

Employee Empowerment, Training, and Service Quality Delivery: The Moderating Role of Organisational Commitment among Nursing Staff of Jammu and Kashmir Public Hospitals

Afsar Ali*¹, Naveeda², Tazein Rauf³, Aamir Ayoub Mir⁴, Sumaira⁵, Nassar Ahmed⁶

¹Research Scholar, Department of Management Studies, University of Kashmir Srinagar, Jammu and Kashmir, 190006 India, Email: afsarmbafm@gmail.com

²Research Scholar, Department of Management Studies, University of Kashmir Srinagar, Jammu and Kashmir, 190006 India

³Research Scholar, Department of Management Studies, University of Kashmir Srinagar, Jammu and Kashmir, 190006 India

⁴Research Scholar, Department of Management Studies, University of Kashmir Srinagar, Jammu and Kashmir, 190006 India

⁵Assistant Professor, Department of Management Studies, University of Kashmir Srinagar, Jammu and Kashmir, 190006 India

⁶Research Scholar, Department of Tourism, Hospitality and Leisure Studies, University of Kashmir Srinagar, 190006 India

Abstract

The objective of this study is to examine the relationship between Employee Empowerment, Training and Service Quality Delivery (SQD) with organizational commitment (OC) as a moderator in the context of the public hospitals in Jammu & Kashmir. Data was collected through a questionnaire with a sample of 407 nurse's respondents. PLS-SEM algorithm and bootstrap technique was used to analyse the measurement model and structural model for the direct and indirect relationships employee empowerment (EE), employee training (ET), and SQD, including OC variable as a moderator variable. These results underline the importance of stimulate an empowering work environment while simultaneously nurturing organizational commitment among nursing staff. By doing so, hospital administrators and policymakers can enhance the quality of healthcare services provided, leading to better patient outcomes and overall hospital performance. This study contributes to the understanding of how organizational factors interact to affect service delivery in healthcare settings, offering practical insights for improving patient care through strategic management of nursing staff.

Keywords: Employee Empowerment, Training, Service Quality Delivery, Organizational Commitment, Nursing Staff.

1. INTRODUCTION

In the contemporary healthcare landscape, the delivery of high-quality patient care is paramount, and the role of nursing staff is crucial in achieving this objective employee empowerment and training have been widely recognized as critical factors influencing service quality, particularly in sectors like healthcare where service delivery is paramount.

In public hospitals, especially in regions such as Srinagar & Jammu, the role of nursing staff in providing high-quality care is indispensable. Empowering employees through increased autonomy and decision-making capabilities, coupled with effective training, can lead to improved service delivery. However, the effectiveness of empowerment and training is often moderated by the level of organizational commitment among

employees (Al-Hakim & Hassan, 2020). Nursing staff, who are at the forefront of healthcare delivery, are particularly affected by these dynamics.

Organizational commitment plays a crucial moderating role in ensuring that empowered and well-trained employees deliver high-quality services. High commitment levels have been shown to enhance employee performance, reduce turnover intentions, and increase job satisfaction, all of which contribute to better service quality (Nasiripour et al., 2021). In the context of Srinagar's public hospitals, where resource constraints and high patient loads often prevail, understanding how employee empowerment and training, moderated by organizational commitment, affect service delivery is of utmost importance. By focusing on the nursing staff of Srinagar's public hospitals, this research will contribute to the growing body of knowledge on healthcare management and provide practical insights for improving service quality in public healthcare institutions.

This study focuses on the public hospitals of Srinagar, where nursing staff face unique challenges due to limited resources, high patient loads, and the complex socio-political environment of the region. By examining the interplay between employee empowerment, organizational commitment, and service quality delivery among nursing staff, this research aims to provide insights that can help healthcare administrators enhance service quality through strategic human resource management.

The findings of this study will contribute to the existing literature on healthcare management by providing empirical evidence on the importance of both empowerment and organizational commitment in improving service quality. Furthermore, the study offers practical implications for policymakers and healthcare administrators seeking to optimize service delivery in public hospital. The following are four objectives established for the present study:

- i.To investigate the relationship between EE (Employee Empowerment) and SDQ.
- ii.To investigate the relationship between ET (Employee Training) and SDQ.

iii.To determine the relationship between organizational Commitment and SQD

iv.To examine the effect of Organizational Commitment in moderating the relationship between EE & ET (employee empowerment & training) and SQD.

This paper is composed into five sections. Section 1 is the introduction. Section 2 reviews of related literature on the subject matter of the study. The third Section 3 presents the methodological issue of the paper and measurement of the study variables. Section 4 discusses the results of the study. Finally, Section 5 provides the conclusions and recommendations of the paper.

2. LITERATURE REVIEW AND HYPOTHESES DEVELOPMENT

Employee Empowerment in Healthcare

Employee empowerment has been widely recognized as a critical factor in enhancing job performance and service quality across various sectors, including healthcare. Empowerment in this context refers to the process of providing employees, particularly nursing staff, with the authority, autonomy, and resources necessary to make decisions related to their work (Conger & Kanungo, 1988). Empowered nurses are more likely to take initiative, make independent decisions, and engage actively in problem-solving, all of which are crucial for effective patient care (Laschinger, Finegan, & Shamian, 2001). The empowerment of nursing staff not only enhances their job satisfaction and commitment but also significantly contributes to patient outcomes, such as reducing medical errors and improving patient satisfaction (Wagner et al., 2010).

The concept of structural empowerment, introduced by Kanter (1977), highlights that providing access to information, resources, and support can significantly enhance employees' sense of empowerment. In healthcare settings, such empowerment translates into improved decision-making capabilities among nurses, which is essential for managing complex patient care situations (Manojlovich & Laschinger, 2002). Empirical studies have demonstrated that empowered nurse's exhibit greater job satisfaction,

lower burnout levels, and are more committed to their organization, which positively affects their performance and patient care quality (Faulkner & Laschinger, 2008).

Employee Training in Healthcare

Employee training is essential in healthcare, particularly for nursing staff, to ensure the delivery of high-quality patient care. Effective training programs enhance nurses' competencies, enabling them to respond to complex healthcare needs, adapt to technological advancements, and maintain patient safety (Sim, 2022). Several studies have emphasized that continuous professional development and specialized training programs lead to improved nursing outcomes, better patient satisfaction, and reduced medical errors (Jones et al., 2021). Nurses are often required to update their skills to keep pace with evolving healthcare standards and new medical technologies. In this regard, training programs focused on clinical skills, communication, and leadership play a significant role in improving the overall service quality in hospitals (Smith & Kiger, 2020). Furthermore, training that emphasizes critical thinking and problem-solving allows nursing staff to make informed decisions, reducing the dependency on higher-level medical staff and ensuring timely interventions (Yu et al., 2021). Training also impacts nurses' job satisfaction and retention rates, as well-trained nurses tend to feel more competent and confident in their roles. According to Al-Sawai and Al-Duhaim (2020), training programs that align with organizational goals help enhance nurses' commitment to their work, improving not only individual performance but also overall organizational efficiency.

However, the lack of adequate training opportunities can lead to increased stress and job dissatisfaction among nurses. Research by Li et al. (2023) indicates that ongoing training and development are crucial for reducing burnout, which is prevalent in high-demand environments such as hospitals. Additionally, it was found that nurses who receive regular training tend to be more engaged, contributing to higher patient satisfaction and improved service delivery. Recent studies also highlight the importance of technology-based training methods, such as simulation-based training,

which have proven effective in enhancing practical skills and critical decision-making in nursing practice (Miller & Clark, 2022). As healthcare systems worldwide transition toward digitalized environments, nurses' training must also evolve to incorporate digital literacy and proficiency in using healthcare technologies.

In conclusion, employee training is a cornerstone of improving nursing staff performance and service quality in healthcare settings. Continuous professional development, skills training, and the integration of technology in training programs are critical to ensuring that nursing staff can meet the challenges of modern healthcare delivery.

Service Quality Delivery in Healthcare

Service quality delivery is a critical measure of healthcare performance. It encompasses various dimensions such as reliability, responsiveness, assurance, empathy, and tangibility (Parasuraman, Zeithaml, & Berry, 1988). In nursing, service quality is closely related to the effectiveness of care, patient safety, and overall patient satisfaction. High service quality in healthcare is achieved when healthcare providers consistently meet or exceed patients' expectations and provide compassionate, timely, and effective care (Donabedian, 1988).

Research has shown that empowered nursing staff are better equipped to deliver high-quality services because they feel more in control of their work environment and are more engaged in their roles (Laschinger, 2014). Studies have also indicated that when nurses are given autonomy and involved in decision-making processes, their ability to provide patient-centered care improves, leading to higher patient satisfaction (Aiken et al., 2012). This is particularly important in public hospitals, where resources may be limited, and the demand for healthcare services is high.

Organizational Commitment as a Moderating Factor

Organizational commitment is a psychological state that characterizes an employee's relationship with their organization, influencing their decision to remain with the organization (Meyer & Allen, 1991). Commitment can be categorized into three

components: affective commitment (emotional attachment), continuance commitment (awareness of the costs associated with leaving), and normative commitment (a feeling of obligation to stay) (Allen & Meyer, 1990). In the healthcare sector, committed employees are more likely to exhibit higher levels of job performance, reduced turnover intentions, and greater willingness to contribute to the organization's goals (Mowday, Porter, & Steers, 1982).

The moderating role of organizational commitment in the relationship between employee empowerment and service quality delivery has gained attention in recent literature. Studies suggest that while empowerment is crucial for enhancing service quality, its impact is significantly amplified when employees are highly committed to their organization (Jha, 2011). For instance, empowered nurses who are also committed to their hospitals are more likely to utilize their empowerment positively, contributing to better patient care and overall service quality (Cho, Laschinger, & Wong, 2006). Conversely, if organizational commitment is low, even empowered employees may not fully engage or align their actions with the organization's objectives, thereby limiting the positive impact of empowerment on service quality (Meyer et al., 2002).

Empirical Evidence

Several empirical studies support the link between empowerment, training, organizational commitment, and service quality. For example, Nasiripour et al. (2021) found that empowerment and training significantly improved the service quality provided by nursing staff in Iranian hospitals, with organizational commitment playing a crucial moderating role. Similarly, Biron and Bamberger (2019) demonstrated that training interventions combined with empowerment initiatives led to improved employee engagement and higher service quality in a variety of industries.

2.1 Theoretical Framework

Social Exchange Theory (SET) was used as bases for this study. The SET was used in this study because the theory examines reciprocity. An employee of an organization strives to work hard in order to be productive toward achieving the overall aims of their organization. The theory is fit for this research it provide the conceptualization that EE and ET leads to commitment and service quality (Abdullatif, Johari & Adam, 2016). Thus, this study is like that of many previous studies that adopted SET to elaborate the relationship between the EE and SQD (Salisu & Abu Bakar, 2018; Majid & Mohammed, 2018; Hadian, 2017; Celestina, 2017; Al-Ababneh, 2016). Therefore, based on the SET theory, the framework in Figure 1 depicts the interrelationships among the study variables.

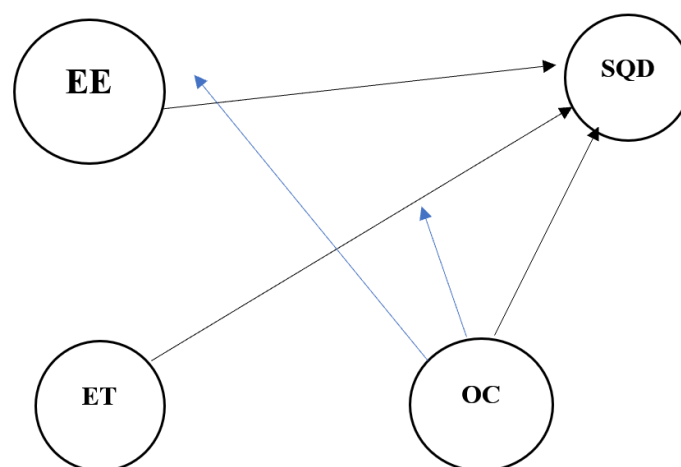


Figure 1. Research Framework (Source Authors)

2.2 Hypotheses Development

Bowen and Lawler (1992) argue that employee empowerment leads to greater autonomy and discretion in decision-making, which helps service employees respond to customer needs more effectively. This autonomy promotes proactive behaviour, allowing employees to handle customer issues in real time, which directly enhances service quality. Spreitzer (1995) discusses psychological empowerment and how it enhances employees' sense of meaning and competence in their roles, which results in improved service delivery. Empowered employees are more engaged and motivated, which contributes to higher-quality service delivery. Kundu et al. (2019) found that employee empowerment positively impacts service quality delivery in healthcare settings. Empowered employees can make decisions quickly and resolve issues, improving patients' service experiences.

Babakus et al. (2003) emphasize that training equips employees with the technical skills and knowledge required for efficient service delivery. Well-trained employees are more competent, confident, and able to meet customer expectations, leading to enhanced service quality. Salas et al. (2012) show that employee training improves both technical and interpersonal skills, which are critical for delivering high-quality services, particularly in customer-facing roles. Training enables employees to be more efficient and effective in addressing customer needs. Grönroos (1984) outlines that continuous training in customer interaction skills enhances employees' ability to deliver services that meet or exceed customer expectations, which in turn improves overall service quality.

Hypothesis 1: There is a significant relationship between employee empowerment and service quality delivery (SQD).

Hypothesis 2: There is a significant relationship between employee training and service quality delivery (SQD).

Meyer and Allen (1991) developed the three-component model of organizational commitment (affective, continuance, and normative commitment), showing that employees with strong affective commitment (emotional attachment to the

organization) are more likely to deliver high-quality services as they are highly motivated to contribute positively to the organization's success. Yoon and Suh (2003) found that organizational commitment has a direct impact on service quality in a customer service context. Committed employees are more likely to exhibit high levels of service performance, leading to better service quality delivery. Cater and Zabkar (2009) demonstrated that higher levels of organizational commitment result in better service quality delivery. Employees who feel emotionally committed to the organization are more likely to engage in behaviors that support high-quality service provision. Boshoff and Mels (1995) show that organizational commitment plays a significant role in fostering positive service behaviors among employees, which contributes to the consistent delivery of high-quality services in service-oriented organizations. Karatepe (2013) found that organizational commitment enhances service performance and quality in the hospitality industry. Employees with a higher level of commitment to their organization are more likely to be engaged, leading to improved service delivery and customer satisfaction.

Hypothesis 3: There is a significant relationship between organizational commitment and service quality delivery (SQD).

Employee empowerment impacts service quality and highlights the role of organizational commitment in enhancing this relationship. It suggests that high organizational commitment can amplify the positive effects of empowerment on service quality Kim, S., & Lee, J. (2011). As per Joo, B.-K., & Park, S.-W. (2010) it explores how empowering leadership affects service quality through organizational commitment, indicating that the relationship between employee empowerment and service quality is stronger with high organizational commitment. Saks (2006) discusses how organizational commitment can moderate the relationship between various employee-related variables and outcomes like service quality, emphasizing the role of commitment in enhancing service delivery.

The research investigated how service training impacts employee attitudes and behaviors, with

organizational commitment acting as a moderator. It highlights that high organizational commitment can strengthen the positive effects of training on service quality Chiang, C.-F., & Jang, S. (2008). While focusing on diversity, this paper also touches upon the moderating role of organizational commitment in training and development, suggesting that commitment can enhance the effectiveness of training on service quality. Jehn, K. A., & Mannix, E. A. (2001). The study examines how training influences organizational commitment and, subsequently, how commitment moderates the impact of training on various outcomes, including service quality Way, S. A. (2002).

Hypothesis 4: Organizational commitment significantly moderates the relationship between employee empowerment and service quality delivery (SQD).

Hypothesis 5: Organizational commitment significantly moderates the relationship between employee training and service quality delivery (SQD).

3. Methodology

This study carried out a pilot study with 65 randomly selected respondents from four general hospitals in two city (Jammu and Srinagar) to ensure the questionnaires are accurate and effective. The purposive sampling technique of non-probability sampling has been utilized to target the sample respondents. Based on Krejcie and Morgan (1970), sample determination table, 370 sample respondents and additional 10% participated in the study. Questionnaires were administered to the sampled respondents to obtain data. The total number of questionnaires administered is 407. The returned questionnaires are 370 keeping the response rate at 91%. However, 365 questionnaires were deemed usable following the data editing process. Eventually, the final sample size used in this analysis is 364 respondents. Further, the present study applied SPSS version 26 to analyse the respondent's profile and preliminary analysis while PLS-SEM through Smart-PLS 4.1 to test the developed hypotheses.

3.1 Measurement of the Study Variables

The questionnaire had two sections. The first section of the questionnaires consists of the respondent's demographic profile while the second section contained the measurement variables. The second section consists of 4 variables with 22 items that make up the study variables. Hence, SQD was measured with 7 items adapted from Ekinci (2001). EE was measured with 6 items adapted from Men (2010), ET measured with Schmidst (2004) scale having 5 items. OC was measured with 04 items adapted from Mowday, Steers and Porter (1979). All items were measured on a Likert scale of five points, ranging from 1 (strongly disagree) to 5 (strongly agreed). The reliabilities for all items found the coefficient above 0.70.

4. RESULT AND DISCUSSION

This section provides a summary of the study's findings. The study model as depicted in Figures 2 and 3 was tested using SmartPLS. In order to determine the t-values and standard error of the estimate as well as assess the significance of the association, the current study bootstrapped 5000 samples and 365 cases. According to Henseler, Ringle, and Sarstedt (2015), PLS accounts for the mistake that strengthens the theory's validity and reduces correlations, yielding more precise estimates of moderator effects.

4.1 Measurement Model

Firstly, the convergent validity test, which is the degree to which there is an agreement between different items to measure the same concept. Secondly, the analysis proceeded to measure the discriminating validity in which the measure does not represent other variables and is indicated by the low correlations between the measurement of interest and the measurements of other constructs. Discriminant validity was measured by comparing the squared correlations between constructs and variance extracted (Dijkstra & Henseler, 2015; Hair, Sarstedt, Ringle & Mena, 2012). Finally, Cronbach's alpha coefficient was used to assess the inter-item consistency of the measurement items in Figure 2 and Table 1.

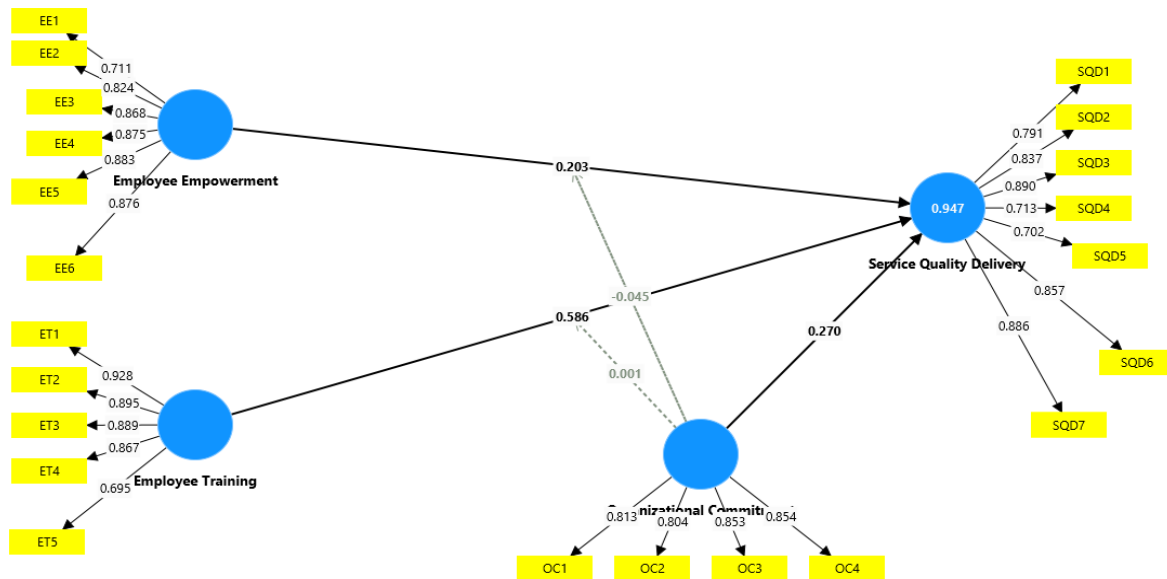


Figure 2: Measurement Model.

Table 1 indicates that all the items were above 0.4 and all the indicator of the construct loaded high on their main or parent constructs, thus, achieving discriminant validity. The discriminant validity of the present study using AVE was compared with the correlation of the correlation matrix of each variable as shown in Table 2. Taking Fornell and Larcker (1981) criteria, all the values (bold) are greater in

their parent construct than its relationship with another construct. Recently, Henseler et al. (2015) criticized the Fornell and Larcker (1981) and cross-loading method as liberal in confirming validity, and thus suggested the use of HTMT based on the multitrait-multimethod matrix to assess discriminant validity. Table 3 present the HTMT of the study. Finally, discriminant validity has been achieved.

Table 1 Items loadings, CA, Composite Reliability and Average Variance Extracted

| Constructs | Items | Loading | Cronbach's Alpha | (CR) | AVE |
|---------------------------|-------|---------|------------------|-------|-------|
| Employee Empowerment | EE01 | 0.711 | 0.916 | 0.936 | 0.708 |
| | EE02 | 0.824 | | | |
| | EE03 | 0.868 | | | |
| | EE04 | 0.875 | | | |
| | EE05 | 0.883 | | | |
| | EE06 | 0.876 | | | |
| Employee Training | ET01 | 0.928 | 0.908 | 0.933 | 0.737 |
| | ET02 | 0.895 | | | |
| | ET03 | 0.889 | | | |
| | ET04 | 0.868 | | | |
| | ET05 | 0.695 | | | |
| Organizational Commitment | OC01 | 0.852 | 0.852 | 0.899 | 0.691 |
| | OC02 | | | | |
| | OC03 | | | | |
| | OC04 | | | | |
| Service Quality Delivery | SQD1 | 0.913 | 0.913 | 0.932 | 0.663 |
| | SQD2 | | | | |
| | SQD3 | | | | |
| | SQD4 | | | | |
| | SQD5 | | | | |
| | SQD6 | | | | |
| | SQD7 | | | | |

Table 2 Fornell- Larcker

| | Employee Empowerment | Employee Training | Organizational Commitment | Service Quality Delivery |
|---------------------------|----------------------|-------------------|---------------------------|--------------------------|
| Employee Empowerment | 0.842 | | | |
| Employee Training | 0.697 | 0.859 | | |
| Organizational Commitment | 0.673 | 0.788 | 0.831 | |
| Service Quality Delivery | 0.787 | 0.941 | 0.87 | 0.814 |

Table 3 Heterotrait- Monotrait Ratio HTMT

| | EE | ET | OC | SQD | OC x EE |
|---------|-------|-------|-------|-------|---------|
| EE | | | | | |
| ET | 0.762 | | | | |
| OC | 0.749 | 0.892 | | | |
| SQD | 0.867 | 0.131 | 0.171 | | |
| OC x EE | 0.149 | 0.037 | 0.046 | 0.113 | |
| OC x ET | 0.042 | 0.121 | 0.065 | 0.082 | 0.617 |

Note: EE Employee Empowerment, ET Employee Training, OC Organizational Commitment, SQD Service Quality Delivery

4.2 Structural Model

Figure 3 and Table 4 present the results of the hypotheses testing. This study used a product

indicator approach in estimating the strength of the moderating effect of OC on the relationship between employee empowerment, employee training and SQD. The result found empowerment and training to be positively related to SQD. However, the results depict that the relationship between employee empowerment, and SQD is not moderated by OC.

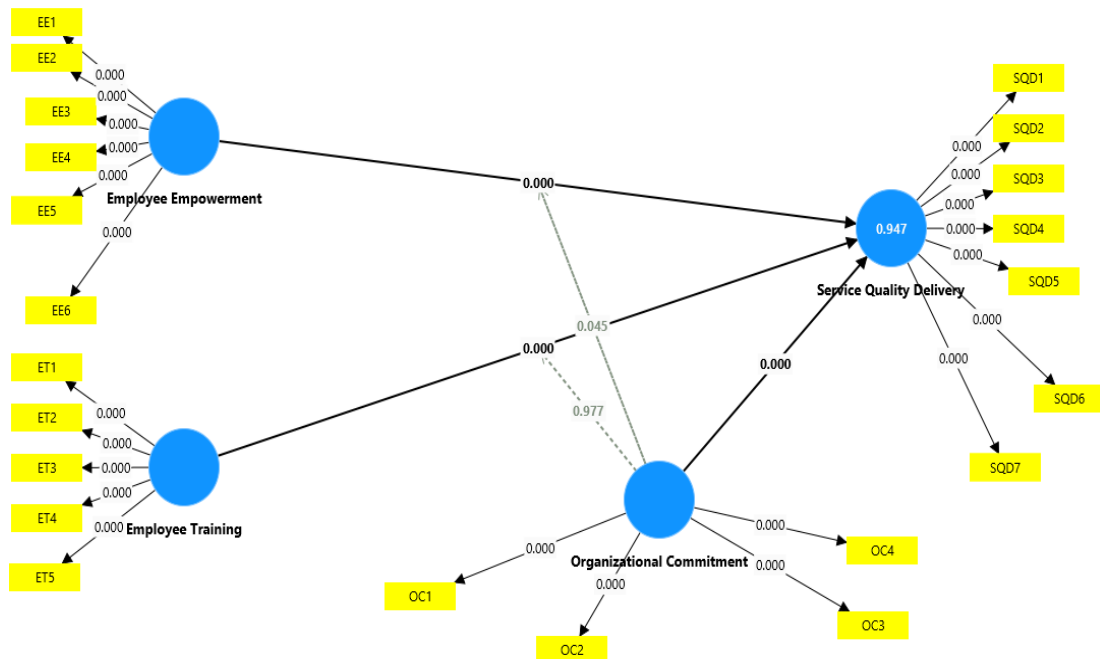


Figure 3 Structural Model (With Moderator)

Table 4 Results of Direct and Moderation Test

| Path | Beta | Standard deviation | T Value | P values | Decision |
|--|--------|--------------------|---------|----------|---------------|
| Employee Empowerment -> Service Quality Delivery | 0.203 | 0.027 | 7.407 | 0 | Supported |
| Employee Training -> Service Quality Delivery | 0.586 | 0.028 | 20.683 | 0 | Supported |
| Organizational Commitment -> Service Quality Delivery | 0.27 | 0.028 | 9.804 | 0 | Supported |
| Organizational Commitment x Employee Empowerment -> Service Quality Delivery | -0.045 | 0.022 | 2.01 | 0.045 | Supported |
| Organizational Commitment x Employee Training -> Service Quality Delivery | 0.001 | 0.022 | 0.029 | 0.977 | Not Supported |

Hypothesis 1 predicted that employee empowerment is significantly related to SQD. The findings. The findings in figure 3 and Table 4 indicate a positive significant relationship between employee empowerment and SQD ($\beta = 0.203$, $t = 7.407$, $p < 0.0$). Thus hypothesis 1 supported. Hypothesis 2 predicted that employee training is significant related with SQD. Results from the figure 3 and Table 4 show that employee training is positively and significantly related to SQD ($\beta = 0.586$, $t = 20.683$, $p < 0.00$), thus supporting the postulation of this study contained in Hypothesis 2. This result is significant providing a substantial beta value and t-value. Hypothesis 3 in this study stated that organizational commitment is significantly related to SQD. This relationship is found to be stronger as mentioned in Table 4. The findings in table 4 show that ($\beta = 0.27$, $t = 9.804$, $p < 0.00$) is found significant and supported.

Hypotheses 4 and 5 in this research predicted that organizational commitment moderates the relationship between employee empowerment, employee training and SQD. In hypothesis 4, the statistical value driven ($\beta = 0.045$, $t = 2.01$ and $p < 0.045$) indicates the significant relationship statistically. Hypothesis 5, as the result clarifies that the moderation relationship of organizational commitment in between employee training and SQD found insignificant. The findings in the table 4 are ($\beta = 0.001$, $t = 0.029$, $p < 0.977$) is statistically insignificant.

The findings indicate that employee empowerment had a direct positive effect on SQD. The result is consistent with previous research findings (Olcer, 2015; Bagherzadeh, Sarvghad & bagherzadeh, 2014; Iqbal, Ahmad & Javaid, 2013; Indradevi, 2012; AbduPatah, Adzmy & Derani, 2009). The result is also consistent with previous studies' findings (Degago, 2014; Liden, Wayne & Sparrowe, 2000; Fulford & Enz, 1995).

5. CONCLUSIONS AND RECOMMENDATIONS

The study's primary focus was on nurses working in Jammu and Kashmir's public hospitals. The study analysed relevant models with respect to EE and then formulated the problem. The study reviewed the available literature with respect to EE and its influence on SQD to coin the framework of the study. The study's findings supported the idea that EE contributes to higher levels of SQD and that OC has a non-moderating and moderating role in the relationship between EE dimensions and SQD. As per the study's findings, EE significantly affects the SQD of nurses working in public hospitals in Jammu and Kashmir. This study demonstrates that training and empowerment are the two EE components with the highest predictive power on SQD. SQD levels rise with an increase in EE. The study also found that at public hospitals in Jammu and Kashmir, the link between the EE aspects (training and SQD of nursing) is not significantly moderated by OC. This confirmed that an increase in the value of OC does

not strengthen the relationship between EE dimensions (employee training) and SQD of nursing in public hospitals in Jammu and Kashmir. The findings further established that the dimension of EE with the highest influence on SQD was competence. This suggests, to deliver healthcare effectively and efficiently, public hospitals in Jammu and Kashmir need to capitalize on employees by empowering them to unleash their greatest potential specifically, by employee empowerment. As a result, hospital management in Jammu and Kashmir must acknowledge the necessity of implementing empowering procedures that raise employee competence and autonomy levels. It can be achieved by creating an environment at work where management places trust and confidence in employees, as well as by assigning authority for making decisions and managing tasks. Thus, it's critical to undertake a variety of training and development programmes to improve employees' awareness and ability to perform their jobs

References:

1. Abd Patah, M. O. R., Mohd Radzi, S., Abdullah, R., Adzmy, A., Adli Zain, R., & Derani, N. (2009). The influence of psychological empowerment on overall job satisfaction of front office receptionists. *International Journal of Business and Management*, 4(11), 167-176.
2. Abdullatif, T.N., Johari, H. & Adam, Z. (2016). The impact of psychological empowerment on innovative work behaviour moderating by quality culture. *European Journal of Business and Management*, 8(17), 126-132.
3. Ahmad, N., & Oranye, N. O. (2010). Empowerment, job satisfaction and organizational commitment: A comparative analysis of nurses working in Malaysia and England. *Journal of Nursing Management*, 18(5), 582-591. doi:10.1111/j.1365-2834.2010.01093.x
4. Aiken, L. H., Sloane, D. M., Clarke, S., Poghosyan, L., Cho, E., You, L., & Aunguroch, Y. (2012). Importance of work environments on hospital outcomes in nine countries. *International Journal for Quality in Health Care*, 24(4), 357-364. doi:10.1093/intqhc/mzs021
5. Al-Ababneh, M.M. (2016). Employees' perspectives of service quality in hotels, *Research in Hospitality Management*, 6(2), 189-194.
6. Albrecht, S. L., Bakker, A. B., Gruman, J. A., Macey, W. H., & Saks, A. M. (2021). Employee engagement, human resource management practices, and competitive advantage: An integrated approach. *Journal of Organizational Effectiveness: People and Performance*, 8(1), 85-102. <https://doi.org/10.1108/JOEPP-06-2019-0040>
7. Al-Hakim, L. A., & Hassan, S. (2020). Employee empowerment and service quality: Moderating role of organizational commitment. *Journal of Healthcare Management*, 65(4), 254-265. <https://doi.org/10.1097/JHM.0000000000000483>
8. Allen, N. J., & Meyer, J. P. (1990). The measurement and antecedents of affective, continuance and normative commitment to the organization. *Journal of Occupational Psychology*, 63(1), 1-18. doi:10.1111/j.2044-8325.1990.tb00506.x
9. Al-Sawai, A., & Al-Duhaim, S. (2020). The impact of employee training on organizational commitment and service quality in nursing. *Journal of Nursing Management*, 28(1), 75-82. *Journal of applied psychology*, 85(3), 407-421. <https://doi.org/10.1111/jonm.12751>
10. Babakus, E., Yavas, U., Karatepe, O. M., & Avci, T. (2003). The effect of management commitment to service quality on employees' affective and performance outcomes. *Journal of the Academy of Marketing Science*, 31(3), 272-286. <https://doi.org/10.1177/0092070303031003005>
11. Bagherzadeh, F., Sarvghad, S., & Bagherzadeh, S. (2014). Investigating the Relationship between General Health, Perceived Organizational Support, Psychological Empowerment and Employee Job Performance in Gachsaran Oil and Gas Production Company.

- Iran. International Journal of Current Life Sciences, 4(5), 2172-2180.
12. Biron, M., & Bamberger, P. (2019). Empowerment and service quality in the healthcare industry: The moderating role of job satisfaction. *Human Relations*, 72(7), 1142-1160. <https://doi.org/10.1177/0018726718812606>
13. Boshoff, C., & Mels, G. (1995). A causal model to evaluate the relationships among supervision, role stress, organizational commitment and internal service quality. *European Journal of Marketing*, 29(2), 23-42. <https://doi.org/10.1108/03090569510080932>
14. Bowen, D. E., & Lawler, E. E. (1992). The empowerment of service workers: What, why, how, and when. *Sloan Management Review*, 33(3), 31-39.
15. Cater, T., & Zabkar, V. (2009). Antecedents and consequences of commitment in marketing research services: The client's perspective. *Industrial Marketing Management*, 38(7), 785-797. <https://doi.org/10.1016/j.indmarman.2007.10.004>
16. Celestina, O.N. (2017). Impact of employee psychological empowerment, process and equipment on operational service quality in the oilfield service industry. Doctor of Philosophy Thesis, University of Nottingham.
17. Chiang, C.-F., & Jang, S. (2008). "The effects of service training on employee attitudes and behaviors: The moderating role of organizational commitment." *International Journal of Hospitality Management*, 27(3), 453-462.
18. Cho, J., Laschinger, H. K. S., & Wong, C. (2006). Workplace empowerment, work engagement and organizational commitment of new graduate nurses. *Nursing Leadership*, 19(3), 43-60. doi:10.12927/cjnl.2006.18368
19. Conger, J. A., & Kanungo, R. N. (1988). The empowerment process: Integrating theory and practice. *Academy of Management Review*, 13(3), 471-482. doi:10.5465/amr.1988.4306983
20. Donabedian, A. (1988). The quality of care. *JAMA*, 260(12), 1743-1748. doi:10.1001/jama.1988.03410120089033
21. Faulkner, J., & Laschinger, H. K. S. (2008). The effects of structural and psychological empowerment on perceived respect in acute care nurses. *Journal of Nursing Management*, 16(2), 214-221. doi:10.1111/j.1365-2834.2007.00781.x
22. Grönroos, C. (1984). A service quality model and its marketing implications. *European Journal of Marketing*, 18(4), 36-44. <https://doi.org/10.1108/EUM0000000004784>
23. Hadian, D. (2017). The relationship organizational culture and organizational commitment on public service quality; perspective local government in Bandung, Indonesia. *International Review of Management and Marketing*, 7(1), 230-237.
24. Indradevi, R. (2012). The impact of psychological empowerment on job performance and job
25. Innovative work behaviour moderating by quality culture. *European Journal of Business and in small and medium scale enterprise sectors. European Journal of Business and Management*,
26. Iqbal, N., Ahmad, N. & Javaid, K., (2013). Impact of Employee Empowerment on Employee's
27. Jehn, K. A., & Mannix, E. A. (2001). "The effects of diversity on work group processes and outcomes: An integrative model." *Administrative Science Quarterly*, 46(3), 591-622.
28. Jha, S. (2011). Influence of psychological empowerment on affective, normative and continuance commitment: A study in the Indian IT industry. *Journal of Indian Business Research*, 3(4), 263-282. doi:10.1108/17554191111180582

29. Jones, L., Smith, P., & Kiger, A. (2021). The role of training and education in improving patient care and reducing medical errors: A nursing perspective. *Nurse Education Today*, 107, 105038. <https://doi.org/10.1016/j.nedt.2021.105038>
30. Joo, B.-K., & Park, S.-W. (2010). "The effects of empowering leadership on service quality and job satisfaction: The role of organizational commitment." *Journal of Applied Social Psychology*, 40(5), 1224-1250.
31. Kanter, R. M. (1977). *Men and Women of the Corporation*. Basic Books.
32. Karatepe, O. M. (2013). High-performance work practices and hotel employee performance: The mediation of work engagement. *International Journal of Hospitality Management*, 32, 132-140. <https://doi.org/10.1016/j.ijhm.2012.05.003>
33. Kim, S., & Lee, J. (2011). "The impact of employee empowerment on service quality and customer satisfaction: The mediating role of organizational commitment." *Journal of Service Research*, 13(2), 178-192.
34. Kim, T., & Park, J. (2022). The mediating role of organizational commitment in the relationship between empowerment and service quality. *Journal of Human Resources in Hospitality & Tourism*, 21(3), 245-263. <https://doi.org/10.1080/15332845.2021.2009219>
35. Kundu, S. C., Kumar, S., & Gahlawat, N. (2019). Empowerment and service quality: Evidence from healthcare sector in India. *International Journal of Productivity and Performance Management*, 68(4), 858-875. <https://doi.org/10.1108/IJPPM-10-2017-0234>
36. Laschinger, H. K. S. (2014). Impact of workplace empowerment, organizational trust on staff nurse work satisfaction and organizational commitment. *Health Care Management Review*, 29(3), 233-241. [doi:10.1097/00004010-201407000-00006](https://doi.org/10.1097/00004010-201407000-00006)
37. Laschinger, H. K. S., Finegan, J., & Shamian, J. (2001). The impact of workplace empowerment, organizational trust on staff nurse work satisfaction and organizational commitment. *Health Care Management Review*, 26(3), 7-23. [doi:10.1097/00004010-200107000-00002](https://doi.org/10.1097/00004010-200107000-00002)
38. Laschinger, H. K. S., Wong, C. A., & Grau, A. L. (2019). The influence of empowerment on nurse work environments, patient outcomes, and service quality. *Journal of Nursing Management*, 27(5), 1-10. <https://doi.org/10.1111/jonm.12784>
39. Li, Y., Zhang, X., & Yang, F. (2023). Reducing burnout through continuous professional development in nursing staff: The moderating effect of job satisfaction. *Journal of Advanced Nursing*, 79(1), 43-54. <https://doi.org/10.1111/jan.15591>
40. Liden, R. C., Wayne, S. J., & Sparrowe, R. T. (2000). An examination of the mediating role of psychological empowerment on the relations between the job, interpersonal relationships, and work outcomes. *Journal of applied psychology*, 85(3), 407. <https://doi.org/10.1037/0021-9010.85.3.407>
41. Majid, E. & Mohammed, R. (2018). Investigating the impact of commitment, satisfaction, and loyalty of employees on providing high-quality service to customer. *Studies in Business and Economics*, 13(1), 41-56. *Management*, 8(17), 126-132.
42. Manojlovich, M., & Laschinger, H. K. S. (2002). The relationship of empowerment and selected personality characteristics to nursing job satisfaction. *Journal of Nursing Administration*, 32(11), 586-595. [doi:10.1097/00005110-200211000-00008](https://doi.org/10.1097/00005110-200211000-00008)
43. Meyer, J. P., & Allen, N. J. (1991). A three-component conceptualization of organizational commitment. *Human Resource Management Review*, 1(1), 61-89. [https://doi.org/10.1016/1053-4822\(91\)90011-Z](https://doi.org/10.1016/1053-4822(91)90011-Z)
44. Meyer, J. P., & Allen, N. J. (2020). A three-component conceptualization of organizational

- commitment. *Human Resource Management Review*, 30(3), 152-174. <https://doi.org/10.1016/j.hrmr.2020.100683>
45. Meyer, J. P., Stanley, D. J., Herscovitch, L., & Topolnytsky, L. (2002). Affective, continuance, and normative commitment to the organization: A meta-analysis of antecedents, correlates, and consequences. *Journal of Vocational Behavior*, 61(1), 20-52. doi:10.1006/jvbe.2001.1842
46. Miller, D. J., & Clark, T. (2022). Simulation-based training for nursing staff: An effective approach to enhancing clinical skills and decision-making. *Journal of Nursing Education*, 61(4), 217-224. <https://doi.org/10.3928/01484834-20220315-04>
47. Mowday, R. T., Porter, L. W., & Steers, R. M. (1982). *Employee-Organization Linkages: The Psychology of Commitment, Absenteeism, and Turnover*. Academic Press.
48. Nasiripour, A. A., Raeisi, P., & Tabibi, S. J. (2021). The impact of organizational commitment on employee performance in public hospitals: A moderating role of training and empowerment. *International Journal of Health Planning and Management*, 36(2), 452-468. <https://doi.org/10.1002/hpm.3125>
49. Ölçer, F. (2015). Mediating effect of job satisfaction in the relationship between psychological empowerment and job performance. *Theoretical and Applied Economics*, 3(6), 111-136.
50. Ongori, H. (2020). Employee training and organizational performance: A case study of the healthcare sector. *African Journal of Business Management*, 14(9), 302-311. <https://doi.org/10.5897/AJBM2020.9127>
51. Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (2018). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. *Journal of Retailing*, 64(1), 12-40. [https://doi.org/10.1016/S0022-4359\(18\)30141-4](https://doi.org/10.1016/S0022-4359(18)30141-4)
52. Pelit, E., Öztürk, Y., & Arslantürk, Y. (2020). The effects of employee empowerment on organizational commitment in the tourism industry. *Tourism Review*, 75(3), 655-670. <https://doi.org/10.1108/TR-10-2019-0426>
53. Performance in the context of Banking Sector of Pakistan. *Pinnacle Business Management*,
54. Porter, L. W., Steers, R. M., Mowday, R. T., & Boulian, P. V. (1974). Organizational commitment, job satisfaction, and turnover among psychiatric technicians. *Journal of Applied Psychology*, 59(5), 603-609. doi:10.1037/h0037335
55. Saks, A. M. (2006). "Antecedents and consequences of employee engagement." *Journal of Managerial Psychology*, 21(7), 600-619.
56. Salas, E., Tannenbaum, S. I., Kraiger, K., & Smith-Jentsch, K. A. (2012). The science of training and development in organizations: What matters in practice? *Psychological Science in the Public Interest*, 13(2), 74-101. <https://doi.org/10.1177/1529100612436661>
57. Salisu, Y. & Abu Bakar, L.J. (2018). Employee commitment to change, innovation strategy and the performance of small and medium enterprises. *International Journal of Business and Technopreneurship*, 7(2), 87-99.
58. Sim, J. (2022). The necessity of training programs for modern nursing practice: A focus on technology integration and patient outcomes. *Nursing Management*, 29(2), 87-95. <https://doi.org/10.1097/01.NUMA.0000801007>
59. Smith, L., & Kiger, A. (2020). Improving clinical practice in nursing through focused training programs: A systematic review. *Nurse Education Today*, 88, 104364. <https://doi.org/10.1016/j.nedt.2020.104364>
60. Spreitzer, G. M. (1995). Psychological empowerment in the workplace: Dimensions, measurement, and validation. *Academy of Management Journal*, 38(5), 1442-1465. <https://doi.org/10.2307/256865>

61. Spreitzer, G. M. (2008). Taking stock: A review of more than twenty years of research on empowerment at work. *The SAGE Handbook of Organizational Behavior: Volume I - Micro Approaches*, 54-72. doi:10.4135/9781849200448.n3
62. Wagner, J. I. J., Cummings, G., Smith, D. L., Olson, J., Anderson, L., & Warren, S. (2010). The relationship between structural empowerment and psychological empowerment for nurses: A systematic review. *Journal of Nursing Management*, 18(4), 448-462. doi:10.1111/j.1365-2834.2010.01088.x
63. Way, S. A. (2002). "The relationship between training and organizational commitment: An empirical study." *International Journal of Human Resource Management*, 13(4), 640-656.
64. Yoon, M. H., & Suh, J. (2003). Organizational citizenship behaviors and service quality as external effectiveness of contact employees. *Journal of Business Research*, 56(8), 597-611. [https://doi.org/10.1016/S0148-2963\(01\)00290-9](https://doi.org/10.1016/S0148-2963(01)00290-9)
65. Yu, L., Wang, P., & Lee, S. (2021). The impact of critical thinking training on nursing staff's performance in complex medical situations. *Nursing Research*, 70(6), 459-467. <https://doi.org/10.1097/NNR.00000000000000507>