



# Impact of Workplace Empowerment on Employee Commitment in the Health Care Sector with the Moderating Role of Quality of Work Life

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**Abstract:** The transforming objectives in healthcare can only be initiated through system and strategy innovation supported by a committed and skilled group of employees. Employee commitment is considered an intangible trait of employees that helps to provide the healthcare employees provide the best services for all of mankind. Existing studies look into the role of workplace empowerment in increasing the quality of work life. However, there has been little research into the underlying mechanism that describes this relationship. This study will help to cover the gap and establish the connection between workplace empowerment (WEM) and employee commitment (EC), with the help of the moderating role of quality of work life (QWL). 180 data of healthcare professionals were taken to conduct this research. This study focused on the fact that with the increase in workplace empowerment, employee commitment also tends to increase, and the quality of work life plays a moderating role between them and intensifies employee commitment. It will eventually work as a positive reinforcement in the overall progress of the healthcare sector.

**Keywords:** Quality of work life, Healthcare sector, Moderating role.

## **Introduction**

As the lethal COVID-19 outbreak spreads across the globe, healthcare sectors in third-world countries like Bangladesh are facing catastrophic repercussions. Changes in ailment tendencies, fitness perspectives, scarcity of healthcare professionals, public requirements and expectations, global technological advances, and growing healthcare expenses have all had a significant impact on the healthcare sector of Bangladesh. However, concentrating on a pleasant, contemporary, and friendly workplace environment, employee adherence to the association, ingenuity in procedures and tactics, and perpetrated and proficient personnel may make a substantial difference in creating a quality professional life and a suitable healthcare domain. According to some studies, leadership effectiveness was favorably connected to employee satisfaction, proactive personality, and interpersonal well-being (Marin-Garcia & Bonavia, 2021). To sustain an optimal healthcare scheme, the job atmosphere, work-life quality, and devotion of employees all have a good association.

Quality of work life (QWL) refers to an encyclopedic agenda aimed at increasing employee happiness, assisting individuals in overseeing essential legal necessities, and staff retention. Academics have recently focused their efforts on issues originating from the complex human element as QWL (quality of work life), which evaluates the real conditions linked to work and work environment in a specific business (Kreitner & Luthans, 1984). Empowerment can create a workplace culture that encourages teamwork, collaboration, adaptability, and partnership, leading to improved employee QWL. In research from Almalki (Almalki et al., 2012). Overtime pay, healthcare personnel, the autonomy of practice, management and supervision, career growth, workplace environment, community perceptions toward healthcare, and compensation considerations were assessed among PHC nurses in Saudi Arabia. QWL intervention maximizes a worker's potential, assures better worker engagement and involvement, and may make work easier, enhance quality, and boost efficiency. As a result, healthcare sectors must concentrate on the job component of their employees and encourage exemplary perspectives and demeanor through workplace favorable environments.

## ***Background of the Study***

In Bangladesh, developments in health facilities have extended services and enhanced access to high-quality treatment during the last 15 years. As a result, most of the cities have made substantial advancements in expanding access to and consumption of health

services. Even though restorative availability and organizational goals are constantly supervised and reviewed using a variety of statistical methodologies, advancements in QWL and job contentment of the workers have not been consistently tracked. Employees are unanimously acknowledged as having a pivotal function in the availability of quality services in healthcare organizations. Furthermore, healthcare workers in Bangladesh confront inadequate administration and assistance, inadequate facilities, a lack of professional advancement, and an unsustainable work burden (Corsten & Gruen, 2003). In research from Darkwa, enhanced career advancement possibilities, subsidies, and improved working circumstances would help the healthcare workers committed to employment. Moreover, the employees also face occupational risks due to adverse work environments (Darkwa et al., 2015). According to Duncan, a survey of 8,780 nurses working in 210 hospitals across two Canadian provinces showed that 46% had been spat on, bitten, punched, shoved, or verbally abused on a regular basis, creating poor QWL in a lack of workforce empowerment. Improved and secured work environments are feasible by mandating personnel to work collaboratively, community watch, and panic buttons, and adjustments to the structure of medical facilities (Duncan, 2000). Employee empowerment is fundamental in fostering staff commitment to the organization's goals. Meyer and Allen defined commitment as having three dimensions: emotional tie, moral responsibility, and continuation in the organization. As a result, the researchers defined a devoted employee as someone who persists with the firm through good times and bad, performs the job effectively, preserves the corporate resources, and supports the strategic mission (Meyer et al., 1993). Janssen (2004) indicated that workplace empowerment inspires obligation as it mediates the relationship between a worker's job responsibilities and individual convictions, as well as giving them the confidence that they can complete tasks using their expertise, skills, and talents. It also motivates people to devote considerable energy to the organization by allowing them to direct their work, participate in work-related judgment calls, and assist in shaping the organizational structure in which they are entrenched (Janssen, 2004).

Individuals' QWL (Quality of Work Life) can be enhanced at work when they have autonomy over their job schedule, are provided suitable resources for employment, receive constructive feedback, are acknowledged for their efforts, and are compensated equally. According to the study of Laschinger on work empowerment in healthcare, inventiveness in an organizational framework enables personnel to better initiate a comprehensive courtesy and consideration for a

strengthened QWL (Cicolini et al., 2014a). In scholarly research by Sirgy, it was highlighted that the workers who have a higher consistency of QWL are more likely to be assured in their employment, and this optimistic perspective can lead to loyalty to the corporation. Additionally, employees frequently assess the organization's endeavors to make their professional experience more enjoyable. Furthermore, in the interrelationship between organizational enablement and employee commitment, QWL plays an association (Sirgy et al., 2001). However, although a worker feels a greater level of workplace empowerment, this does not automatically translate into increased commitment until the sensation of empowerment is accompanied by improved QWL. This study attempts to fill in the gaps by examining the fundamental therapeutic activity in the connections for the healthcare employees of Bangladesh.

### ***Rationale***

The research is designed to introduce new knowledge in the healthcare industry based on the empirical study in Bangladesh. The purpose of the research is to identify the existence of a relationship between workplace empowerment and the commitment of the employees. The research will further look into the effects of the moderator. Here, the quality of work (QWL) life is considered as a moderator. The findings of this research will allow hospital management to better understand the experiences of their employees and take action if necessary to improve their work lives. The research findings will improve the overall healthcare industry.

### ***Objectives***

**Table 1: Objectives of the study**

<i>Broad objectives</i>	<i>Specific objectives</i>
i. Determine the effect of empowering the workplace and employee dedication while understanding the influence of QWL	ii. Examine the impact of workplace empowerment and employee commitment in the health care industry. To find out if QWL has any significant impact on EC
	iii. Determine if the QWL functions as a mediating factor between WEM and EC

### ***Research Gap***

There have been numerous studies conducted on the topic of empowering employees and increasing their commitment in the workplace, but very few of these

have considered the role of QWL as a moderating factor in relation to healthcare professionals in Bangladesh. By examining how the professionals are impacted by their work-life quality, the researchers tried to identify new patterns. Moreover, the lack of research in the healthcare industry is concerning. This industry is a crucial one and needs to be addressed. There is a lack of research specifically addressing this issue.

### ***Limitations***

This research has some limitations regarding the small number of respondents of 180, which does not represent the actual result of the total population. Besides, there can be a lack of proper responses from the respondents. Some of the questions of the research questions are situation- based. That is why the response will vary based on different workplace environments. On the other hand, different people have different satisfactory levels based on their lifestyles, family background, age, gender, and many other factors. So it will not provide solid documents based on the same parameter while collecting data through the questionnaire.

## **Literature Review**

### ***Introduction***

Empowerment is the process of giving employees the authority to make critical decisions about their day-to-day activities, also involving the declaration of decision-making authority to employees, and the freedom to act freely (Page & Czuba, 1999). Cornwall describes empowerment as the process of transferring power from typically influential managers and executives to everyone (Cornwall, 2016). On the other hand, QWL is a broad phenomenon that reflects an employee's sentiments regarding various aspects of employment. Among them, promotion opportunities, employment security, fair and satisfactory remuneration, participation in strategic planning, work satisfaction, good judgment, occupational safety, institutional and individual interactions, working circumstances, work-life consistency, and job stress are some of the factors to consider (Bagtasos, 2011). EC should not be viewed as a one- dimensional concept fit for a single HR policy. According to Ikhwan and Wahyuni, Human Resources (HR) is a very valuable company asset because it can affect a business's growth and development. According to this viewpoint, the concept of EC has become dynamic and complex in practice (Ikhwan & Wahyuni, 2022).

This study will examine the association between WEM and EC, as well as whether QWL influences the relationship between these two. This chapter illustrates previous researchers' work by explaining the factors of these variables and how they are related to one another.

### ***Workplace Empowerment***

Workplace empowerment has been defined in various ways, but most definitions share the common theme of enabling employees to have more autonomy, influence, and responsibility in their work (Cicolini et al., 2014). For example, Spreitzer conceptualized empowerment as a multidimensional paradigm that includes four main components: meaning and competence are well-known among the four. Self-determination is also considered to be an important component. Moreover, impact is the last of the four components for WEM. Meaning refers to the sense of purpose and personal significance of work, competence refers to the perceived ability to perform the job effectively, self-determination refers to the freedom to make choices and decisions, and impact refers to the perceived ability to influence outcomes and make a difference (Spreitzer, 1995). Similarly, Thomas and Velthouse (1990) proposed a three-dimensional model of empowerment that includes personal, interpersonal, and structural components. Personal empowerment refers to the internal psychological resources and self-esteem that facilitate proactive behavior and innovation, interpersonal empowerment refers to the supportive and trusting relationships with supervisors and colleagues that facilitate collaboration and learning, and structural empowerment refers to the enabling organizational structures and processes that facilitate participation and decision-making (Thomas & Velthouse, 1990). Other researchers have proposed different dimensions of workplace empowerment, such as social exchange and trust, communication and influence, and learning and innovation. For example, Albrecht argued that empowerment is a reciprocal process that involves mutual exchange and trust between employees and their supervisors, and that it is influenced by the quality and fairness of the exchange relationship (Albrecht & Andreetta, 2011). Bonavia emphasized the role of communication and influence in empowering employees and argued that it requires a two-way dialogue and interaction between employees and their superiors (Bonavia & Marin-Garcia, 2019). Gagné argued that empowerment is closely related to learning and innovation, and that it requires a supportive and

empowering organizational culture that encourages employees to acquire new skills and knowledge (Gagné et al., 2019).

One of the challenges in studying workplace empowerment is the lack of consensus on how to measure it. Several scales and measures have been developed to assess empowerment, but they vary in terms of their conceptualization, dimensions, and reliability. For example, the Multifactor Leadership Questionnaire (MLQ) is one of the most widely used measures of empowerment, but it has been criticized for its limited focus on leadership and its lack of validity in predicting empowerment outcomes. Other measures, such as the Job Empowerment Scale (JES) and the Workplace Empowerment Questionnaire (WEQ), have been developed to assess more specific dimensions of empowerment, but they have been criticized for their lack of generalizability and their limited predictive validity (Gagné et al., 2019).

Several factors have been identified as antecedents of workplace empowerment, including leadership style, communication, trust, participative management, and organizational culture.

- **Leadership style:** Leadership style has been identified as a key factor that can either facilitate or hinder empowerment. Transformational leaders, who are visionary, inspiring, and empowering, have been found to enhance empowerment by providing support, feedback, and opportunities for learning and growth (Nauman et al., 2010).
- **Communication:** Open and honest communication that fosters trust, mutual respect, and mutual learning is more likely to enhance empowerment than communication that is secretive, biased, or manipulative (Li et al., 2023).
- **Trust:** Trust has been identified as a fundamental component of empowerment, as it enables employees to feel confident and secure in their work environment, and to take risks and make decisions without fear of retribution (Laschinger et al., 2002).
- **Participative management:** Participative management, which involves actively involving employees in decision-making and problem-solving, has been found to enhance empowerment by providing opportunities for employees to learn, grow, and contribute to the organization (Huang et al., 2010).
- **Organizational culture:** Organizational culture has been identified as a key antecedent of empowerment, as it shapes the values, beliefs, and behaviors

of employees and their relationships with their superiors and colleagues (Nowak, 2019).

Workplace empowerment has been linked to a range of positive outcomes, including increased employee engagement, motivation, satisfaction, and performance. There are several factors that may moderate the relationship between empowerment and its outcomes, including individual differences, organizational context, and cultural differences.

- Individual differences: Individual differences, such as personality, values, and previous experiences, may influence how employees perceive and respond to empowerment (Hepworth & Towler, 2004).
- Organizational context: The organizational context, such as the nature of the work, the level of support and resources, and the culture of the organization, may also influence the effectiveness of empowerment (Abel & Hand, 2018).
- Cultural differences: Cultural differences, such as the values, norms, and expectations of different societies, may also influence the perception and effectiveness of empowerment (Prasad, 2001).

In conclusion, workplace empowerment is a complex and multifaceted concept that has the potential to improve employee engagement, motivation, satisfaction, and performance. However, its effectiveness depends on various contextual and individual factors, such as leadership style, communication, trust, participative management, and organizational culture.

### ***Employee Commitment***

Employee commitment, also referred to as organizational commitment, is a measure of an employee's dedication and loyalty to their organization. This concept is significant in terms of predicting job performance, turnover intentions, and overall organizational success. According to Meyer, employee commitment is a significant issue to measure employees' devotion because it helps to estimate employees' behaviors towards the organization (Meyer & Maltin, 2010).

Others define commitment as the way workers signify their relationship with the company and how they want to proceed with it in the future. But it is expected that the commitment will fade away when the workers sense uncertainty of their existence in the organization (Klein et al., 2021). Brown has stated that when employees have a high commitment to the organization, it ultimately increases their

workplace engagement, job performance, and satisfaction, and has a huge effect on their overall productivity. It is also added that employee commitment reduces employee turnover, employees' tendency to skip work when they get scoped, absenteeism, and so on. It has an impactful part in the overall improvement of the organization. Because it increases employees' stability and responsibility, which ultimately leads to providing better customer service (Brown et al., 2011). Mowday sees it as the emotional attachment an employee has to their company, which includes being connected to and involved in the organization, and a desire to work hard for it (Nijhof et al., 1998). Research has shown that those who have a strong connection with their manager are more likely to be devoted to the organization. Factors that contribute to a positive relationship include trust, mutual respect, and open communication. The support and resources given by the organization can impact employee commitment. When employees feel they have what they need to do their job well, they are more likely to be loyal to the organization. This may include training, growth opportunities, and a positive work atmosphere (Meyer & Maltin, 2010). Ultimately, companies can prioritize creating strong connections between employees and their supervisors, as this can significantly influence employee dedication. This can be done through providing support and appreciation, as well as establishing open communication and trust.

### ***Quality of Work Life***

Quality of Work Life (QWL) identifies the overall comfort of employees in their work environment. QWL has been conceptualized in various ways by different authors. Some researchers view QWL as a multidimensional construct that includes various components such as job satisfaction, work-life balance, autonomy, and social support (Fu et al., 2015). Others define QWL as the overall well-being of employees in the workplace, including physical, mental, and emotional health (Chaudhary & Shahi, 2023). The International Labor Organization (ILO) defines QWL as "the extent to which the work environment provides opportunities for employees to use their skills and abilities, to achieve personal and professional fulfillment, and to balance work and non-work demands" (Raj Adhikari & Gautam, 2010).

According to Maslow's hierarchy of needs theory, individuals will strive to meet their basic needs before striving to fulfill higher-level needs like QWL. Therefore, organizations that provide a supportive work environment and opportunities for

growth and development can help employees achieve their higher-level needs, leading to a positive QWL (Narehan et al., 2014). QWL is a complex concept that encompasses various dimensions. Some common dimensions of QWL include job satisfaction, work-life balance, organizational culture, and social support. Job satisfaction refers to the overall contentment and enjoyment employees experience in their job. It is influenced by various factors such as job design, job security, compensation, and recognition. Research has shown that job satisfaction is positively correlated with QWL (Aruldoss et al., 2021).

QWL is significantly influenced by the ability of employees to balance their work and personal lives. When workers can effectively handle both their professional and personal commitments, they tend to be more content in their workplace and remain with their company. The work environment is another factor that impacts QWL. This includes physical factors such as ergonomics and lighting, as well as psychological factors such as supportive leadership and a positive organizational culture (Hammer & Zimmerman, 2011). Employee engagement is another key aspect of QWL. This refers to an employee's level of commitment and involvement in their work. Research has shown that employees who are engaged are more productive, motivated, and satisfied with their jobs (Bhende et al., 2020).

In summary, research shows that companies that prioritize employee well-being tend to have happier, more productive, and more successful workers. This is because quality of work life encompasses elements such as work-life balance, job satisfaction, a pleasant work atmosphere, and employee involvement.

Relationship between Workplace Empowerment and Employee Commitment (EC) Workplace empowerment and Employee Commitment (EC) are two important concepts in the field of organizational behavior. Empowerment states that employees are given the autonomy, resources, and support to perform their jobs effectively, whereas EC is the psychological attachment and loyalty of employees to their organization. Both empowerment and employee commitment are believed to be important factors that contribute (Nayak et al., 2018).

Huang, Shi, Zhang, and Cheung suggest that workplace empowerment is directly proportional to employee commitment. Empowerment inspires commitment because it establishes a connection between the operative's work-related activities and moral beliefs. It enables the employees of the organization to work with confidence and execute their skills, knowledge, and abilities at the

workplace to their best. It also encourages them to devote significant energy to the organization and gives employees the authority to influence their tasks and make suggestions, which encourages them to be engaged in the organization and gives employees opportunities to shape the organization (Huang et al., 2006).

There is an increasing body of studies that suggests an optimistic association between WEM and EC. For example, a study by Bhatnagar found that employees are seen with a higher level of commitment in relation to their empowerment in the organization. This finding is supported by other research that has found that some employees might feel empowered. At times, this empowerment can have an effect on different things. These employees are seen to have a stronger sense of ownership and identification with their organization, leading to increased commitment (Bhatnagar, 2005).

Employees have control over their work and can make decisions that impact their job performance when they are empowered. This sense of control can lead to increased job satisfaction and a stronger psychological attachment to the organization. Increased employee commitment can work as a sense of meaning and purpose in the work that employees do. The work of employees is seen to have a greater purpose and meaning, leading to increased job satisfaction and a stronger sense of commitment to the organization when they are empowered (Abdissa & Fitwi, 2016).

Leadership plays a critical role in facilitating these relationships (Kopelman et al., 2006). Research has shown that leaders who empower their employees are more likely to foster increased employee commitment. One way that leaders can empower their employees is through the use of transformational leadership. Leaders who create a sense of shared vision and purpose can be identified as transformational leaders. They are also seen to motivate their followers more than others. This can inspire them to be better followers. This helps them to achieve their full potential. Research has shown that transformational leaders are more likely to empower their employees and foster increased commitment (Bass & Riggio, 2006). Another way that leaders can empower their employees is through the use of servant leadership. Servant leaders are those who prioritize the needs and well-being of their followers and who work to develop their followers' skills and abilities. Research has shown that servant leaders are more likely to empower their employees and foster increased commitment (Krog & Govender, 2015).

Moderating Role of Quality of Work Life (QWL) on Employee Commitment

Experiencing QWL and having a good understanding of the topic allows employees to be more confident in their workplace, and the positive tendency or vibe towards the job may result in commitment in the workplace among the employees. Moreover, workers of any organization never cease to seize the opportunity to judge the effort made by the company to make their work life easier and more comfortable. A constructive assessment of the workers can boost their motivation, have a positive impact on their attitude in the workplace, and ensure their stay in the organization without considering any special situation (Steyrer et al., 2008). There are several studies that state a progressive and substantial correlation between QWL and commitment of the employee towards the organization. In healthcare, empirical studies have brought out the implementation methods of work-related variables like role conflict, interaction, job rotation, and employee commitment. A significant concentration of QWL will act as a centrifugal force, improving employees' sense of commitment to the group (Sirgy et al., 2001). The quality of work life may affect the connection between workplace empowerment and employee commitment. In other words, the quality of work life could influence the strength or direction of the relationship between empowerment and commitment. Some studies have shown that improving the QWL can enhance the benefits of empowering employees in the workplace on their commitment. This finding is supported by further study done in a similar industry under a similar context. In a research project on hospital staff, Koys and DeCotiis discovered that empowering work practices were linked to increased organizational commitment, and this connection was stronger when the QWL was good (Koys & DeCotiis, 1991). Other studies have discovered that the QWL can mitigate the negative impacts. The negative impact can be present in a complex situation between WEM and EC. Gagné et al. conducted a study with police officers and found that empowering leadership had a positive correlation with employee commitment, but this relationship was weaker when the quality of work life was poor (Gagné et al., 2019). The quality of work life is overall an important factor in most of the factors affecting employees in their work environment. According to the research, it may influence the connection between empowerment in the workplace and employee commitment. When QWL is high, it may strengthen the positive effects of empowerment on commitment. On the other hand, when QWL is low, it may reduce the negative effects.

## Proposed Hypothesis

**Table 2: Proposed Hypothesis**

<i>Research Question</i>	<i>Proposed Hypothesis</i>
Does workplace empowerment have a positive connection with employee commitment?	<b>H0:</b> Workplace empowerment does not have a positive connection with employee commitment. <b>H1:</b> Workplace empowerment has a positive connection with employee commitment.
Does the quality of work life moderate the effect of Workplace Empowerment on employee commitment, such that the effect is stronger when the employees have a quality work life?	<b>H0:</b> Quality of work life does not moderate the effect of Workplace Empowerment on employee commitment, such that the effect is stronger when the employees have a quality work life. <b>H1:</b> Quality of work life moderates the effect of Workplace Empowerment on employee commitment, such that the effect is stronger when the employees have a quality work life

## Research Model

Based on the proposed hypothesis, the following research model was constructed for the research purpose.

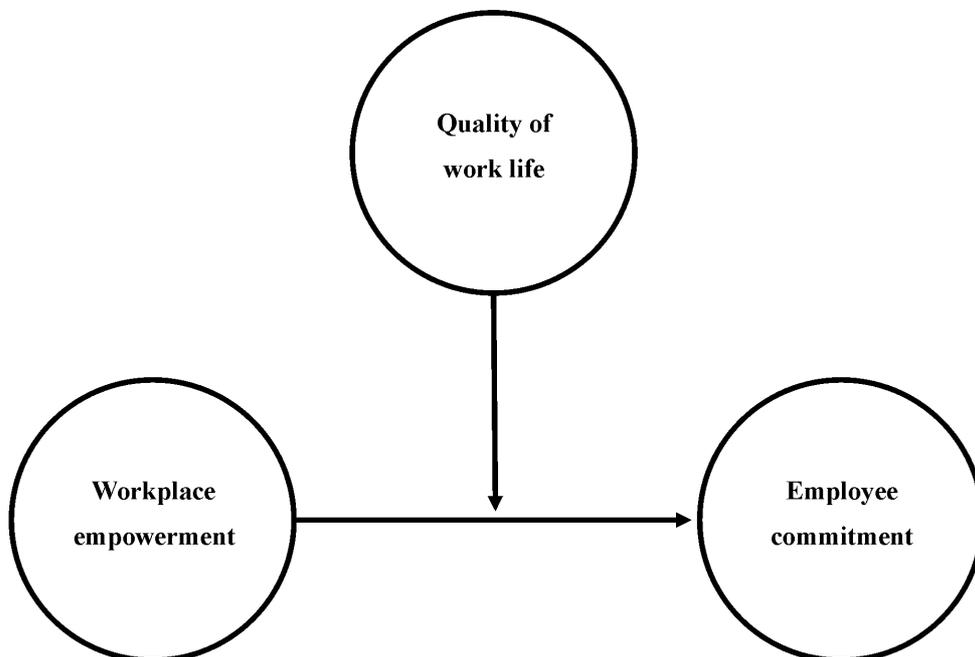


Figure 1: Research Model (Source: Self-made)

## **Methodology**

### ***Research Method***

The study is primarily based in Bangladesh. Its main purpose is to figure out the relationship between QWL (Quality of work life), WEM (Workplace empowerment), and EC (Employee commitment). The research uses a quantitative approach to collect the necessary data for the paper. Data were collected through the form of survey questionnaire. Information, including demographic, descriptive information, has been collected in the early part of the questionnaire. Before the final analysis, a number of tests were conducted to identify the quality of the data collected, including a normality test on the data set and a validity test. Then the data were used to further test them and to understand the relationship stated in the hypothesis..

### ***Measurement of Construct***

The study consists of three variables, which were derived from a critical analysis of the literature review. Some of the indicators were created through a thorough literature review, as there were no previous studies conducted in the healthcare sector. The indicators were modified from various factors identified in previous relevant studies for this study. The constructs are as follows:

- QWL (Quality of work life)
- WEM (Workplace empowerment)
- EC (Employee commitment)

### ***Question Design and Scale***

A survey questionnaire with predetermined questions was created for the study. A Likert scale with five points was used to assess both the independent and dependent variables. For each variable-related question, a score of 1 was assigned to "Strongly Disagree" and a score of 5 was given to "Strongly Agree" to indicate the level of agreement with the statement. In the demographic section of the questionnaire, numerical labels were assigned to the responses in ascending order, with no inherent meaning, as they are nominal data.

### ***Units of Analysis and Population***

In this particular study, the unit of analysis was divided into two parts. The first part focused on individual healthcare professionals in Bangladesh, specifically

in the Khulna region, while the second part focused on nurses and medical lab technicians. The reason for this is that the lifestyles and expectations of these groups differ. The purpose of the study is to examine the relationship between workplace empowerment and employee commitment and to provide an overall view of the quality of healthcare in Bangladesh and ways to improve it.

There are around 110 hospitals and clinics in Khulna city, in Bangladesh (Bangladesh Health Alliance, 2020). The number of diagnostic centers is quite good. Health care professionals, nurses, and medical lab technicians of different levels are allotted there in different posts. All the physicians, nurses, and medical lab technicians are included in the total population of the study.

### ***Data Collection Method and Sampling Technique***

In this study, field methods and an online survey (questionnaire collected) for data collection have been used. This study was conducted mainly on constructed primary data.

The target respondents were health care professionals, nurses, and medical lab technicians in Bangladesh, specifically in the Khulna region. Different types of required data and information for the study were collected from the healthcare professionals at different levels. Respondents were randomly selected from different hospitals in Khulna city. To determine the sample, non-probabilistic convenience sampling was used. Convenience sampling is a non-probability method that seeks to obtain a sample from the most convenient elements (Sedgwick, 2013). This technique also involves randomly selecting the easiest cases for the sample and continuing the selection process until the desired sample size is reached. This method is being used because it allows for the quick acquisition of sample sizes in an easy manner.

Some factors are involved in determining the size of the sample for research. These factors are:

1. The variance of the population
2. The extent to which the error will be accepted
3. The level of confidence, which can be 95% or 99%

A formula, developed by Ishmael Mensah, has been used for determining the sample size where the population is unknown (Mensah, 2006). So the formula determining the sample size if the population is unknown can be applied here to estimate the required minimum sample size. The formula for the sample size is

given below:

$$n = \frac{z^2 * (1 - p)}{c^2}$$

Here, n = Sample Size, z = the value of the Z table at 95% confidence level, p = Percentage picking a choice or response, c = the margin of error

If the confidence level is 95% and the margin of error is 7.3% then n will be 180.

Here, at 95% confidence, the value of z is 1.96 and the margin of error c is 7.3%. So the sample size for this study will be 180.

### ***Analytical Approach***

The composed data was scrutinized using both descriptive and inferential statistics. Demographic characteristics were displayed using frequency and percentage, while mean, minimum, and maximum values, and standard deviation were used to outline the features of the independent, dependent, and moderating variables. Correlation was calculated to understand the strength of the connection between the variables. Moderated regression was used to examine the hypothesis. The questionnaire and collected data were analyzed using the Statistical Package for Social Sciences (SPSS) 23.0 software.

### ***Reliability Test***

The questionnaire's internal consistency was assessed through a reliability test. Cronbach's alpha is a common process for defining the reliability test, with a range from 0 to 1. A higher value indicates that the questionnaire is more reliable. The Cronbach alpha score was found to be 0.845 for the data set of the physicians and 0.830 for the nurses and medical lab technicians of the respondents. These results suggest that the items in the questionnaire are consistent and reliable for further analysis.

## **Data Analysis and Discussion**

### ***Introduction***

In this part, all the analyses are conducted with the data of the physicians in Bangladesh, specifically in the Khulna region. SPSS version 23 was used to analyze the collected data. The findings from the surveys are categorized and discussed,

as identified through survey results analysis. Several tests and statistical analysis methods have been used throughout the process, including testing reliability, creating a frequency table, calculating descriptive statistics, examining correlations, and conducting a moderated regression analysis.

### **Testing reliability**

The goal of reliability analysis is to determine the likelihood that a system or product will function properly and consistently over a specific period of time, under certain operating conditions. The goal of reliability analysis is to ensure that a system or product will meet the needs and expectations of its users while minimizing the risk of unexpected failures or downtime. Cronbach's coefficient alpha is a statistical measure of reliability for data that is used to determine the consistency and dependability of a set of items or questions within a survey or assessment. A Cronbach's coefficient alpha of 0.7 or higher is generally considered to be reliable, while a score below 0.7 may indicate that the data is not consistently reliable (Tavakol & Dennick, 2011).

**Table 3: Reliability Statistics for the physicians**

<i>Cronbach's Alpha</i>	<i>N of Items</i>
.845	33

According to the above table, a Cronbach alpha score of 0.845 indicates that the items on the measure are highly reliable and consistent in measuring the same underlying construct. This is considered a strong reliability score. So, the data set for the physicians is strongly reliable to continue the research.

**Table 4: Reliability Statistics for the medical lab technicians and nurses**

<i>Cronbach's Alpha</i>	<i>N of Items</i>
.830	33

According to the above analysis, a Cronbach alpha score of 0.830 indicates that the items on the measure are highly reliable and consistent in measuring the same underlying construct. This is considered a strong reliability score. So, the data set for the medical lab technicians and nurses is strongly reliable to continue the research.

### ***Frequency Table of the Respondents***

This section displays descriptive statistics for demographic factors like gender and age. A frequency table is used to represent the demographic factors.

**Table 5: Frequency table – Gender (healthcare professionals)**

		<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
Valid	Male	96	53.3	53.3	53.3
	Female	84	46.7	46.7	100.0
	Total	180	100.0	100.0	

There were 96 male (53.3%) healthcare professionals and 84 female (46.7%) healthcare professionals among the total 180 respondents.

**Table 6: Frequency table - Age (healthcare professionals)**

		<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
Valid	20-25	26	14.4	14.4	14.4
	26-30	26	14.4	14.4	28.9
	31-35	33	18.3	18.3	47.2
	36-40	45	25.0	25.0	72.2
	41-45	32	17.8	17.8	90.0
	46-50	11	6.1	6.1	96.1
	Above 50	7	3.9	3.9	100.0
	Total	180	100.0	100.0	

The age profile of the physicians shows that 14.4% were between the ages of 20 and 25, 14.4% were between the ages of 26 and 30, 18.3% were between the ages of 31 and 35, and 25% were between the ages of 36 and 40, 17.8% were between the ages of 41 and 45, 6.1% were between the ages of 46 and 50, and only 3.9% were over 50.

**Table 7: Frequency table – Gender (nurses and medical lab technicians)**

		<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
Valid	Male	62	34.4	34.4	34.4
	Female	118	65.6	65.6	100.0
	Total	180	100.0	100.0	

There were 62 male (34.4%) medical lab technicians and 118 (65.6%) female nurses and medical lab technicians among the total 180 respondents.

**Table 8: Frequency table – Age (nurses and medical lab technicians)**

		<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
Valid	20-25	13	7.2	7.2	7.2
	26-30	24	13.3	13.3	20.6
	31-35	46	25.6	25.6	46.1
	36-40	55	30.6	30.6	76.7
	41-45	28	15.6	15.6	92.2
	46-50	8	4.4	4.4	96.7
	Above 50	6	3.3	3.3	100.0
	Total	180	100.0	100.0	

The age profile of the medical lab technicians and nurses shows that 7.2% were between the ages of 20 and 25, 13.3% were between the ages of 26 and 30, and 25.6% were between the ages of 31 and 35, 30.6% were between the ages of 36 and 40, 15.6% were between the ages of 41 and 45, 4.4% were between the ages of 46 and 50, and only 3.3% were over 50.

### *Descriptive statistics*

**Table 9: Descriptive Statistics (healthcare professionals)**

	<i>N</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Mean</i>	<i>Std. Deviation</i>
WEM	180	2.42	5.00	4.0806	.39852
EC	180	2.25	5.00	3.6667	.58481
QWL	180	2.77	5.00	3.8141	.46167
Valid N (listwise)	180				

Based on the output of the above analysis (Table 9), the spectrum of responses for the variable workplace empowerment is between 2 and 5, with a mean of 4.0806 and a standard deviation of 0.39852, indicating the ordinary spacing between the values of the data in the set and the mean. The range of responses for the variable employee commitment is between 2 and 5, with a mean score of 3.6667 and a

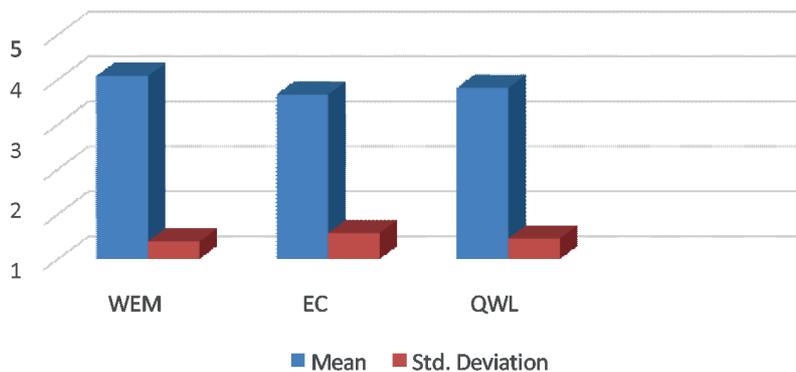


Figure 2: Descriptive statistics (Mean, standard deviation) (healthcare professionals)

standard deviation of 0.58481, showing the deviation of values in the mean score from the data set. Finally, the range of responses for the moderating factor quality of work life was somewhere between 2 and 5, with a mean score of 3.8141. The standard deviation of 0.46167 indicates the deviation of values in the mean score from the data set.

**Table 10: Descriptive Statistics (nurses and medical lab technicians)**

	<i>N</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Mean</i>	<i>Std. Deviation</i>
WEM	180	2.42	5.00	4.0861	.40336
EC	180	2.25	5.00	3.6958	.56339
QWL	180	2.77	5.00	3.8671	.47536
Valid N (listwise)	180				

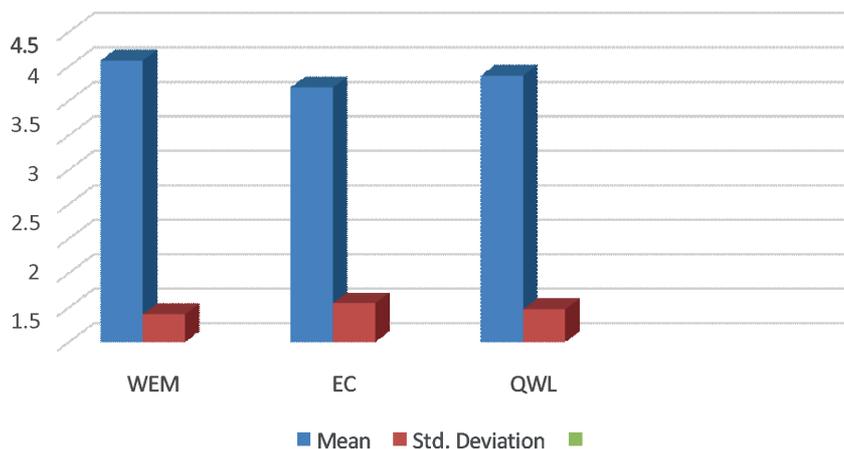


Figure 3: Descriptive statistics (Mean, standard deviation) (nurses and medical lab technicians)

Table 10 outlines the data from 180 responses of nurses and medical lab technicians. According to the table, the range of responses for the variable workplace empowerment is between 2.42 and 5, with a mean of 4.0861 and a standard deviation of 0.40336 denoting the average distance between the values of the data in the set and the mean. The range of responses for the variable employee commitment is between 2.25 and 5, with a mean score of 3.6958 and a standard deviation of 0.56339 showing the deviation of values in mean score than the data set. Finally, the range of responses for the moderating factor quality of work life is between 2.77 and 5, with a mean score of 3.8671. The standard deviation of 0.47536 indicates the deviation of mean score values from the data set.

### **Correlation analysis**

Correlation analysis is a statistical method used to examine the relationship between two quantitative variables. It involves calculating the correlation coefficient, which is a measure of the strength of the relationship (Emerson, 2015). Here, Pearson's Correlation has been used to find out the relationship among the variables and to interpret them.

**Table 11: Correlation analysis (healthcare professionals - physicians)**

<i>WEM</i>	<i>Pearson Correlation</i>	<i>WEM</i>	<i>EC</i>	<i>QWL</i>
	Sig. (2-tailed)	1		
	N	180		
<i>EC</i>	<i>Pearson Correlation</i>	.419**	1	
	Sig. (2-tailed)	.000		
	N	180	180	
<i>QWL</i>	<i>Pearson Correlation</i>	.503**	.555**	1
	Sig. (2-tailed)	.000	.000	
	N	180	180	180
**. Correlation is significant at the 0.01 level (2-tailed).				

The results from the correlation analysis table show that there is a positive relationship between workplace empowerment and employee commitment among the physicians, as indicated by the correlation coefficient of 0.419. This relationship is statistically significant, with a P value of 0.000, indicating that the correlation is not due to chance. This suggests that higher levels of workplace empowerment may lead to increased employee commitment among the physicians in this region. Also,

the results from the 11<sup>th</sup> table show that there is a positive relationship between workplace empowerment and quality of work life among the physicians, as indicated by the correlation coefficient of 0.503. This relationship is statistically significant, with a P value of 0.000, indicating that the correlation is not due to chance. This suggests that higher levels of workplace empowerment may lead to increased quality of work life among the physicians in this region. Finally, the results of the table show that there is a positive relationship between employee commitment and quality of work life among the physicians, as indicated by the correlation coefficient of 0.555. This relationship is statistically significant, with a P value of 0.000, indicating that the correlation is not due to chance. this suggests that higher levels of employee commitment may lead to increased quality of work life among the physicians in this region.

**Table 12: Correlation analysis (nurses and medical lab technicians)**

		WEM	EC	QWL
WEM	Pearson Correlation	1		
	Sig. (2-tailed)			
N		180		
EC	Pearson Correlation	.438**	1	
	Sig. (2-tailed)	.000		
	N	180	180	
QWL	Pearson Correlation	.420**	.464**	1
	Sig. (2-tailed)	.000	.000	
	N	180	180	180

\*\* . Correlation is significant at the 0.01 level (2-tailed).

The results from the 12<sup>th</sup> table show that there is a positive relationship between workplace empowerment and employee commitment among the nurses and medical lab technicians, as indicated by the correlation coefficient of 0.438. This relationship is statistically significant, with a P value of 0.000, indicating that the correlation is not due to chance. This suggests that higher levels of workplace empowerment may lead to increased employee commitment among the nurses and medical lab technicians in this region. Also, the table shows that there is a positive relationship between workplace empowerment and quality of work life among the nurses and

medical lab technicians, as indicated by the correlation coefficient of 0.420. This relationship is statistically significant, with a P value of 0.000, indicating that the correlation is not due to chance. This suggests that higher levels of workplace empowerment may lead to increased quality of work life among the nurses and medical lab technicians in this region. Finally, the results from the table show that there is a positive relationship between employee commitment and quality of work life among the nurses and medical lab technicians in the Khulna region, as indicated by the correlation coefficient of 0.464. This relationship is statistically significant, with a P value of 0.000, indicating that the correlation is not due to chance. This suggests that higher levels of employee commitment may lead to increased quality of work life among the nurses and medical lab technicians in this region.

### *Hypothesis Testing*

Moderated regression analysis was used to assess the validity of the hypothesis. This statistical method allows for the evaluation of the moderation effect through the examination of regression coefficients (CHAMPOUX & PETERS, 1987).

The hypotheses that are developed and tested for the study purpose are as follows:

- H1: Workplace Empowerment is positively related to employee commitment.
- H2: Quality of work life moderates the effect of Workplace Empowerment on employee commitment, such that the effect is stronger when the employees have a quality work life.

**Table 13: Coefficients**

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.121	.370		.327	.744
	WEM	.204	.101	.142	2.008	.046
	QWL	.713	.095	.530	7.470	.000
2	(Constant)	10.543	2.725		3.870	.000
	WEM	-2.298	.656	-1.606	-3.504	.001
	QWL	-2.169	.753	-1.612	-2.882	.004
	WEMXQWL	.688	.178	3.443	3.858	.000

a. Dependent Variable: EC

**Table 14: Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.620 <sup>a</sup>	.385	.378	.45599	.385	55.372	2	177	.000
2	.658 <sup>b</sup>	.433	.423	.43909	.048	14.886	1	176	.000
Predictors: (Constant), QWL, WEM									
Predictors: (Constant), QWL, WEM, WEMXQWL									

It was suggested that there is a positive connection between workplace empowerment and employee commitment (H1), and that quality of work life has a positive impact on this relationship (H2) among the physicians of Bangladesh. According to Table 13, the relationship between workplace empowerment and employee commitment was found to be positive and significant ( $\beta = 0.142$ ,  $p < 0.05$ ), which supports H1. The table also shows that the interaction term (Workplace empowerment - Quality of work life) has a positive and significant regression coefficient ( $\beta = 3.443$ ,  $p < 0.05$ ), indicating that quality of work life significantly moderates the relationship between workplace empowerment and employee commitment. Table 14 from the model summary shows that when workplace empowerment and quality of work life were included as main variables, there was a significant 38.5% change in the explanatory power of the independent variables ( $R^2$  Change = 0.385,  $F$  change = 55.372,  $p = 0.000$ ). In the third step, the interaction added a statistically significant 7.6% to the explanatory power of the independent variables ( $R^2$  change = 0.048,  $F$  change = 14.886,  $p = 0.000$ ). This supports the hypothesis that the quality of work life moderates the effect of workplace empowerment on employee commitment among the physicians, such that the effect is stronger when employees have a good quality of work life.

**Table 15: Coefficients**

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.454	.395		1.149	.252
	WEM	.412	.098	.295	4.215	.000

	QWL	.403	.083	.340	4.867	.000
2	(Constant)	11.346	2.414		4.699	.000
	WEM	-2.299	.601	-1.646	-3.827	.000
	QWL	-2.479	.636	-2.092	-3.898	.000
	WEMXQWL	.713	.156	3.704	4.567	.000

a. Dependent Variable: EC

**Table 16: Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.536 <sup>a</sup>	.287	.279	.47844	.287	35.601	2	177	.000
2	.602 <sup>b</sup>	.362	.352	.45368	.076	20.855	1	176	.000

c. Predictors: (Constant), QWL, WEM  
d. Predictors: (Constant), QWL, WEM, WEMXQWL

Based on the above tables (15 and 16), it is suggested that there is a positive connection between workplace empowerment and employee commitment (H1), and that quality of work life has a positive impact on this relationship (H2) on the nurses and medical lab technicians. According to Table 15, the relationship between workplace empowerment and employee commitment was found to be positive and significant ( $\beta = 0.295$ ,  $p < 0.05$ ), which supports H1. The table also shows that the interaction term (Workplace empowerment - Quality of work life) has a positive and significant regression coefficient ( $\beta = 3.704$ ,  $p < 0.05$ ), indicating that quality of work life significantly moderates the relationship between workplace empowerment and employee commitment. Table 16 from the model summary shows that when workplace empowerment and quality of work life were included as main variables, there was a significant 28.7% change in the explanatory power of the independent variables ( $R^2$  Change = 0.287, F change = 35.601,  $p = 0.000$ ). In the third step, the interaction added a statistically significant 7.6% to the explanatory power of the independent variables ( $R^2$  change = 0.076, F change = 20.855,  $p = 0.000$ ). This supports the hypothesis that quality of work life moderates the effect of workplace empowerment on employee commitment among nurses and medical lab technicians, such that the effect is stronger when employees have a good quality of work life.

## ***Result and Discussion***

The primary objective of this research is to investigate the connection between worker empowerment and employee dedication in the field of healthcare in Bangladesh, especially focusing on the city of Khulna. The findings of this research not only back up findings from earlier studies, but they also provide some fresh perspectives, particularly on the state of healthcare in the focused area.

According to the findings of a study conducted on doctors, there is a correlation between employee empowerment in the workplace and employee dedication. When physicians are provided with the resources, authority, and motivation necessary to perform their profession effectively, in addition to being held accountable for their activities, there is a tendency for their level of dedication to their work to increase. Furthermore, the quality of work life in the workplace has a positive impact on employee commitment, which indicates that if the internal and external environment of healthcare professionals supports their work, their commitment to their work increases. If this is the case, then the quality of work life in the workplace has a positive impact on employee commitment.

Moreover, this study's objective is to investigate how the quality of an employee's work life influences the connection between workplace empowerment and employee commitment. According to the findings, the quality of an employee's life outside of work plays a part in the connection between workplace empowerment and employee commitment. To be more specific, the relationship between workplace empowerment and employee commitment will be positively impacted if factors such as employee motivation, engagement, job satisfaction, safety, company productivity, and well-being (all of which are components of quality of work life) are favorable for workers. This is because these factors are all components of the quality of work life.

It is also found out during the examination of medical lab technicians and nurses in the focused region that there is a favorable association between workplace empowerment and employee dedication. This was found out during the investigation of medical lab technicians and nurses. Additionally, the quality of work life has a beneficial effect on employee commitment, which suggests that when healthcare professionals in the focused region have a nice work environment, their dedication to their job improves. The connection between empowerment in the workplace and employee commitment is also influenced, in part, by the quality of life outside of work.

According to the findings of the study, the moderated effect of quality of life outside of work has a larger influence (7.6%) on the relationship between workplace empowerment and employee commitment for nurses and medical lab technicians than it does for physicians (4.8%). It shows that the nurses and medical lab technicians are more sensitive to QWL than the physicians of the Khulna region.

The findings on the moderating effects of employees' environmental knowledge are significant for the following reasons: first, they provide a clearer understanding of the facilities provided to the healthcare sector in Bangladesh; second, they provide a clearer understanding of how the facilities affect the relationship between workplace empowerment and employee commitment; and third, they provide a clearer understanding of the facilities provided to the healthcare sector in Bangladesh. .

## **Conclusion**

### ***Overview of Results***

The purpose of this research was to explore the relationship between workplace empowerment and employee dedication, and to examine the role of quality of work life as a moderating factor. Previous research had not quantitatively examined the effect of workplace empowerment on employee dedication in conjunction with quality of work life. The results of this study indicated that both workplace empowerment and quality of work life are positively related to employee dedication. The research discovered that the relationship between employee empowerment in the workplace and commitment is enhanced by the quality of work life as a moderating factor. The connection between workplace empowerment and the quality of work life was examined to determine the moderating impact on employee commitment.

### ***Managerial Implications***

The research emphasizes the importance of empowering healthcare workers in the workplace, which can aid HR professionals in fostering cognitive development among employees. HR professionals must involve the workforce in creating a work environment that empowers healthcare workers. Providing employees with tasks that allow them to improve their capabilities, allowing them to make patient care choices, and having access to resources like medical supplies, equipment, time, and information can all contribute to empowerment in the workplace. Additionally,

receiving guidance, feedback, and constructive criticism from supervisors, colleagues, and physicians, as well as having some level of power or influence in their job responsibilities, can also contribute to the empowerment of the workplace.

### ***Study Constraints and Potential Future Research Directions***

The current study does have several shortcomings that need to be taken into consideration. The participants were restricted to those working in healthcare in the city of Khulna. In subsequent research, it could be beneficial to include medical personnel from both developing and wealthy nations. This would provide greater credence to the findings of the study. In addition, comparable research may be conducted using participants from a wider variety of industries, with the results then being compared. Only structural empowerment was investigated in this study; nevertheless, psychological empowerment and its impact on the quality of healthcare personnel's working lives and their level of dedication to their jobs are worthy of investigation in further studies. In addition, the QWL might be explored along with other potential moderating variables in order to provide a more comprehensive understanding of the connection between workplace empowerment and employee commitment.

### ***Summary***

Empowerment can create a workplace culture that encourages teamwork, collaboration, adaptability, and partnership, leading to improved employee QWL. Additionally, improved QWL can help employees remain focused and work effectively towards the organization's goals. When empowerment and QWL are combined, they have a positive impact on employee attitudes and organizational outcomes. Employees will be motivated and feel more fulfilled as a result of facing work-related stress, situations, and challenges and using them as opportunities for personal growth. The purpose of this research is to view employees as valuable, long-term resources in the healthcare system. To achieve this goal, there must be high standards of practice and initiatives focused on quality of work life included in the organization's strategic plans and governance.

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