful, competent, and autonomous (the sub dimensions of psychological empowerment) can realize their potential in working with others in the organization (Neck & Milliman, 1994). Also, the self-led employees have a sense of impact because they anchor their self-definition in their organizational roles and devote themselves to the organization's success. Corsun & Enz (1999: 21) are also in line with the idea that employees who help one another "empower through their support and by providing others with the opportunity to reciprocate." Also the interpretation is supported by Hechanova *et al.* (2006) who addressed that the perception on self-other relation is the most important source for PE, which can induce psychologically individual' interpretation or reaction on empowerment.

Taken together, based on the theoretical logic that self-leadership is related to the contexts of internalization and identification in which employees involve their personal value and social identity in performing tasks, the following hypotheses will be suggested.

H1: SL is positively associated with psychological empowerment(meaningfulness: H1a, competence: H1b, self-determination: H1c, and impact: H1d).

B. PE and NOC

To explain links between PE and NOC, most research have drew on models of social exchange theory. More specifically, when employees experience high levels of PE by their supervisor, they feel the obligation to reciprocate that treatment, making them more likely to engage in activities that enhance the organizational environment. Therefore, empowered members are likely to have a greater level of self-confidence and a greater sense of being able to influence their work environment in a positive way (Zhu, May, & Avolio, 2004). Such being the case, these positive feelings of PE enhanced by their leader/manager may lead subordinates to enhance their commitment as an outlet for those feelings.

According to prior research (Liden *et al.*, 2000; Avolio *et al.*, 2004; Janssen, 2004; Kahalel & Gaither, 2005; Vacharakiat, 2008), members who feel more empowered by their supervisors demonstrate more commitment to the organization. Patrick & Laschinger (2006) are congruent with the idea by showing that positive relationships between members' PE and NOC provide empowerment which may impact members' feelings of support and a sense of accomplishment at work. Spreitzer (1995) also supported the relationship between four dimension of PE and sub dimension of NOC, such that meaning is significantly related with affective and normative commitment and a sense of impact gives workers the belief that they are able to perform their work roles with skill while self determination significantly explain affective and continuance commitment and impact is significantly linked to continuance commitment. Furthermore, Kirkman & Rosen (1999) addressed the relationship between feelings of empowerment and workers' commitment to the organization as follows: PE enhance NOC through a *meaningful* job providing a suitable fit between the requirements and purposes of one's organizational work roles, a sense of *competence* giving workers the belief that they are able to perform their work roles with skill and success, self-determination giving workers control over their work and a voice in work-related decision processes, and impact facilitating workers' possibilities to

participate in shaping the organizational system in which they are embedded.

Thus, the theoretical discussion and empirical evidence create the following hypotheses:

H2a: Each dimension of PE will be positively related to influences nurses' affective commitment (meaning: H2a-1, competence: H2a-2 self-determination: H2a-3, and impact: H2a-4).

H2b: Each dimension of PE will be positively related to nurses' continuance commitment (meaning: H2b-1, competence: H2b-2 self-determination: H2b-3, and impact: H2b-4).

H2c: Each dimension of PE will be positively related to nurses' normative commitment (meaning: H2c-1, competence: H2c-2 self-determination: H2c-3, and impact: H2c-4).

C. Mediating Effect of overall PE

From the above discussion, the relationship between SL and each dimension of NOC is expected to be mediated by overall PE. SL enables subordinates to feel more empowered while the perception of empowerment has a significant effect on their emotional reliance on the organization. As a psychological sense, PE stems from the perception on self-other relation, which can lead followers to the individual's interpretation or reaction psychologically projected on empowerment (Hechanova, 2006). According to the social exchange theory perspective, high quality of PE and SL are not only affected by each other, but they can affect NOC as an outlet for the positive feelings of followers. As a psychological sense, PE stems from the perception on self-other relation, which can lead followers to the individual's interpretation or reaction psychologically projected on empowerment (Hechanova, 2006). According to the social exchange theory perspective, high quality of PE and SL are not only affected by each other, but they can affect OC as an outlet for the positive feelings of followers. As per Liden *et al.* (2000), PE plays an intermediary role between job characteristics, satisfaction and each dimension of NOC. Also, analogous study of Givens (2011) suggested that PE mediated partially the

relationship between transformational leadership and follower commitment.

Taken together, overall PE may well accentuate the effects of SL for a significant influence on each dimension of NOC, leading to the conclusion that overall PE would mediate between SL and each dimension of NOC. Accepting the notion, the study offers the following hypotheses:

H3a: Nurses' perceptions of overall PE will mediate the relationship between SL and NOC affective commitment.

H3b: Nurses' perceptions of overall PE will mediate the relationship between SL and NOC continuance commitment.

H3c: Nurses' perceptions of overall PE will mediate the relationship between SL and NOC normative commitment.

III. Methodology

1. Data

The sample was comprised of nurses working in several healthcare organizations(3 hospitals, 5 medical clinics, 5 oriental medical clinics, 8 dental clinics etc.) in Pusan City, South Korea. Questionnaires were distributed to full-time nurses, a category of employees who are in contact with customers-patients. In order to collect data for the study, a survey questionnaire was developed from a review of related literature. And questionnaires were filled out by participants. Data was collected through use of a written questionnaire hand-delivered to participants, for which the study employed self-reports known to get accurate information about internal states such as attitudes or emotions than any other method (Spector, 2006). According to Podsakoff *et al.* (2003), the arrangement and format of questions on a questionnaire might induce common method effects when questionnaires include ambiguous

questions requiring appraiser interpretations or use similar scaling anchors. The current study used a few respondents to review and recommend changes to the questionnaire prior to issuance to reduce ambiguity of the question phrasing.

Held in June, 2012, the survey received responses from 178 nurses employed at several healthcare organizations with a response rate of 62.1%. Cases that had missing data for more than one item for any of the sub scales were deleted. However, after the listwise deletion of some employees' unusable missing cases, the final data consisted of an usable sample size of 157 nurses which are over Krejcie & Morgan's (1970) recommendation for reasonable sample size.

Table 1. Demographic Characteristics of Participants

	Items	Frequency	Percentage
Gender	Male	9	5.7
	Female	148	94.3
Age	Below 30	81	51.6
	31-40	45	28.7
	41-50	23	14.6
	Above 51	8	0.51
Tenure	Below 5	74	47.1
	6-10	47	29.9
	11-15	14	8.9
	16-20	12	7.6
	Above 21	10	6.4
Education	College	117	74.5
	University	35	22.3
	Graduate School	5	3.2

Table 1 represents demographic characteristics of participants. The demographic make-up of this sample was 98.1% female with average age of 27.4 years and average organizational tenure of 9.6 years, holding their current position for 6.6 years on an average. And over 95% of respondents had education to the degree of college.

2. Measures

A. SL

SL variables were measured using the Revised Self-Leadership Questionnaire (RSLQ) developed by Houghton & Neck (2002), which includes 35 item statements in the SL scale measuring behavior-focused, natural reward, and cognitive thought strategies. Examples of items include “I establish specific goals for my own performance,” “I find my own favorite way to get things done,” “I make a point to keep track of how well I’m doing at work,” and “I visualize myself successfully performing a task before I do it.”

A 5-point Likert scale ranging from “strongly disagree” to “strongly agree” was also used by respondents when they completed the questionnaire. Higher scores reflected higher levels of SL. And the reliability of the scale was established by Houghton & Neck (2002) who reported internal consistency with the coefficient alpha ranging from .74 to .93. For the present study, the Cronbach’s alpha was .91 for general self-leadership.

B. PE

Psychological aspects of empowerment was measured using Spreitzer’s (1995) 12-item scale that comprises four three-item subscales for each of the dimensions of empowerment: perceived meaning, competence, self-determination, and impact. Sample items included, “The work I do is very important to me”(meaning), “I am confident about my ability to do my job”(competence), “I have a great deal of control over what happens in my job”(self-determination), and “My impact on what happens in my job is large”(impact). And a 5-point Likert scale ranging from “strongly disagree” to “strongly agree” was also used by respondents when they completed the questionnaire. Higher scores reflected higher levels of PE. The alpha coefficient of the scale for this study was 0.88.

C. NOC

Nurses' commitment was measured using the questions derived by Allen & Meyer (1990). Examples are: "I tell my coworkers that this organization is a great organization to work for" and "I feel very little loyalty to this organization" etc. Each item is rated on a 5-point Likert scale with response options ranging from 1=strongly disagree to 5=strongly agree. Higher scores reflected higher levels of nurses' commitment. The alpha coefficients of the scale for this study were proved to be supported by Allen & Meyer's (1991)²⁾ results suggesting that the reliability of the affective commitment scale was .87, continuance commitment scale was .75 and the normative commitment scale was .79. For the present study, the Cronbach's alphas were .67, .68, and .75 each for NOC.

D. Control variables

It is advised to control demographic variables, if possible, such as gender, age, and tenure for removing the potentially spurious relationships between the independent variable, mediator, and dependent variable (Griffeth, Hom, & Gaertner, 2000).

3. Analysis Methods

The study uses the Cronbach alpha test to assess the reliability and internal consistency of the data, and correlational analyses for an initial examination of relationships between the variables studied. Hierarchical regression analysis was also employed to test the hypotheses based on the theoretical discussion, followed by using three regression models suggested by Baron & Kenny (1986) to examine the

²⁾ The scale was tested with approximately 500 employees from two manufacturing firms and a university. Clerical, managerial, and supervisory employees were represented in the sample.

accentuation effects of PE between SL and NOC. And individual-level demographic factors such as gender, age, education, and tenure were controlled to eliminate potentially spurious relationships between the independent variable, mediator, and dependent variable. Because they may have systematic relationships with the participants' psychological resource capacities.

IV. Results and Discussion

1. Correlation and Reliability

Correlational analyses were used as an initial examination of relationships between the variables studied. Scale means, standard deviations, reliabilities, and intercorrelations among the variables are presented in Table 2 where an inspection of intercorrelation among study variables reveals a properly strong correlation between SL and PE and NOC, leading to the conclusion that SL would be associated with greater increases in PE and NOC.

Coefficient α or Cronbach's alpha³⁾ was used to test internal consistency.⁴⁾ Cronbach' alpha of each scale diagonally parenthesized proves that all variables have a good reliability estimate.

³⁾ Coefficient alpha is a kind of average of all possible split-half coefficients which is resulted from different ways of splitting the item of the scale.

⁴⁾ As per Wortzel (1979), the result is highly reliable if the value is between 0.70 and 0.98 while it should be ignored if the value is below 0.35.

Table 2. Means, Standard Deviations, and Intercorrelations of Variables

Variables	M	SD	1	2	3	4	5	6	7	8	9	10	11	12
SL	3.31	.73	(.91)											
PE-meaning	3.47	.82	.49**	(.77)										
PE-competence	3.23	.39	.45**	.43**	(.74)									
PE-self-determination	3.36	.45	.44**	.42**	.48**	(.78)								
PE-impact	3.29	.62	.36**	.31**	.33**	.31**	(.64)							
OC-affective	3.26	.21	.31**	.39**	.32**	.35**	.34**	(.67)						
OC-continuance	3.18	.31	.49**	.45**	.43	.49**	.41**	.38**	(.68)					
OC-normative	3.05	.38	.29**	.21**	.23**	.29**	.23**	.21**	.22**	(.75)				
Gender	1.91	.41	-.05	.08*	.10*	-.05	.10*	.02	-.04	.05	(.72)			
Age	26.1	9.31	-.04	.07	.07	-.04	.07	.03	-.02	.03	.01	(.71)		
Tenure	5.3	4.28	.03	.06	.06	.03	.06	.05	.04	.03	.02	.45**	(.72)	
Education	1.25	0.34	.21*	.09	.09	.08*	.09	.07	.12	.08	.06	.03	.04	(.76)

* $p < .05$, ** $p < .01$

2. Model Fit Analysis

After the analyses of the internal reliabilities, model fit was confirmed. Defined as the extent to which measurements of the particular test are repeatable, reliability refers to the notion of consistency emerges. Given that without reliability of overall model fit, hypotheses testing will not have any significant effect on the relationship between the independent variables and dependent variables, it is very significant to examine the model fit, for which a huge variety of fit indices has been developed. In this study, all the study variables were firstly specified as latent constructs represented by their respective measurement items in the CFA.

It has been known that the more indices the study use, the better reliability the study will have. The results of our CFAs are provided in Table 3, indicating that the hypothesized 5-factor model produced the best fit statistics, as well as confirming that it fit the data better than any of the three alternative models. More specifically, considering that models with RMSEA of less than .05 are considered to reflect a

good fit(Browne & Cudeck, 1993), the current model with RMSEA of .038 is considered to be an acceptable fit of the model.

Table 3. Results of confirmatory factor analyses of the focal constructs

Model	χ^2	Df	$\Delta\chi^2$	Δdf	CFI	NFI	RMSEA
Hypothesized model (9-factor)	596	264	-	-	0.95	0.92	0.038
Model 1 (combining SL and PE)	631	268	35	4	0.95	0.92	0.052
Model 2 (combining SL and NOC)	696	268	100	4	0.94	0.91	0.0538
Model 3 (combining PE and NOC)	711	268	115	4	0.94	0.91	0.056

3. Hypotheses Testing

A. Regression Analysis for the Effect of SL and PE on NOC

First, as reviewed above, the correlation between SL and PE was both highly significant and substantial, which is indicative of a strong relationship between the variables, More specifically, SL was positively correlated with the four sub-scales of PE (ranging from 0.39 to 0.62), providing support for the Hypotheses concerning the effect of SL on PE respectively. As a result, this findings provide support for the Hypotheses (H1a, H1b, H1c, and H1d) concerning the effect of SL on PE (meaning, competence, and self-determination, impact) respectively, confirming theoretically that high quality of SL increased by administrator would induce a significant and positive effect on followers' all sub dimensions of PE. This finding implies that the self-led nurses are more involved in their self-definition in their organizational roles and devote themselves to the organization's success. This is because nurse with self-led are encouraged to show proactive behavior and personal initiative and have feelings of personal ownership.

Furthermore, the results of regression analysis with PE and its sub dimensions as predictor variables and dimensions of NOC show that sub dimensions of PE are partly significant predictors of dimensions of NOC as seen in Table 4.

Table 4. Regression analysis with PE and its sub dimensions as predictor variables and dimensions of NOC

CV	Sub dimensions of PE									
	PE (Predictor Variable)		Meaning		Competence		Self-determination		Impact	
NOC- affective	beta	t-values	beta	t-values	beta	t-values	beta	t-values	beta	t-values
	.32	.13*	.14	1.55*	-.15	-1.65**	.14	1.56**	-.03	-.15
	R ² =.13		R ² =.18							
	F=.348*		F= 2.121*							
NOC- continuance	PE (Predictor Variable)		Meaning		Competence		Self-determination		Impact	
	beta	t-values	beta	t-values	beta	t-values	beta	t-values	beta	t-values
	.28	2.51*	.07	.37	2.687	1.39*	.31	3.98***	.07	.49
	R ² =.12		R ² =.21							
F=2.652*		F=2.541*								
NOC- normative	PE (Predictor Variable)		Meaning		Competence		Self-determination		Impact	
	beta	t-values	beta	t-values	beta	t-values	beta	t-values	beta	t-values
	.08	1.42*	.19	1.91*	.05	.16	1.22	2.43**	-.06	-.17
	R ² =.05		R ² =.034							
F=.795*		F=.995								

*p< .05, **p< .01, ***p< .001

The regression analysis with PE and its sub dimensions as predictor variables and sub dimensions of NOC as criterion variables shows that PE explains 13% of affective commitment, 9% of continuance commitment, and 5% of normative commitment. More specifically, the results of the regression analysis with PE's sub dimensions on each dimension of NOC are as follows:

First, the four sub dimensions of PE together explain 18% of affective commitment. But when sub dimensions of PE are entered into the regression equation, affective commitment is explained by meaning, competence, and self determination except impact, leading to the conclusions that the findings provide

support for the Hypotheses (H2a-1, H2a-2 and H2a-3) concerning the effect of SL on PE (meaning, competence and self-determination) respectively.

Second, in the same way, the four sub dimensions of PE together explain 21% continuance commitment. But continuance commitment is significantly explained by only two sub dimensions: competence, and self determination except meaning and impact, thereby Hypotheses (H2b-3 and H2b-4) are supported by the findings.

Third, while the four sub dimensions of PE together explain 3.4% of normative commitment ($R^2=0.023$, $F=0.965$, $p>0.05$), two sub dimensions of PE was proved to explain normative commitment: meaning and self determination. The result, thus, verifies Hypotheses (H2c-1 and H2c-3).

In sum, from the above model, it was found that three constructs of PE (meaning, competence, and self determination) are significant, whereas PE-impact was not found to have an effect on all of NOC construct: affective ($\beta=-0.02$, $t=-0.12$, $p>0.05$); continuance ($\beta=0.05$, $t=0.47$, $p>0.05$); and normative ($\beta=-0.02$, $t=-0.14$; $p>0.05$), leading to the conclusions that psychologically empowered followers with meaning, competence, self-determination, and impact are expected to affectively and continually commit to their organization, but PE-impact is not proved to be an antecedent variable to NOC.

Overall, taking into consideration that the results of the hypothesis testing present the strong relationship between three constructs of PE (meaning, competence, and self-determination) and NOC, despite the result that PE-impact is not related with NOC, the extensive effects of PE on NOC leave no room for doubt.

B. Hierarchical Regression Analysis for the Accentuation Effects of PE

Hierarchical regression analyses were conducted to test the hypothesized role of overall PE as mediator between SL and NOC. A complete mediating effect can be demonstrated when the following conditions hold: the predictor (SL) is related to the output (NOC); the mediator (PE) is related to the output (NOC); and the relation

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between the predictor and the output is eliminated when the mediator is controlled (Baron and Kenny, 1986). Table 5 presents the results of regression effects of PE on SL and NOC.

Table 5. Results of Hierarchical Regression Analysis for the Mediating Effects of PE

	Overall NOC	NOC-affective	NOC-continuance	NOC-normative	PE
Step 1					
Gender	0.07	0.07	0.08	-0.06	0.07
Age	0.07	0.08	-0.08	0.05	-0.08
Education	0.09	-0.09	0.09	0.07	0.08
Tenure	0.07	0.10	0.07	0.12	-0.06
F	1.59	1.75	1.61	1.58	1.64
R ²	0.093	0.084	0.079	0.086	0.089
Adj R ²	0.10	0.08	0.07	0.08	0.08
Step 2					
Gender	0.07	0.07	0.09	-0.09	0.08
Age	0.07	0.08	-0.11*	0.09	-0.09
Education	0.08	-0.08	0.10	0.08	0.10
Tenure	0.11	0.09	0.11	0.11	-0.07
SL	0.45**	0.43**	0.43**	0.42**	0.48**
F	9.65**	9.62**	9.76**	9.22**	9.98**
R ²	0.26	0.28	0.27	0.25	0.30
Adj R ²	0.24	0.27	0.25	0.23	0.28
Step 3					
Gender	0.07	0.09	0.08	-0.09	
Age	0.08	0.08	-0.10	0.08	
Education	0.09	-0.09	0.09	0.08	
Tenure	0.07	0.08	0.08	0.07	
SL	0.28**	0.27**	0.27**	0.26**	
Overall PE	0.32**	0.29**	0.28**	0.27**	
F	18.2**	15.4**	14.8**	14.1**	
R ²	0.39	0.42	0.40	0.38	
Adj R ²	0.29	0.31	0.29	0.27	

* p< .05, ** p< .01

The results show that overall PE accentuates significantly the effects of high quality of SL when positively related with NOC. In step 1, control variables (gender, age, education, tenure with the organization) entered did not make significant contribution

(9.3%) to the variance in all variables: overall NOC ($R^2=.093$, $P>.05$), NOC-affective ($R^2=.084$, $P>.05$), NOC-continuance ($R^2=.079$, $P>.05$), NOC-normative ($R^2=.086$, $P>.05$), and overall PE ($R^2=.089$, $P>.05$) respectively. But in step 2, addition of SL made significant contribution (26%) to the variance of overall NOC ($R^2=.26$, $P<.05$), NOC-affective ($R^2=.28$, $P<.05$), NOC-continuance ($R^2=.27$, $P<.05$), and NOC-normative ($R^2=.25$, $P<.05$) each, as well as making significant contribution (28%) to the variance of overall PE ($R^2=.30$, $P<.05$).

Furthermore, in step 3, the additional inclusion of overall PE explains an additional 13% of the variance in overall NOC ($R^2=.39$, $P<.05$). More specifically, the accentuation role of overall PE as a mediator significantly explains an additional 14% of NOC-affective, an additional 13% of NOC-continuance, and an additional 8% of NOC-normative each, addressing that the overall PE partly mediates between SL and NOC. Thus, the results support Hypotheses 4a, 4b, and 4c, leading to the conclusions that PE is expect to accentuate the effects of high quality of SL on nurses' commitment, as well as inspiring nurses to develop positive attitude to work and organization regardless of their gender, age, tenure, and education.

4. Discussion

As reviewed above, the correlation between SL, PE and NOC was both highly significant and substantial, which is indicative of a strong relationship between the variables. This is because nurse administrators tend to have more emotional communications with their leader when they have emotionally established close relations with nurses. This means that healthcare organizations should empower nurses to voluntarily deliver high quality patient care and enhance efficiently organizational performance. Supposing that there have been considerable worldwide interests about nurses' role⁵⁾ for both the quality and efficiency with which health

⁵⁾ Nursing is increasingly broad in scope and encompasses an ever widening range of work behaviors and role responsibilities.

services are delivered, the positive role of nurses in health care sector must be an important factor that influences the quality of health cares as well as the organization effectiveness. The result is congruent with the previous studies supporting a positive relationship between PE and NOC (Liu *et al.*, 2007; Vacharakiat, 2008). As per Patrick & Laschinger (2006), the employees will be more committed to the goals, values, and lead to stay and not to leave the organization if PE is enhanced in work environment. This logic is supported by Laschinger, Finegan, Shamian, & Wilk (2003) who addressed that PE at baseline had a negative effect on emotional exhaustion such as burnout and turnover, as well as Nichols *et al.* (2009) who have examined that workers would be motivated to enhance the well-being of the leader by being cooperative, loyal, and committed when they feel emotionally supported by leaders.

More importantly, highlighting firstly the contextual SL-NOC with the concept of PE as a mediator, the study proved that PE mediate fully the relationships between SL and NOC. When overall PE was additionally entered into the regression equation with NOC as the dependent variable, the R^2 s of the third requirement for mediation increased significantly each, thereby supporting that further increases in PE accentuate the role of SL on NOC. Because the aspects of PE will further provide followers with more sense of competence, value and significance in what they are doing. When highly committed, nurses that will come into contact with patients are expected to be responsible for the quality of patient's cares and organization performance (Laschinger, Finegan, & Shamian, 2001; Scotti, Harmon, & Behson, 2007). Furthermore, it has been known to accentuate the effects of highly committed nurses when they are empowered psychologically in the workplace. As per Mowday *et al.* (1982), it is the psychological bond that an employee has with an organization. This idea is supported by many studies. As per Zazzali *et al.* (2007), PE may be an especially important determinant in health care performance. Leggat, Bartram, & Stanton (2008) also advocate the role of human resource management related with information sharing, teamwork, and decentralized decision, which are associated with

sub dimensions of PE. As a result, nurses are more likely to get internal incentives, and having a more sense of belonging and attachment towards the organization when they feel more empowered psychologically by more autonomy and self-determination with which they create positive values for the organization.

A. Practical Implications

Practically, it is expected to enhance NOC through increasing their SL and PE. It is because self-led and empowered nurses are more likely to have feelings of competency and the belief that they have a positive impact on their healthcare organization, thereby encouraged to be committed to their organization. This is supported an empirical study (Donahue *et al.*, 2008) in which nurses who reported that they were empowered perceived that they were better at their jobs, as well as recognizing a significant positive relationship between nurses' perceptions of empowerment and patient satisfaction scores. In the same vein, Felfe *et al.* (2008) confirmed that without the presence of PE, high-performing work systems have limited impact on the quality of patient's cares as well as organization performance, as well addressing that empowered nurses are likely to show more willingness to engage in good organizational citizenship behavior to maintain their employment status. This is pretty much the same as that of Mannion, Davies, & Marshall (2005) who found that highly empowered workforce positively and significantly contributed to the higher performing hospitals.

As such, nurses with initiatives and autonomy which are the key characters of SL and PE would make an increasing commitment to the hospital organization for providing customers with service quality. Repeatedly, SL and PE are likely to play a significant role on nurses' perception that they have the opportunity to help determine work roles, accomplish meaningful work, and influence important decisions in their organization (Yukl & Becker, 2006).

Therefore, the practical implication of this study come to the conclusion that it

is advised to enhance SL and PE of nurses for improving medical employees well-being and delivering high-quality patient's cares (Ning, Zhong, Libo, & Qiuji, 2009; Khatri, Brown, & Hicks, 2009; Singer, Falwell, Gaba, Meterko, *et al.* 2009).

Supposing that NOC provide the opportunity to examine employee and workplace behaviors in a more sophisticated way than traditional measures, it is worthy of note in that this study provides scope for further research on the effects of SL and PE on NOC.

B. Limitations and Future Studies

Before presenting the conclusions to be drawn from these results, the limitations of this study should be noted. The present investigation design has, despite several contributions to the literature, some limitations, like any other study.

First limitation is the cross-sectional nature of the study, meaning that it is not certain that there are any cause-and-effect relations among SL, PE, and NOC. Even though these shortcomings are, in common in most empirical studies, not expected to distort the significant findings of the study, longitudinal study that would span over one or two years is suggested in future research so that cause-and-effect relationships could be established.

Second limitation is the reliance on self-report data related to common method bias, which may lead to percept-percept inflation. Supposing that self-report data is preferable to other-report data when dealing with individual perceptions, dispositions, and cognitions, the problem on self-report data is not longer expect to depreciate the results of the current study. It is because self-report data lessens the effects of social desirability bias by and toward other raters. The expectation is additionally supported by recent study arguing that individuals are able to provide reasonable self-ratings of OCBs (Ilies, Fulmer, Spitzmuller, & Johnson, 2009).

Another potential limitation to this study concerns the shortcomings of the Baron and Kenny approach used for testing the mediation effects, being challenged by some

studies (Mallinckrodt, *et al.*, 2006; Krause, *et al.*, 2010). For more accurate testing, future study is expected to employ bootstrap method referred to as the most powerful tests of mediation.

A final limitation relates to the generalizability of the study. Nurses in this study were sampled from small and medium sized healthcare organizations in the northern and western parts of Pusan City, Korea. Therefore, the findings, conclusions and implications of the study may not be generalizable to other healthcare organizations.

It is, therefore, advised to stimulate future studies with the appropriate method to further study the relationships among these variables in a larger context and in different geographical areas. Future studies could utilize a behaviorally-based measure of PE to better determine if the theorized relationship between NOC and PE is empirically justified. Also, the personality of participants could have affected how much they are influenced by their supervisors' leadership style, and this should be addressed in future research. Furthermore, expanding on the findings of this study, future research could address the role of individual differences and emotional contagion in understanding SL process.

V. Conclusions

Reviewing whether SL and PE have significant relationships with a variety of NOC, this study was to examine the direct effect of nurses' SL on their OC, and the impact of nurse's PE, as a mediating construct, on this relationship. More specifically, this study expected to find two issues: first, the relationship between SL, PE and NOC (affective, continuance, and normative), and second, the role of PE between SL and NOC. The results support the hypotheses in this regard.

The results revealed that SL and PE had a statistically significant relationship with NOC. The research results also reveal that PE partially mediated that relationship. Not only are the findings of this study important to the literature, but they also contribute to understanding of SL and PE as a capacity for the enhancement of NOC. Especially, the findings can provide more insight into the possible effects of PE in the positive relationship between SL and NOC.

Conclusively, it is necessary to empower nurses to be committed with competence and self-determination by enhancing individual self leadership practices.

이재욱은 부산대학교를 거쳐 신라대학교에서 박사학위를 받았으며, 현재 신라대학교 보건행정학부에서 강사로 재직 중이다. 주요 관심분야는 조직론이며, 현재 의료조직에서 리더십과 조직시민 행동, 간호사의 핵심자기평가의 역할 등을 연구하고 있다.

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김대원은 경북대학교에서 행정학 석·박사학위를 받았으며, 현재 신라대학교 보건행정학부에서 교수로 재직 중이다. 주요 관심분야는 조직론, 보건학 등이며, 현재 병원조직에서 리더십과 조직 시민행동, 병원인력의 긍정심리자본이 셀프 리더십 강화효과에 미치는 영향분석 등을 연구하고 있다.

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간호사의 셀프리더십과 조직몰입도간 관계에 대한 심리적 임파워먼트의 매개효과

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의료기관도 서비스기관이기 때문에 일선 환자들과 대면하는 간호사의 조직몰입은 의료기관의 성과에 직접적인 영향을 미친다는 것은 재론의 여지가 없다. 본 연구는 의료기관에서 핵심적 역할을 하는 간호사의 조직몰입은 환자의 치료 질을 높여 조직의 성과로 이어진다는 시각에 입각하여 간호사의 조직몰입 영향요인으로 최근 강조되고 있는 셀프리더십과 심리적 임파워먼트를 선행변인으로 선정하여 이들이 간호사의 조직몰입에 미치는 영향을 경험적으로 분석하는 데 목적을 둔다. 분석결과에 의하면, 셀프리더십과 심리적 임파워먼트 모두 간호사의 조직몰입에 유의한 정적 영향을 미치는 것으로 나타났다. 특히, 심리적 임파워먼트는 다른 두 변인사이에서 매개역할도 하는 것으로 나타났다. 따라서 본 연구는 성과주의 가치관의 지배로 직무소진(burnout)이 심화되고 있는 현실에서 조직의 효율성을 높이기 위해서는 무엇보다 상관과 구성원간의 관계는 물론 구성원의 역량과 자기결정성 등을 높일 수 있는 심리적 임파워먼트가 중요하다는 것을 지적하고 있다는 점에서 의미를 찾을 수 있다.

주요용어: 셀프리더십, 심리적 임파워먼트, 조직몰입, 매개효과