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The Role of Psychological Empowerment Mediation and Organizational Commitment to Influence Transformational Leadership on Nurse Performance (Study at The Countermeasures Referral Hospital Certain Emerging Infectious Diseases in Bali)

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Abstract

Nurses who work during the pandemic have a high risk of exposure to the Covid-19 disease. The professional obligations of nurses that must be carried out during the pandemic have caused many nurses to have concerns about work and have an impact on their performance. This study aims to be able to analyze the role of psychological empowerment mediation and organizational commitment on the influence of transformational leadership on the performance of nurses in the isolation room of a referral hospital for the management of certain emerging infectious diseases in Bali. The sample of this study was 199 respondents from 396 nurses who worked in the isolation treatment room of a referral hospital to manage certain emerging infectious diseases in Bali. The sampling technique used is incidental sampling. This study uses a quantitative approach associative of causality with the dissemination of google form questionnaires analyzed using SmartPLS. The results of the study prove that (1) transformational leadership does not have a direct effect on nurse performance, (2) transformational leadership has a positive and significant effect on psychological empowerment, (3) transformational leadership has a positive and significant effect on organizational commitment, (4) psychological empowerment has a positive effect. and significant effect on nurse performance, (5) organizational commitment has a positive and significant effect on nurse performance, (6) psychological empowerment fully mediates positively and significantly influences transformational leadership on nurse performance, (7) organizational commitment fully mediates positively and significantly influences transformational leadership on nurse performance. Organizational commitment has a stronger mediating role than psychological empowerment on the influence of transformational leadership on nurse performance. This research implies that nurses' performance improvement can be done with transformational leadership which is able to make nurses have high organizational commitment and psychological empowerment.

Keywords: *transformational leadership, psychological empowerment, organizational commitment, nurse performance.*

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INTRODUCTION

Private companies and government companies are expected tobe able to adapt in following the development of the ASEAN Economic Community (AEC), to provide services that meet customer expectations. The hospital as a company engaged in health services manages activities to increase work productivity by always prioritizing patient safety. The role of nurses is needed because nurses are health workers who deal directly with patients for 24 hours. Nurses are a valuable asset in health care institutions (Swansburg, 2000: 45).

Handling infection cases during the Covid-19 pandemic requires competent health care facilities and nurses to be able to overcome complaints and the spread of the virus. Nurses in carrying out their duties perform services by directly caring for patients at close distances, often exposed to the SARS-CoV-2 virus and have a high risk of experiencing C ovid-19 disease (Wu et al., 2020). Theprofessional requirements of nurses that must be carried out during the pandemic have caused many nurses to have concerns about their work and the impact on themselves. Concerns about the risk of infection, transmission to family members, stigma about work and restrictions on personal freedom (Wu et al. , 2020).

The problem of nurse concerns can be overcome by providing motivation and overcoming the causative factors which is an effective way to improve nurse performance (Alhakami &; Baker, 2018). Every health facility must work efficiently, accountably, and effectively by preparing a plan for empowering health workers to develop and ensure employee performance (Basu et al., 2012).

The professional performance of nurses has an important role in creating good quality health services, because nursing personnel are the first and longest contact liaison with patients, so that nurses are figures who can represent almost the entire image and appearance of the hospital (Aditama, 2003: 56). Quality nursing services ensure the existence of quality nursing care to meet standards on evaluation and quality control to meet patient satisfaction (Aditama, 2003: 52; Al-Aameri, 2000).

Thework of nurses does not always show satisfactory results, hospitalizedpatients on average perform tasks that are at risk of contracting diseases and different types of work as much as 93 times in one week and the tasks are eight times more complicated than factory workers (Nursalam, 2014: 48). Nurses are always required to be able to show good service because it concerns human survival. Conditions like this can cause a sense of pressure in the nursing profession, so it can cause stress (Nursalam, 2014: 50).

The role of nurses is increasingly tested by the development of Covid-19 pandemic cases, which are one of the Emerging (PIE) Infection Cases. The initial strategy of government policy to overcome the pandemic from the Ministry of Health of the Republic of Indonesia is to establish Hospital services (RS) as a referral center for handling the Covid-19 outbreak. In accordance with the Decree of the Minister of Health Number HK. 01.07/MENKES/169/2020, as many as 132 hospitals in Indonesia have been established as referrals for the management of certain emerging infectious diseases. Four hospitals in Bali Province are designated as references for handling certain emerging infectious diseases, namely: Sanglah Central General Hospital Denpasar, Tabanan Regional General Hospital, Gianyar Regional General Hospital and Buleleng Regional General Hospital. Based on preliminary studies, data on the number of bed capacity to handle emerging infectious disease referrals in Bali Province are shown in Table 1.

Table 1 Bed Capacity Hospital Referral of Emerging Infectious Diseases in Bali in 2021

No	Hospital	Bed (Unit)	Percentage (%)
1	Sanglah Hospital Denpasar	164	47,54
2	Tabanan Hospital	48	13,91
3	Gianyar Hospital	79	22,90

4	RSUD Buleleng	54	15,65
	Total Amount	345	100.00

Source : Preliminary study at Sanglah Hospital Denpasar, Tabanan Hospital, RSUD Gianyar and RSUD Buleleng in 2021

Based on Table 1. Thereferral of certain emerging infectious diseases in Bali that has the highest bed capacity is Sanglah Hospital Denpasar, which is 164 bed units (47.54%). Sanglah Hospital Denpasar is a hospital from the Ministry of Health of the Republic of Indonesia with tipe A and is the largest hospital in Bali.

In previous studies, nurses' performance was measured by several performance criteria, namely; quality, quantity, time and cost (Russel, 2006), while in this study nurse performance was measured using OPPE (Ongoing Professional Practice Evaluation) based on practical professional performance of the nursing profession (KARS, 2019). To the knowledge of researchers so far no researchers have used OPPE in measuring nurse performance which is a novelty in this study.

A preliminary study conducted in April 2021 on 15 nurses as respondents in the four hospitals that became the location of the study. The highest practical professional work of nurses is found at Sanglah Hospital Denpasar which is 56% and the lowest performance is shown at Sanjiwani Gianyar Hospital which is 44%. Nurse performance from the results of preliminary studies at four referral hospitals for certain emerging infectious diseases in Bali, it was found that nurse performance was still < 60%, which means that the practical professional work of nurses is meaningful to others.

The performance of nurses who have not been optimal during the pandemic at certain emerging infectious disease referral hospitals in Bali, was also found to be not optimal based on the results of direct interviews with four leaders in charge of services in each hospital who served as the person in charge of the isolation room that handles infectious and infectious Covid-19 patients (Shamkhi, 2023). The results of an in-depth interview that has been conducted with the leader in charge of nursing services at the Certain Emerging Infectious Disease Referral Hospital in Bali, the theme of the problem is that caring, friendly, responsive, compliance, integrity and loyalty and cooperation are still not optimal and need to be motivated to be developed.

The work of nurses indeveloping professional abilities during the pandemic, according to informants, still cannot be carried out in the form of technical training activities as expected and only most of the development activities with webinars and only a few nurses can contribute to conducting scientific discussion activities (Isa, 2023). The view regarding nursing clinical outcomes that cannot be achieved optimally, the ability of nurses to fulfill the completeness of nursing care documentation is still weak and the incidence of nosocomial infections and the incidence of falling patients still occurs due to lack of nurse compliance and supervision.

The results of the pre-survey conducted to external customers of the hospital as service users in the isolation room obtained the following results; Patient dissatisfaction with nurse services in the isolation room is related to clarity of administrative requirements (6.1%), clarity of nurses serving (7.5%), service mechanisms in the isolation room (7.9%), certainty of nurses serving (7.9%), ease of service procedures in the isolation room (7.9%), speed of service time in the isolation room (6.6%), accuracy of implementation of the service time schedule (8.9%), compatibility between the services received and the provisions set in the room isolation (8.9%), the ability of nurses to provide services (8.9%), the friendliness of nurses in providing services (6.0%), the discipline of nurses in providing services (6.3%), the responsibility of nurses in providing services (6.3%), handling complaints by nurses (4.6%), follow-up complaints by nurses (5.2%), comfort in the isolation room environment (8.0%). The data shows that patient

dissatisfaction is mostly related to nurse behavior as a reflection of nurses' service performance that is less than optimal from the point of view of service users (external) as real customers.

The role of the leader in providing reinforcement support to nursing staff as human resources is indispensable for the continuity of good services according to planned standards. Achieving good performance and being able to compete for success in a dynamic environment, organizations really need proactive human resources, and remain committed to performing using high standards (Saha &; Gregar, 2012). Human resources are considered valuable and imitable assets and generate sustainable competitive and profitable results through innovative ideas (Jung et al., 2003).

Increased motivation to break new ground requires people, who can manage and lead human resources efficiently. Leaders play a large role in this context (Liaw et al., 2010). Leaders are essential in encouraging employees to learn, reach their full potential and push learning boundaries. Their leadership capabilities help in achieving and maintaining a qualified workforce (Liaw et al., 2010).

Transformational leadership shapes followers' behavior by motivating them to perform beyond expectations by changing their attitudes, beliefs, and values as opposed to simply gaining compliance (Rafferty & Griffin, 2004). This leadership ability can bring valuable and positive performance change among followers with transformational leadership strategies (Al-Swidi et al., 2012). Transformational leadership by using authority capacity takes on the role of acting as a guide, mentor and coach who can improve the performance of its followers (Shibru &; Darshan, 2011).

Transformational leadership is very influential to encourage employee creativity and performance behavior (Shin &; Zhou, 2003; Paracha et al., 2012). Transformational leaders are expected to have enough qualifications to inspire followers and be able to produce creative performance (Bass & Riggio, 2006). Transformational leadership can influence employees to think creatively in increasing work productivity (Jung et al., 2003). Other studies say that not all transformational leadership directly affects performance, but there are mediating variables that become indirect connecting factors so that good performance can be fulfilled. Empirical studies conducted by Jung et al., (2003) are in line with the concept of Path-Goal Theory which states that leadership effectiveness depends on how well the leader can provide guidance, motivation, support to achieve goals and job satisfaction of subordinates. To achieve goals and job satisfaction, the leader must take into account two types of situations, the personal characteristics of subordinates and the demands of the environment.

The Path-Goal Theory model is used as the main theory in explaining how a leader can make it easier for subordinates to carry out tasks by showing how their achievements can be used as a tool to achieve the desired reward, this theory is in line with empirical studies of the results of transformational leadership research on performance conducted by Sibeetle (2013), convey that transformational leadership has a positive effect on performance. Transformational leadership affects performance, because the impact of transformational leadership will be able to better understand the situation and condition of nursing personnel so that they can be better represented in improving performance (Ali et al. , 2016; Bushra et al., 2011). Transformational leadership does not directly affect performance, but to be able to support better performance requires high organizational commitment (Hancott, 2005).

Transformational leadership can also enhance psychological empowerment through challenges in the work of its followers (Jung et al., 2003; Gumusluoglu & Ilsev, 2009; Barroso et al., 2008; Indradevi, 2012) . Employees who are in organizations with transformational leadership, will have positive emotions about their work because they feel empowered. The opposite view on the research by Khan et al. (2011) and Patah et al.

(2009) which states that psychological empowerment does not have a significant effect on employee performance. The empirical study of Gumusluoglu & Ilsev (2009, is in line with social exchange theory as a supporting theory which states that subordinates who are treated well by the company make subordinates have a commitment to reward with positive behavior through better subordinate performance.

A company will achieve success if it is able to develop and maintain all existing components including psychological empowerment. Spreitzer et al. (1999), said psychological empowerment is defined as a state that gives power and control to a person, thus causing a feeling of ability to do work and smoothing out a situation that can increase intrinsic motivation for tasks, which is manifested into four cognitions, namely meaning, competence, self-determination and impact which reflects a person's orientation towards his or her job role.

Psychological empowerment has a significant effect in improving performance, the better psychological empowerment, the performance can increase (Sulistyo, 2014). Research conducted by Ambad & Bahron (2012), shows that when employees feel empowered by providing autonomy, freedom, and opportunities to determine how to do work, they will be more committed to the organization and do their best to ensure sustainability in generating work productivity. Employees are directly involved in outcomes that affect the organization and the more individuals involved in decision making, the more committed they are to the organization (Ambad &; Bahron, 2012).

Another novelty of this research is the development of a model using psychological empowerment and organizational commitment as mediates in the influence of transformational leadership on nurse performance. Psychological empowerment as a mediator because it can influence transformational leadership in improving nurse performance. Well-managed psychological empowerment can increase employee confidence so that they are able to challenge the mind, imagination and creativity to produce good performance (Barrosso et al., 2008; Stewart et al., 2010). The role of organizational commitment as a mediator will be able to influence transformational leadership on nurse performance, because organizational commitment is able to foster integrity, loyalty, love and organizational ownership in producing nurses who perform well (Bushra et al., 2011).

THEORETICAL FRAMEWORK

Transformational leaders articulate a vision of the future, intellectually stimulate followers, recognize individual differences, and help develop their strengths. Transformational leadership behavior consists of four components: motivational inspiration, ideal influence, individual consideration, and intellectual stimulation (Avolio et al., 1999; Kark et al., 2003). Motivational inspiration specifically includes creating and presenting using symbols and emotional arguments, and showing optimism and enthusiasm. The ideal influence attitude can be seen from behavior by setting a personal example, and demonstrating high ethical standards. Individual consideration includes providing support, encouragement, and instruction to followers. Intellectual stimulation involves behavior that increases awareness of the problem and challenges followers to see the problem from a new perspective. Employees are highly committed to the organization when leaders pay attention and involve them.

Employees who are involved will see themselves as more competent, able to influence their work and organization in a meaningful way (Barroso et al., 2008). Employees feel bound and highly committed to their organization (Bushra et al., 2011). Employees are willing to work independently for the sake of the organization, without the need for supervision. They have concentration, flexible initiatives and higher additional commitment to the organization (Ambad & Bahron, 2012). The research thinking

framework can be seen in the process of theoretical synthesis used in this study. The process of theory synthesis is shown in Figure 1.

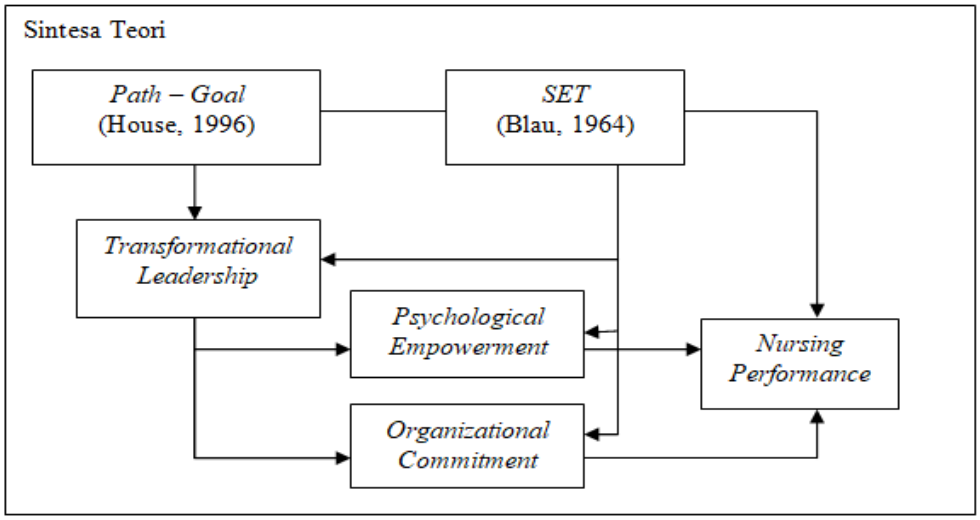

Figure 1. Synthesis Theory

Source: Udayana, 2021

Based on Figure 1.1, the research theory synthesis process can be explained using path-goals and social exchange theory (SET). The role of transformational leadership in improving nurse performance in order to produce work productivity in accordance with customer expectations, requires the support of staff who can carry out their duties and responsibilities to achieve organizational goals (Robbins & Judge, 2015: 265). Path-Goal Theory is used as the main theory in achieving better nurse performance with the support of psychological empowerment and organizational commitment. Strengthening the behavioral dimensions of subordinates by making employee reciprocity efforts on psychological empowerment through giving reciprocal recognition of employee abilities and strengthening behavior through fostering high commitment from staff in advancing the organization (Blau, 1964).

Social Exchange Theory as a supporting theory complements and provides reinforcement of the dimensions used in achieving organizational goals. Social exchange theory as a sense that can lead to shared perceptions of goals in the future. This theoretical view can encourage staff to be motivated and committed to the organization. Leaders' support for maintaining and strengthening subordinates in fostering loyalty and high dedication to the organization can provide opportunities for critical and innovative thinking in conveying ideas that are able to build psychological empowerment and stronger organizational commitment of nurses to achieve better performance productivity (Robbins & Judge , 2015: 270). Leadership in this case plays a very important role in an organization.

RESEARCH METHODS

This research uses a quantitative approach that is associative causality. Causality associative research in the formulation of research problems is to ask the relationship between two or more variables. Causality relationship is a relationship that is cause and effect between variables. This quantitative approach toresearch describes facts or phenomena that are observed to have objective reality that can be measured by the use of question structures where answer choices have been provided (Sugiyono, 2019: 65). This research was conducted at Certain Emerging Infectious Disease Referral Hospitals in Bali, namely; Sanglah Hospital Denpasar, Tabanan Hospital, Sanjiwani Gianyar Hospital,

and Buleleng Hospital. The hospital is used as a referral for Covid-19 patients in accordance with the provisions of the decree of the Minister of Health of the Republic of Indonesia Number 169 of 2020.

Data Types and Sources

There are two types of data used in this study, namely:

1) Quantitative data is data that is expressed in the form of numbers and has units of calculation, such as the number of nurses, bed capacity, gender, age, education, length of service, employment status, type of nurse, hospital where they work and the score of respondents' answers to statement items in the questionnaire.

2) Qualitative data is data that cannot be expressed in the form of numbers and does not have units of calculation, such as the characteristics of respondents (including; name, gender, age and others).

There are two sources of data used in this study, namely:

1) The primary source is data from the person in charge of the room by filling out statements submitted by researchers in accordance with questionnaires in the form of google forms.

2) The secondary source is all nurses who work in the isolation room and are willing to become respondents by filling out the google form link forwarded by the nurse in charge of the room.

Population and Sample

The population in this study is nurses who work in the isolation room of the Referral Hospital for the Management of Certain Emerging Infectious Diseases in Bali Province. The criteria of the study population consisted of inclusion criteria and exclusion criteria. The inclusion criteria of this study population are;

1. Nurses working in isolation rooms

2. Nurses who wish to fill out the research questionnaire google form .

Exclusion criteria from the study population, namely:

1. Isolation room nurses who are unwell or sick

The sampling technique used in this research proposal uses non-probability sampling techniques, namely incidental sampling through observation, feedback from filling out google forms to determining samples based on suitability with data sources found by researchers to meet the proportional number of samples from certain emerging infectious disease referral hospitals in Bali. The incidental sampling technique was used because the research was carried out during the Covid-19 pandemic, so limited interaction was carried out to reduce the transmission of the spread of the virus. The number of samples from each specific emerging infection referral hospital in Bali is Sanglah Hospital Denpasar as many as 87 people, Tabanan Hospital as many as 23 people, Sanjiwani Gianyar Hospital as many as 43 people, and Buleleng Hospital as many as 46 people.

Research Variables

Based on the subject matter and hypothesis proposed, broadly speaking the variables in this analysis can be identified, as follows.

1) Endogenous variables are variables that are influenced by exogenous variables, namely Nurse Performance (Y) with three dimensions.

2) Exogenous variables are variables that affect endogenous variables suchas Transformational Leadership (X) with four dimensions.

3) Mediation variables are variables that mediate or interven the influence of exogenous variables on endogenous variables. In this study, the mediating variables are Psychological Empowerment (Z 1) with four dimensions and Organizational Commitment (Z2) with three dimensions.

Research instruments

One of the research activities is data collection. Data collection techniques in this study were carried out by filling out questionnaires in the form of google forms. The questionnaire contains several statements related to the measurement of variancesel transformational leadership, psychological empowerment, organizational commitment, and nurse performance filled in by respondents. Data collection activities are carried out with certain techniques and using certain tools called research instruments. A research instrument is a tool used to measure observed natural or social phenomena. Specifically, all these phenomena are called research variables (Rahyuda, 2016, page 38).

Data Analysis Techniques

The data analysis technique in this study used Partial Least Square (PLS). PLS is a Structural Equation Modeling (SEM) equation model with an approach based on variance or component based structural equation modeling. The purpose of PLS-SEM is to develop theories or build theories (predictive orientation). PLS is used to explain the presence or absence of relationships between latent variables. PLS is a powerful analysis method because it does not assume current data with certain scale measurements, small sample numbers (Hair et al., 2017; Ghozali & Latan, 2015).

This research has a complex model and a limited number of samples, so that in data analysis using SmartPLS software. SmartPLS uses bootstrapping methods, so the assumption of normality will not be a problem. Data analysis in quantitative research is an activity after data from all respondents is collected. Activities in data analysis are grouping data based on variables and types of respondents, tabulating data based on variables from all respondents, presenting data for each variable studied, doing calculations to answer problem formulations, and doing calculations to test hypotheses that have been proposed. Data analysis techniques in quantitative research use statistics consisting of descriptive statistics and inferential statistics.

HASIL RESEARCH AND DISCUSSION

Measurement Model/Outer Model Evaluation

In relation to the indicators that make up the latent variables in this study are reflexive, the evaluation of the measurement model (measurement model/outer model).

1) Convergent validity

Convergent validity of the measurement model is a criterion for measuring the validity of reflective research indicators. This convergent validity evaluation is carried out based on the outer loading value/coefficient of each indicator against its latent variable. The outer loading value of each indicator of the transformational leadership variable dimension used in this study can be seen in Table 2.

Table 2. Outer Loadings Value of Transformational Leadership Indicator (X1)

Dimension	Indicators	*Outer Loading*
Inspirational Motivation ($X_{1.1}$)	Leaders show recognition of subordinates' work performance. (X1. $_{1.2}$)	0.8 6
	Leaders are highly trusted by subordinates (X1. $_{1.4}$)	0.7 6
	Leaders express important goals to subordinates in a simple way (X1. $_{1.5}$)	0.8 5

Dimension	Indicators	*Outer Loading*
	The leader shows concern for the work of subordinates (X1. 1.6)	0.8 4
	Leaders inspire them to see problems that are initially difficult for subordinates (X1. 1.7)	0.80
Idealized influence ($X_{1.2}$)	Leaders make subordinates happy when they are around them (X1. 2.1)	0.81
	Leaders set high standards for achieving results (X1. 2.2)	0.58
	The leader opens ideas, which makes subordinates rethink previous good ideas (X1. 2.3)	0.81
	Leaders give personal attention to subordinates who seem neglected (X1. 2.4)	0.72
	Leaders make subordinates comfortable when discussing in every problem (X1. 2.5)	0.8 5
	Leaders are happy to give subordinates the job their way, unless changes are needed (X1. 2.6)	0.72
	The leader makes subordinates proud to associate with him (X1. 2.8)	0.8 7
	Leaders provide motivation to encourage subordinates' work (X1. 2.9)	0.77
	Leaders encourage subordinates to be more creative (X1. 2.10)	0.73
Individual Considerations (X1.3)	Leadership is seen as a symbol of success and work achievement (X1. 3.2)	0.6 7
	Leaders use symbols and images to focustheir efforts (X1. 3.3)	0.67
	Leaders emphasize the use of intelligence to overcome obstacles (X1. 3.4)	0.7 7
	The leader knows what subordinates want and helps to get it (X1. 3.5)	0.82
	Leaders praise subordinates for doing a good job (X1. 3.6)	0.80
	The leader is respected by his subordinates (X1. 3.9)	0.5 8
	The leader gives encouragement to talk to subordinates (X1. 3.10)	0,81
Intellectual Stimulation (*X1.4*)	The leader tells subordinates how to complete the workn (X1. 4.1)	0,78
	The leader is satisfied with the performance of subordinates as long as it is built with a work plan (X1. 4.3)	0.70
	The leader describes a way to encourage his subordinates (X1. 4.6)	0.79
	The leader gives subordinates a reason to change the way the problem is thought (X1. 4.7)	0.77

Source: Data Processed in 2022

The outer loading indicator value which is smaller 0.50 (< 0.5), is removed from its construct, namely: X 1.1.1, X 1.1.3, X 1.2.7, X 1.3.1, X 1.3.7, X 1.3.8, X 1.4.9, X 1.4.10. The value of average variance extracted (AVE) higher order construct 0.369 which is still < 0.50, for that it is necessary to delete the lowest loaded indicator items, namely: X 1.3.2, X 1.4.2, X 1.4.8, X 1.4.4, X 1.4.5 until the AVE reaches 0.50. A transformational leadership construct model that has met the validity and reliability test and is set out in Figure 1.

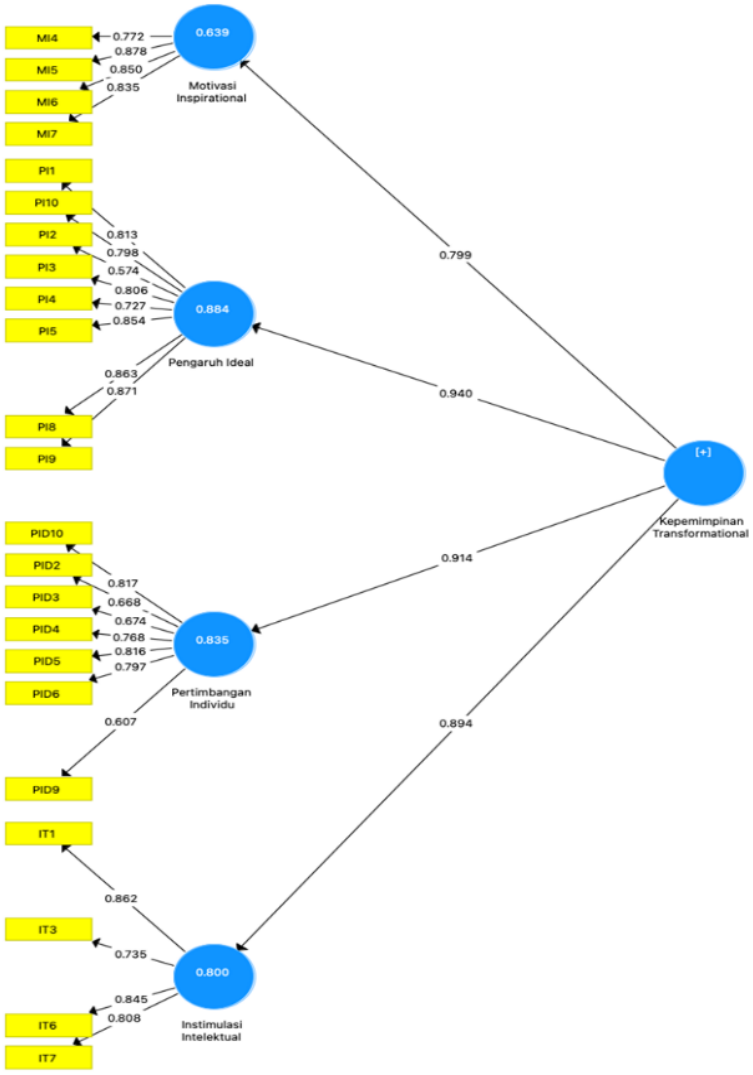

Figure 2. Results of CFA Construct Second-OrderLeadership Transformersional

Source: Data Results Processed by SmartPLS 3.3.3 Year 2022

The outer loading value of each indicator on the variable dimension of psychological empowerment used in this study can be seen in Table 3.

Table 3. Outer Loadings Value of Psychological Empowerment Indicator

Dimension	Indicators	Outer Loading
Meaning ($Y_{1.1}$)	I am an important person in carrying out this work ($Y_{1.\ 1.1}$)	0,62
	My coworkers are always scrambling to be partners ($Y_{1.\ 1.4}$)	0,66
	When I'm absent from work, coworkers feel lost ($Y_{1.\ 1.5}$)	0,71
Impact ($Y_{1.2}$)	I have a considerable impact on the work unit ($Y_{1.\ 2.1}$)	0,78
	I have great control over what happens in the work unit ($Y_{1.\ 2.2}$)	0,72
	I have a significant influence on what happens in the work unit ($Y_{1.\ 2.3}$)	0,75
	The leader asks for my opinion in making a decision ($Y_{1.\ 2.4}$)	0,76
Comptence ($Y_{1.3}$)	I am confident in the ability to get the job done ($Y_{1.\ 3.1}$)	0,64
	I can always complete all the assigned tasks ($Y_{1.\ 3.2}$)	0,75
	I have mastered the skills necessary for the job ($Y_{1.\ 3.3}$)	0,72
	I can complete work that requires *special order* ($Y_{1.\ 3.4}$)	0,73
Self	I can decide for myself how to do the work ($Y_{1.\ 4.1}$)	0,67

Dimension	Indicators	Outer Loading
Determination ($Y_{1.\ 4}$)	I have considerable opportunities for independence and freedom in doing work ($Y_{1.\ 4.2}$)	0,69
	The leadership always agreed with my decision ($Y_{1.\ 4.3}$)	0,61

Source: Data Processed in 2022

The outer loading indicator value that is < 0.50, must be removed from its construct, namely: Z 1.1.2, Z 1.1.3, Z1.3.5. The AVE value of the construct is still < 0.50 which is 0.43 which is removed on the lowest charged indicator item, namely: Z1.3.6 until the AVE reaches 0.50. After going through several stages of modification, it can be seen that all average variance extracted (AVE) values are above 0.50, so it can be said to be valid and can be used to measure each latent variable. A construct model of psychological empowerment that has met the test of validity and reliability and is contained in Figure 2.

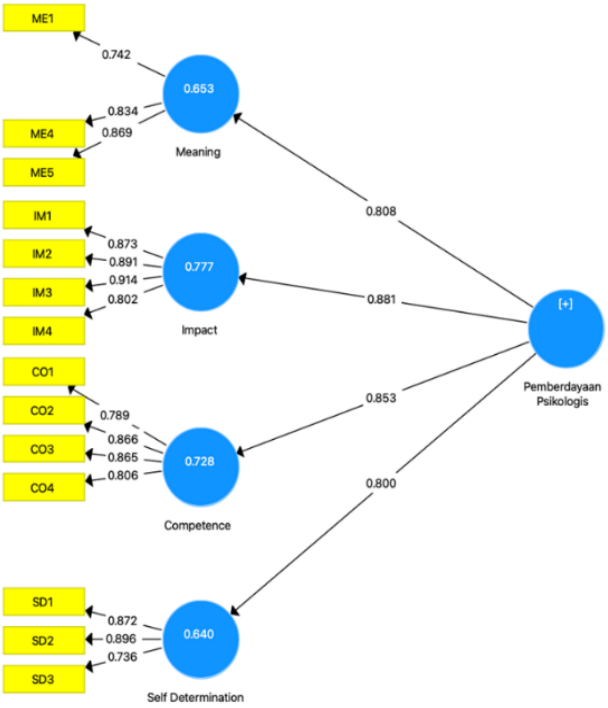

Figure 3. Results of CFA Second-Order Construct of Psychological Empowerment

Source: Results Processed SmartPLS 3.3.3 Year 2022

The outer loading value of each indicator on the variable dimension of organizational commitment used in this study can be seen in Table 4.

Table 4. The Value of Outer Loadings Indicators of Organizational Commitment

Dimension	Indicators	*Outer Loading*
Affective Commitment (Y 2.1)	It's a pleasure to spend the rest of my career with this hospital. ($Y_{2.1.1}$)	0,71
	It's good to discuss about the hospital with the people inside. ($Y_{2.\ 1.2}$)	0,76
	I can't easily be attached to other hospitals. ($Y_{2.\ 1.4}$)	0,65
	Feel like part of the family in this hospital ($Y2.\ _{1.5}$)	0,80
	Feeling emotionally attached to this hospital ($Y2.\ _{1.6}$)	0,76
	This hospital has many personal meanings ($Y_{2.\ 1.7}$)	0,89
	Have strong feelings for this hospital. ($Y_{2.\ 1.8}$)	0,89
Continuous Commitment (Y 2.2)	Fear of what might happen if you quit your job without having another job. ($Y_{2.\ 2.1}$)	0,77
	It will be difficult to leave the hospital at this time.	0,84

Dimension	Indicators	*Outer Loading*
	($Y_{2.\ 2.2}$)	
	Too many will be disturbed if they leave this hospital. ($Y_{2.\ 2.3}$)	0,88
	It was too expensive to leave this hospital (Y2. $_{2.4}$)	0,91
	Surviving in a hospital is a matter of need and want. ($Y_{2.\ 2.5}$)	0,81
	Feeling little option to consider if leaving the hospital at this time (Y2. $_{2.6}$)	0,75
	A serious consequence of leaving the hospital is the scarcity of alternatives ($Y_{2.\ 2.7}$)	0,71
	Leaving this hospital requires great sacrifice. ($Y_{2.2.8}$)	0,70
Normative Commitment (Y $_{2.3}$)	People often move from one hospital to another *(R).* ($Y_{2.\ 3.1}$)	0.60
	Can't believe that being loyal is always expected by the hospital *(R).* ($Y_{2.\ 3.2}$)	0.7 7
	It is not unethical to move from one hospital *to another (R).* ($Y_{2.\ 3.3}$)	0.7 3
	Work continues in the hospital is due to trust and loyalty. ($Y_{2.\ 3.4}$)	0.80
	Will not leave the hospital despite other offers for a better job. ($Y_{2.\ 3.5}$)	0.78
	Believe in the value of loyalty to one hospital. ($Y_{2.\ 3.6}$)	0.8 4
	It is better to keep working in one hospital for most nursing careers. ($Y_{2.\ 3.7}$)	0.8 1

Source: Data Processed in 2022

The outer loading indicator value that is < 0.50, must be removed from the construct, namely: Z 2.1.3, Z2.3.8. The AVE value of the construct is still < 0.50 which is 0.430 which is removed on the lowest loaded indicator items, namely: Z 2.1.1, Z 2.1.4, Z 2.1.6, Z 2.2.6, Z 2.2.8, Z 2.3.1 until AVE reaches 0.50 . After going through several stages of modification, it can be seen that all average variance extracted (AVE) values are above 0.50, so it can be said to be valid and can be used to measure each latent variable. Organizational commitment construct model that has met the validity and reliability test and is set out in Figure 3.

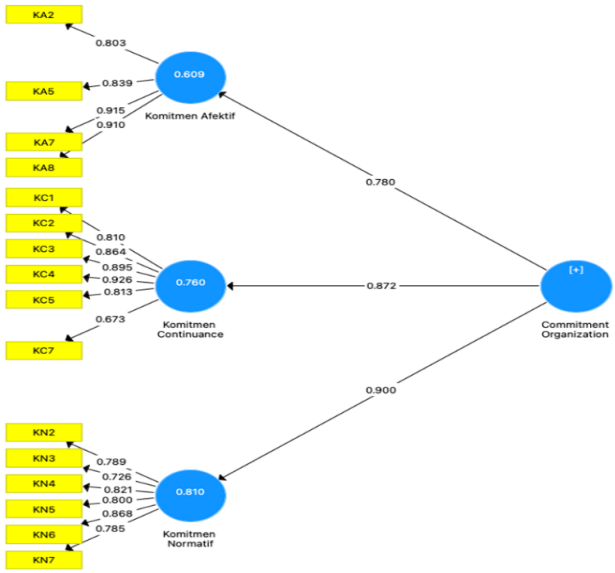

Figure 4. Results of CFA Construct of Second-Order Organizational Commitment

Source: Data Processed SmartPLS 3.3.3 Year 2022

The outer loading value of each indicator on the variable dimension of nurse performance used in this study can be seen in Table 5.

Table 5. Nurse Performance Indicator (OPPE) Outer Loadings Value

Dimension	Indicators	*Outer Loading*
Behavior ($Y_{3.1}$)	Empathetic attitude in accompanying patients ($Y_{3.1.2}$)	0.72
	Caring behavior towards patients ($Y_{31.3}$)	0.79
	Responsiveness in handling patients ($Y_{3.1.\ 4}$)	0.71
Professional Growth ($Y_{3.\ 2}$)	Follow the training in accordance with the provisions ($Y_{132.1}$)	0.6 4
Clinical Result ($Y_{3.3}$)	*Trigger* patient fall prevention ($Y_{3.3.1}$)	0.6 4
	Completeness of nursing care documentation in accordance with the Nursing Care Guide ($Y_{3.\ 3.2}$)	0.70
	Trigger efforts to prevent nosocomial *phlebitis* infection, infection of the operating area, *decubitus* ($Y_{3.3.3)}$)	0.69

Source: Data Processed in 2022

The outer loading indicator value that is < 0.50, must be removed from the construct, namely: Y1.3.1. The AVE value of the construct is still < 0.50, which is 0.42, which is removed on the lowest charged indicator items, namely: Y 1.1.1, Y 1.1.5, Y 1.2.2, until the AVE reaches 0.50. After going through several stages of modification, it can be seen that all values of average variance extracted (AVE) > 0.50, so it can be said to be valid and can be used to measure each latent variable. Nurse performance construct models that have met the validity and reliability tests and are contained in Figure 4.

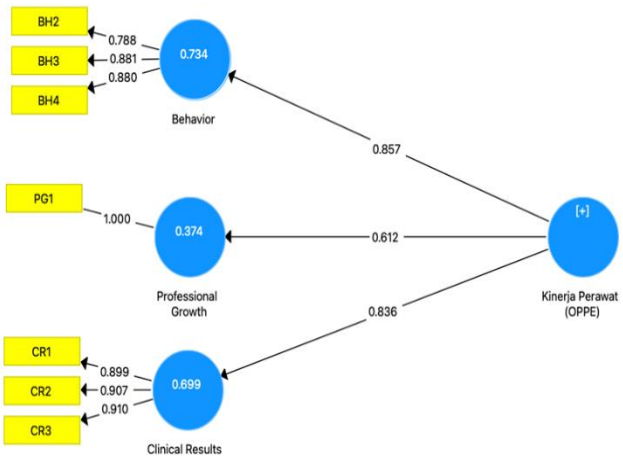

Figure 5. CFA Results Second-Order Nurse Performance Construct

Source: Data Processed SmartPLS 3.3.3 Year 2022

Looking at the results that no longer have problems with convergent validity, the next step to be tested is the problem related to discriminant validity for each construct with the correlation value between constitutions in the model. To measure the validity of discrimination, Wong (2019) and Andriani and Putra (2019) mentioned that there are two testing steps, namely fornell larcker criterion and/or heterotrait-monotrait ratio of correlations (HTMT). However Henseler, et al. (2015) suggests using HTMTinference rather than fornell larcker criterion. This is based on the failure of Fornell Larcker criterion testing to identify the validity of discriminants, especially for large cases or complex research models. For this reason, researchers only use HTMTinference as a test to identify the validity of dissenting.

2) Composite Reliability and Cronbach's Alpha

The results of the Cronbach Alpha test can illustrate convergent validity. Cronbach's Alpha value > 0.80 has a good scale, > 0.70 has an accepted scale, and > 0.60 is considered an explorative scale. Cronbach's Alpha value for all constructs is greater than 0.70. The highest value of Cronbach's Alpha is indicated by the construct Y 1 of 0.94 and the lowest value of Cronbach's Alpha is indicated by the construct X 1. 2 amounted to 0.84. Composite Reliability and Cronbach's Alpha are reliability measurements between indicator blocks in the research model. A construct measurement can be said to be reliable, if Composite Reliability and Cronbach's Alpha have a value greater than 0.70. The results of Composite Reliability and Cronbach's Alpha calculations in this study are shown in Table 6.

Table 6. Reliability Test Results– Full Model

	Cronbach's Alpha	**rho_A**	**Composite Reliability**
Behavior	0.8 1	0.81	0.8 9
Clinical Results	0.89	0.89	0.93
Organizational Commitment	0.93	0.94	0.94
Competence	0.85	0.8 6	0.90
Impact	0.89	0.89	0.9 3
Intellectual Stimulation	0.8 3	0.8 4	0.8 9
Transformational Leadership	0.9 6	0.9 6	0.9 6
Nurse Performance (OPPE)	0.8 5	0.8 5	0.8 9
Affective Commitment	0.89	0.90	0.92
Continuous Commitment	0.91	0.9 2	0.93
Normative Commitment	0.8 9	0.8 9	0.91
Meaning	0.7 5	0.75	0.8 6
Inspirational Motivation	0.8 9	0.8 9	0.9 2
Psychological Empowerment	0.92	0.9 3	0.93
The influence that diidealkan	0.91	0.92	0.93
Individual Considerations	0.86	0.87	0.89
Professional Growth	1.00	1.00	1.00
Self Determination	0.78	0.79	0.8 8

Source: Results Processed in 2022

Table 6 above shows that the results of composite reliability testing on all latent variable values have a value of ≥ 0.70, and Cronbach's alpha and rho_A have a value of ≥ 0.60. Thus all constructs are acceptable reliability. Cronbach's alpha is the lower limit and composite reliability is the upper limit of internal consistency of reliability (Hair et al., 2018). Compared to Cronbach's alpha, composite reliability can result in higher estimates of actual reliability. Thus the construct can be accepted reliability only from the value of composite reliability given.

3) Discriminant validity

Discriminant validity is a validity criterion that is carried out by comparing the AVE root coefficient (√AVE or Square root Average Variance Extracted) of each latent variable with the correlation coefficient between other latent variables in the model. A variable is said to be valid, if the AVE root for each construct is greater than the correlation between the construct and the other constructs in the model. The recommended AVE value is greater than 0.05 (Lathan and Ghozali, 2012), hence the variable indicator has good discriminant validity.

The outer loading value is less than 0.5, the reflective indicator should be removed. When outer loading is between 0.5 and 0.7 it is recommended to keep or delete items depending on the outer load (height) of other items as well as consider construct reliability values and average variance extracted (AVE) values (Hair et al. , 2017; Avkiran &; Ringle, 2018). Furthermore, the research stage is carried out by looking at the average variance

extracted (AVE) must be greater than 0. 5 more recommended; Where this ratio implies that latent variables have accounted for more than 50% of reflective indicator variances. Based on this theory, researchers take the outer loadings value of 0.5 by considering the value of average variance extracted (AVE) must be above 0.5 and the reliability value must be above 0.7. The results of the calculation of the full discriminant validity model are shown in Table 7.

Table 7. Discriminant Validity (HTMT Inference) Test Results – Full Model

	Original Sample (O)	**Sample Mean (M)**	**2.5%**	**97.5%**
Commitment Organization -> Nurse Performance (OPPE)	0.3 8	0.37	0.2 5	0.49
Commitment Organization -> Affective Commitment	0.7 9	0.7 9	0.7 1	0.8 5
Commitment Organization -> Continuous Commitment	0.8 7	0.8 7	0.81	0.9 1
Commitment Organization -> Normative Commitment	0.90	0.90	0.86	0.93
Transformational Leadership -> Commitment Organization	0.5 5	0.5 5	0.3 9	0.6 9
Transformational Leadership -> Intellectual Stimulation	0.89	0.89	0.85	0.92
Transformational Leadership -> Nurse Performance (OPPE)	0.09	0.10	-0.04	0.2 4
Transformational Leadership -> Inspirational Motivation	0.81	0.81	0.7 3	0.87
Transformational Leadership -> Psychological Empowerment	0.48	0.4 8	0.33	0.6 1
Transformational Leadership -> Influence that is in thedeal	0.9 4	0.9 4	0.91	0.9 6
Transformational Leadership -> Individual Considerations	0.91	0.91	0.8 8	0.9 4
Nurse Performance (OPPE)-> Behavior	0.87	0.87	0.8 3	0.9 1
Nurse Performance (OPPE)-> Clinical Results	0.8 2	0.8 2	0.7 6	0.8 7
Nurse Performance (OPPE) -> Professional Growth	0.6 2	0.6 2	0.50	0.7 1
Psychological Empowerment -> Competence	0.8 6	0.86	0.81	0.90
Psychological Empowerment -> Impact	0.8 8	0.8 8	0.8 4	0.9 1
Psychological Empowerment -> Nurse Performance (OPPE)	0.30	0.30	0.16	0.4 3
Psychological Empowerment -> Meaning	0.8 1	0.8 1	0.73	0.86
Psychological Empowerment -> Self Determination	0.80	0.80	0.7 3	0.8 6
Transformational Leadership -> Nurse Performance (OPPE) -> Professional Growth	0.0 6	0.06	-0.02	0.1 5
Transformational Leadership -> Commitment Organization -> Continuous Commitment	0.47	0.47	0.3 4	0.60
Psychological Empowerment -> Nurse Performance (OPPE) -> Professional Growth	0.1 9	0.1 9	0.10	0.27
Transformational Leadership -> Psychological Empowerment -Nurse Performance > (OPPE) -> Behavior	0.1 3	0.1 3	0.0 7	0.19
Psychological Empowerment -> Nurse Performance (OPPE) -> Behavior	0.26	0.26	0.14	0.3 8
Transformational Leadership -> Commitment Organization -> Affective Commitment	0.43	0.43	0.29	0.56
Transformational Leadership -> Psychological Empowerment -> Self Determination	0.38	0.38	0.26	0.50
Transformational Leadership -> Commitment	0.1 3	0.1 3	0.07	0.19

	Original Sample (O)	Sample Mean (M)	2.5%	97.5%
Organization -> Nurse Performance (OPPE) -> Professional Growth				
Commitment Organization -> Nurse Performance (OPPE) -> Professional Growth	0.23	0.23	0.14	0.32
Commitment Organization -> Nurse Performance (OPPE) -> Clinical Results	0.3 1	0.3 1	0.20	0.4 1
Transformational Leadership -> Psychological Empowerment -> Meaning	0.3 9	0.3 9	0.26	0.50
Transformational Leadership -> Commitment Organization -> Nurse Performance (OPPE) -> Behavior	0.1 8	0.1 8	0.1 1	0.2 6
Transformational Leadership -> Psychological Empowerment -> Nurse Performance (OPPE)	0.14	0.14	0.0 8	0.2 2
Commitment Organization -> Nurse Performance (OPPE) -> Behavior	0.3 3	0.3 3	0.21	0.43
Transformational Leadership -> Nurse Performance (OPPE) -> Clinical Results	0.0 8	0.0 8	-0.03	0.19
Psychological Empowerment -> Nurse Performance (OPPE) -> Clinical Results	0.2 5	0.2 5	0.13	0.35
Transformational Leadership -> Commitment Organization -> Normative Commitment	0.49	0.49	0.3 5	0.62
Transformational Leadership -> Commitment Organization -> Nurse Performance (OPPE) -> Clinical Results	0.1 7	0.1 7	0.10	0.24
Transformational Leadership -> Psychological Empowerment -Nurse Performance > (OPPE) -> Professional Growth	0.0 9	0.0 9	0.0 5	0.14
Transformational Leadership -> Psychological Empowerment -> Competence	0.41	0.41	0.2 9	0.53
Transformational Leadership -> Psychological Empowerment -Nurse Performance > (OPPE) -> Clinical Results	0.1 2	0.1 2	0.06	0.1 8
Transformational Leadership -> Psychological Empowerment -> Impact	0.42	0.42	0.2 9	0.54
Transformational Leadership -> Commitment Organization -> Nurse Performance (OPPE)	0.2 1	0.20	0.1 3	0.29
Transformational Leadership -> Nurse Performance (OPPE) -> Behavior	0.08	0.08	-0.0 4	0.2 1

Source: Data Processed in 2022

Based on Table 7 that each latent variable has a good discriminant validity where some latent variables still have a gauge that is highly correlated with other constructs. By looking at cross-loadings, all indicators should contain the highest value on the corresponding construct. The results of cross loadings above show that the value of outer loadings in each intended construct is greater than the value of outer loadings with other constructs. It can be concluded that all existing indicators are valid and there are no problems with discriminant validity.

Structural Model or Inner Model Evaluation

Testing of the structural model (inner model)after the estimated model meets the criteria of the measuring model (outer model). Ghozali (2015) states that, structural model evaluation (inner model) aims to predict relationships between latent variables. Hair et al (2017), suggest looking at the value of the coefficient of determination (R 2), effect size value (f 2), model fit and predictive relevance (Q 2) to assess structural (inner model).

The values in this test indicate the extent to which exogenous constructs explain endogenous constructs. According to Hair et al (2011, 2017), as a guideline, R-Squared values of 0.25, 0.50, and 0.75 represent weak, medium, and substantial levels. However, if R-Squared adjusted is used (Hair et al., 2017), this coefficient can be biased upwards in complex models where more pathways lead to endogenous construction. More importantly, the coefficient of determination needs to be assessed in the disciplinary context of the research project to assess whether the R-Squared value obtained is large enough. In some disciplines, the R-Squared value of 0.2 is already relatively high (Avkiran and Ringle, 2018). Because this research model is quite complex, the R-Squared adjusted value will be used to analyze the coefficient of determination seen in Table 8.

Table 8. Coefficient of Determination (R-Squared) Test Results

	R Square	R Square Adjusted	Conclusion
Commitment Organization	0.30	0.30	30%
Nurse Performance (OPPE)	0.42	0.4 2	42%
Psychological Empowerment	0.23	0.2 3	23%

Source: Data Processed in 2022

From the test results in Table 8 above, it can be seen that the R-Square (R2) adjusted value or the coefficient of determination of the commitment organization construct is 0.30 which can be interpreted as the commitment organization construct can be explained by the exogenous variable by 30% while other exogenous variables outside this study explain the rest. Meanwhile, the coefficient of determination of the psychological empowerment construct was found at 0.2 3 which was that the endogenous variable of psychological empowermentwith an R-Square value of 0.2 3 could be explained by the exogenous variable by 23% while other exogenous variables outside this study explained the rest. In addition, the nurse performance construct (OPPE) was found to be 0.42 which means that the nurse performance endogenous variable (OPPE) with an R-Square value of 0.4 2 can be explained by the exogenous variable by 42% while other exogenous variables outside this study explain the rest.

After analyzing the value of the determaination coefficient, the next analysis is carried out by looking at the effect size for each path model seen by calculating the effect size (f2). According to Cohen (1988) in Hair, et al. (2014), based on the value of effect size(f2) effect size, it can be determined that 0.02, 0.15, and 0.35 represent small, moderate, and large effects respectively according to the results of Table 9.

Table 9. Test Results effect size (f^2)

	Commitment Organization	Nurse Performance (OPPE)	Psychological Empowerment
Commitment Organization		0.15	
Transformational Leadership	0.4 3	0.01	0.30
Nurse Performance (OPPE)			
Normative Commitment			
Psychological Empowerment		0.1 1	

Source: Data Processed in 2022

Table 9 shows the results of the calculation of effect size (f2) in the research model where all paths have a value range of 0.01 to 0.4 3. It found that there was one relationship that had little effect, one relationship had a moderate effect and two other relationships had a big effect.

Predictive relevance (Q2) for structural models measures how well observational values are generated. According to Hair et al. (2017) if a Q^2 value greater than zero for a given endogenous latent variable indicates the PLS path model has predictive relevance for that construct. This statistic is obtained by a sample reuse technique called "blindfolding" in which the removal distance is set between 5 and 10, where the number of observations divided by the removal distance is not an integer (Hair et al., 2012). For example, if you select a removal distance of 7, then every seventh data point is omitted and the parameter is estimated with the remaining data points. According to Hair et al. (2017), omitted data points are considered missing values and replaced with mean values. Forecasted parameters help predict omitted data points and the difference between the actual data points omitted and the predicted data points being input for Q2 calculations. Blind folding is applied only to endogenous constructions with reflective indicators. If Q2 is greater than zero, this indicates the predictive relevance of the path model in the context of endogenous construction and the corresponding reflective indicator in the results of Table 10.

Table 10 Predictive Relevance Test Results (Q2)

	SSO	SSE	Q^2 (=1-SSE/SSO)
Behavior	597.000	273.251	0.542
Clinical Results	597.000	273.960	0.54
Commitment Organization	3184.000	2719.812	0.1 5
Competence	796.000	393.969	0.5 1
Impact	796.000	338.793	0.57
Intellectual Stimulation	796.000	382.837	0.5 2
Transformational Leadership	4776.000	4776.000	
Nurse Performance (OPPE)	1393.000	1103.821	0.2 1
Affective Commitment	796.000	431.543	0.4 6
Continuance Commitment	1194.000	581.452	0.51
Normative Commitment	1194.000	583.519	0.51
Meaning	597.000	344.114	0.42
Inspirational Motivation	995.000	551.377	0.4 5
Psychological Empowerment	2786.000	2478.106	0.11
Ideal Influence	1592.000	723.841	0.5 5
Individual Considerations	1393.000	776.718	0.44
Professional Growth	199.000	126.073	0.3 7
Self Determination	597.000	331.869	0.44

Source: Data Processed in 2022

Based on Table 10, that the calculation of predictive relevance (Q2), all values show values above 0.00, it can be concluded that the model has relevant predictive values.

Meanwhile, the evaluation of the fit model in this study was carried out using three test models, including Chi2, standardized root mean square residual (SRMR), normal fit index (NFI). According to Bentler and Bonett (1980), a model is acceptable if the Chi value of 2 is more than 0.9 (Chi2 >0.9). While Hair et al. (2014) suggests that the model will be considered to have a good fit if the standardized root mean square residual (SRMR) value is below or equal to 0.1 according to Table 11.

Table 11. Model Fit Test Results

	Saturated Model	Estimated Model
SRMR	0.0 9	0.1 1
Chi-Square	Infinite	Infinite
NFI	N/a	N/a

Source: Data Processed in 2022

Based on the fit model testing in Table 11, the results showed that the model in this study had a good fit because it had a standardized root mean square residual (SRMR) value

equal to 0.1. However, other goodness of fit criteria are not raised by SmartPLS 3.0 software. This is because the model in this study uses repeated-indicators model so that some goodness of fit criteria are not defined.

Hypothesis Testing Results

Data analysis has been carried out from the conceptualization stage of the model to testing the research hypothesis. Hypothesis testing is used to test hypotheses to find answers to the research conducted and be able to answer existing problem formulations. In addition, hypothesis testing is also carried out to prove whether each lower-order construct has an influence on the intended higher-order.

This stage is carried out to find out whether the research hypothesis proposed in the research model is accepted or rejected. To test the hypothesis proposed, it can be seen from the value of path coefficients, T-Statistic values through bootsrapping procedures and p-values. According to Hair et al (2014), the value of the path coefficient is in the range of -1 to +1, where the value of the path coefficient close to +1 represents a strong positive relationship and a path coefficient value of -1 indicates a strong negative relationship. While T-Statistic (bootsrapping) is used to see which significance values between constructs. Hair et al (2017) in Ramayah et al (2017) suggested doing a bootstrapping procedure with a re-sample value of 5,000. The limit for rejecting and accepting the proposed hypothesis is ±1.96, where if the t-statistic value is in the range of -1.96 and 1.96 then the hypothesis is rejected or in other words accepts the null hypothesis (H0).

For mediation tests in this study carried out by looking at changes as suggested by according to Hair et al (2017), to analyze the effects of mediation, it is required to see changes in the influence from direct effects to indirect paths. There are five categories to analyze the effect of mediation according to Hair et al (2017) direct-only nonmediation, no-effect nonmediation, complementary mediation, competitive mediation and indirect-only mediation seen in Figure 5 and Table 12.

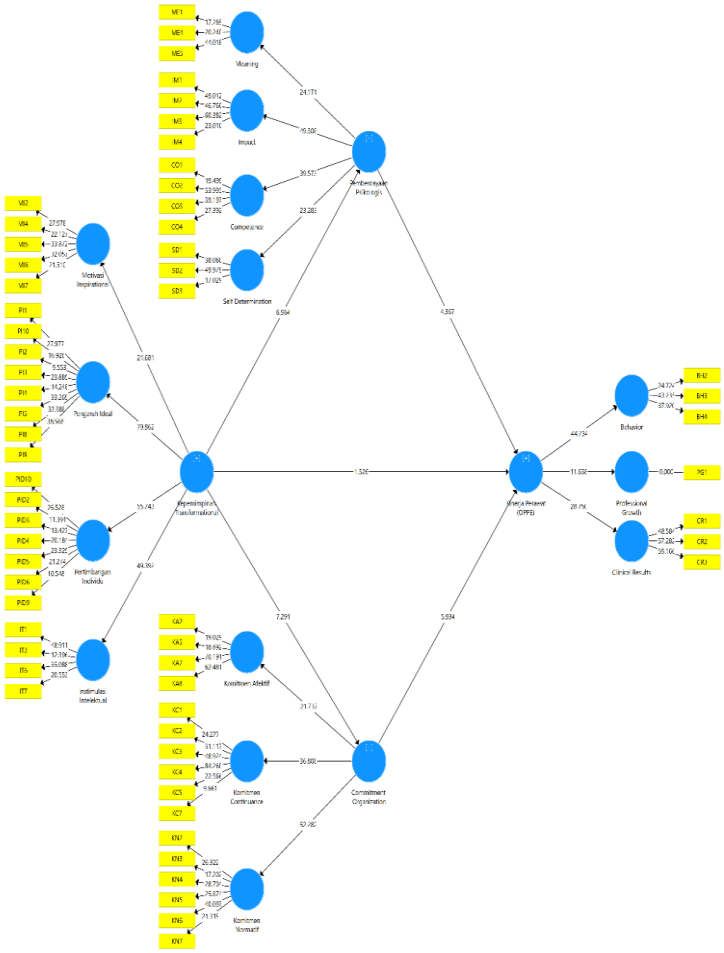

Figure 6. Bootstrapping Procedure Test Results

Source: Data Processed SmartPLS 3.3.3 Year 2022

Table 12. Hypothesis Testing Results

	Direct	Original Sample (O)	T Statistics (| O/STDEV|)	P Values	f Squared	Moaning kets Signifikan /Non Significant
H 1	**Transformational Leadership -> Nurse Performance (OPPE)**	0.09	1.3 3	0.1 9	0.01	Non Significant
H 2	**Transformational Leadership -> Psychological Empowerment**	0.48	6.96	0.0 0	0.30	Significant
H 3	**Psychological Empowerment -> Nurse Performance (OPPE)**	0.30	4.3 7	0.0 0	0.1 1	Significant
H 4	**Transformational Leadership -> Commitment Organization**	0.5 5	7.29	0.0 0	0.4 3	Significant
H 5	**Commitment Organization -> Nurse Performance (OPPE)**	0.3 8	5.93	0.0 0	0.15	Significant
H 6	**Transformational Leadership -> Psychological Empowerment -> Nurse Performance (OPPE)**	0.14	4.0 6	0.0 0		Significant
H 7	**Transformational Leadership -> Commitment Organization -> Nurse**	0.2 1	4.80	0.0 0		Significant

Direct	Original Sample (O)	T Statistics (| O/STDEV|)	P Values	f Squared	Moaning kets Signifikan /Non Significant
Performance (OPPE)					

Source: Analysis Results , 2022

Table 12 shows the results of hypothesis testing which can be stated as follows;

1. Direct Influence Testing

1) Test results of the effectof transformational leadership (X1) on nurse performance (Y3)

The results of testing on thedirect effect of transformational leadership on nurse performance have a path coefficients value of 0.09 which is close to a value of +1, a T-Statistic value of 1.3 3 (<1.96), and a p-value of 0.1 9 (>0.05), so that it can be concluded that the first hypothesis (H1) is tolerated k. The direct effect of transformational leadership on nurse performance was significant at 1.33 (smaller than 1.96). The results of the influence test show a probability value of 0.20 (greater than 0.05) and the original sample estimate value is positive at 0.09 which indicates the direction of influence between transformational leadership on nurse performance is positive.

2) Results of testing the effect of transformational leadership (X 1) on psychological empowerment (Y1)

The test results on the direct influence of transformational leadership on psychological empowerment have a path coefficients value of 0.48 which is close to +1, T-Statistic value of 6.96 (>1.96), cohen effect value (f2) of 0.30 (large) and p-value of 0.00 (< 0.05), so it can be concluded that the second hypothesis (H2) is accepted. The direct effect of transformational leadership on psychological empowerment was significant at 6.96 (greater than 1.96). The results of the influence test showed a probability value of 0.00 (smaller than 0.05) and the original sample estimate value was positive at 0.48 which indicates the direction of influence between transformational leadership and psychological empowerment is positive.

3) Test results of the effect of psychological empowerment (Y1) on nurse performance (Y3)

The test results on the direct effect of psychological empowerment on nurse performance had a path coefficients value of 0.30 which was close to +1, T-Statistic value of 4.3 7 (>1.96), cohen effect value (f2) of 0.1 1 (medium) and p-value 0.00 (<0.05), so it can be concluded that the third hypothesis (H3) is accepted. The direct effect of psychological empowerment on nurse performance was significant at 4.37 (greater than 1.96). The results of the influence test showed a probability value of 0.00 (smaller than 0.05) and the original sample estimate value was positive at 0.30 which shows the direction of influence between psychological empowerment on nurse performance is positive.

4) Results of testing the effect of transformational leadership (X1) on organizational commitment (Y2)

The results of testing on the direct effect of transformational leadership on organizational commitment have a path coefficients value of 0.5 5 which is close to a value of +1, a T-Statistic value of 7.29 (>1.96), a value of the Cohen effect (f2) of 0.4 3 (large) and a value of 0.4 3 (large) and a value of the coefficient p-value 0.00 (<0.05), so it can be concluded that the fourth hypothesis (H4) is accepted. The direct influence of transformational leadership on organizational commitment was significant at 7.29 (greater than 1.96). The results of the influence test show a probability value of 0.00 (smaller than 0.05) and the

original sample estimate value is positive at 0.55 which indicates the direction of influence between transformational leadership and organizational commitment is positive.

5) Test results of the effect of organizational commitment (Y2) on nurse performance (Y3)

The test results on the direct influence between organizational commitment to nurse performance have a path coefficients value of 0.38 which is close to +1, T-Statistic value 5.93 (>1.96), cohen effect value (f2) of 0.15 (medium) and p-value 0.00 (<0 ,05), so it can be concluded that the fifth hypothesis (H5) is accepted. The direct effect of organizational commitment on nurse performance was significant at 5.93 (greater than 1.96). The results of the influence test show a probability value of 0.00 (smaller than 0.05) and the original sample estimate value is positive at 0.38 which shows the direction of influence between organizational commitment to nurse performance is positive.

2. Indirect Influence Testing

1) Results of testing the effect of transformational leadership (X 1) on nurse performance (Y1) mediated by psychological empowerment (Z1)

The results of testing the indirect influence of transformational leadership on nurse performance through psychological empowerment have a path coefficients value of 0.14 which is close to +1, T-Statistic value 4.0 6 (>1.96), and p-value 0.00 (<0 ,05), so it can be concluded that the sixth hypothesis (H6) is accepted. The amount of indirect influence of transformational leadership on nurse performance through psychological empowerment variables was 4.0 6 (greater than 1.96) with a probability value of 0.00 (smaller than 0.05) and the original sample estimate value was positive at 0.14 which indicates the direction of no influence Direct transformational leadership to nurse performance through psychological empowerment is positive.

Transformational leadership had no significant effect on nurse performance by 1.33 (smaller than 1.96) with a probability value of 0.19 (greater than 0.05), transformational leadership had a significant effect on psychological empowerment by 6.96 (greater than 1.96) with a probability value of 0.00 (smaller than 0.05) and psychological empowerment had a significant effect on nurse performance by 4.37 (greater than 1.96) with a probability value of 0.00 (less than 0.05). This means that psychological empowerment fully mediates the transformational leadership influence on nurse performance.

2) Results of testing the effect of transformational leadership (X 1) on nurse performance (Y1) mediated by organizational commitment (Z2)

Testing onthe indirect influence of transformational leadership on nurse performance through organizational commitment has a path coefficients value of 0.2 1 which is close to +1, a T-Statistic value of 4.80 (>1.96), and a p-value of 0, 00 (<0.05), so it can be concluded that the seventh hypothesis (H7) is accepted. The amount of indirect influence of transformational leadership on nurse performance through the variable organizational commitment was 4.80 (greater than 1.96) with a probability value of 0.00 (smaller than 0.05) and the original sample estimate value was positive at 0.2 1 which indicates the direction of indirect influence Transformational leadership of nurse performance through organizational commitment is positive.

Transformational leadership had no significant effect on nurse performance of 1.33 (smaller than 1.96) with a probability value of 0.01 (greater than 0.05), transformational leadership had a significant effect on organizational commitment of 7.29 (greater than 1.96) with a probability value of 0.00 (less than 0.05) and organizational commitment Significant effect on nurse performance of 5.93 (greater than 1.96) with a probability value of 0.00 (less than 0.05). This means that organizational commitment variables fully mediate the transformational leadership effect on nurse performance.

Research Findings

The findings in each study are expected to present useful results in developing knowledge related to continuous nursing clinical performance (OPPE). This research model is an integration of a number of previous research models. Ali et al (2016), Bushra et al (2011) correlate transformational leadership with performance, Barroso et al (2008), Al-Swidi et al (2012), Gumusluoglu & Ilsev (2009) correlate transformational leadership with psychological empowerment, Stewart et al (2010), Spreitzer et al (1999) who correlated psychological empowerment with performance. Bushra et al (2011), Setyawan &; Rahmwati (2021) research models linking transformational leadership with organizational commitment, Thamrin (2012), Mguqulwa (2008) that correlate organizational commitment to performance. Gumusluoglu &; Ilsev (2009) research model that correlates transformational leadership to performance with mediated psychological empowerment. Walumbwa et al (2008), who correlate transformational leadership to performance mediated by organizational commitment.

The integration of these models results in a research model that is different from before, and produces a stronger determination value compared to the previous model. Integrating transformational leadership, psychological empowerment, organizational commitment to nurse performance at certain emerging infectious disease referral hospitals in Bali results in a higher determination value than individual determination. The model analyzed is an integration of Path-Goal Theory with Social Exchange Theory.

Path-Goal Theory emphasizes four specific behavioral styles of a leader: directive, supportive, participatory, and achievement-oriented (House, 1996). The results of this study support Path-Goal Theory which states that the encouragement of nurses to be motivated and committed to the organization through the support of the leadership role in maintaining the strengthening of the commitment dimension for subordinates can provide opportunities for critical and innovative thinking in conveying ideas that can build stronger nurse psychological empowerment in achieving better performance productivity (Robbins & Judge, 2015: 262).

This study describes indicators that become reinforcing factors in improving the professional performance of nurses (OPPE). This study uses two mediating variables which are the development of new research, namely using psychological empowerment and organizational commitment with exogenous variables, transformational leadership, and nurse performance as endogenous variables.

This study developed indicators on the dimensions of nurse performance using OPPE (Ong oingProfessional Practice Evaluation). The dimensions of nurse performance with OPPE consist of behavior, professional growth and clinical results (KARS, 201: 9). In previous studies, nurses' performance was measured by meeting the conditions, namely: quality, quantity, time and cost (Russel, 2006). OPPE is one of the basic tools used for the ability to screen the competence of the nursing profession so that the clinical results of service to patients provide good results to meet patient safety and satisfaction.

This study proves that both mediating variables, namely: psychological empowerment and organizational commitment, become full mediating on theinfluence of transformational leadership on nurse performance. Transformational leadership has no effect on nurse performance, so it requires psychological empowerment and /or organizational commitment as a mediator to be able to improve nurse performance.

Previous studies have mostly used only one mediating variable. The results of previous studies have shown that the variable of organizational commitment as a partial mediator between the influence of transformational leadership on performance. Previous research that used commitment as a mediator was only limited to the affective commitment dimension, but this study used organizational commitment as a mediating variable that included the dimensions of affective commitment, normative commitment, continuous

commitment. Psychological empowerment as a mediating variable involves several dimensions, namely: meaning, impact, comptence, and self-determination.

CONCLUSION

The conclusions in this study can be described as follows, transformational leadership has a positive and insignificant effect on nurses' performance. This means that the higher or lower the formation leadership ability felt by nurses in isolation rooms, it does not affect increasing or decreasing nurse performance. Transformational leadership has a positive and significant effect on psychological empowerment. This means that the higher the transformational leadership role, the psychological empowerment of nurses increases. Transformational leadership has a positive and significant effect on organizational commitment. This means that the higher the transformational leadership role, the stronger the nurse's organizational commitment. Psychological empowerment has a positive and significant effect on nurse performance. This means, the improvement of nurse performance occurs if there is an increase in the psychological empowerment of nurses. Organizational commitment has a positive and significant effect on nurse performance. This means, improved nurse performance occurs if there is an increase in nurse organizational commitment.

Psychological empowerment fully mediates the influence of transformational leadership on nurse performance. The stronger the transformational leadership role felt by nurses, the more psychological empowerment nurses feel. Increased transformational leadership roles and psychological empowerment of nurses influence the improvement of nurse performance. And organizational commitment fully mediates the influence of transformational leadership on nurse performance. The greater the transformational leadership role the nurse feels, the stronger the nurse's organizational commitment. Increased transformational leadership roles and nurses' organizational commitment can influence the improvement of nurses' performance.

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