

# Leadership Commitment, Open Organizational Culture, and Learning Organization Among Nurses: Happiness at Work as a Mediator

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## Abstract

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**Background:** A learning organization is therefore essential, yet the psychological mechanism that links leadership commitment and open organizational culture with organizational learning among hospital nurses remains insufficiently explained. **Objective:** This study analyzed the associations of perceived leadership commitment and open organizational culture with learning organization, with happiness at work as a mediating variable among nurses at An-Nisa Hospital, Tangerang. **Method:** An explanatory cross-sectional study was conducted among 225 staff nurses selected using purposive sampling. Data were collected using a validated 45-item questionnaire with a four-point Likert scale. Direct and indirect effects were evaluated using Structural Equation Modeling-Partial Least Squares. **Result:** Perceived leadership commitment and open organizational culture explained 54.8% of the variance in happiness at work. The final model explained 69.3% of the variance in learning organization and demonstrated acceptable model fit (SRMR = 0.055). Happiness at work had the strongest association with learning organization ( $\beta = 0.574$ ,  $p < 0.001$ ), followed by open organizational culture ( $\beta = 0.251$ ,  $p = 0.004$ ) and perceived leadership commitment ( $\beta = 0.104$ ,  $p = 0.048$ ). Happiness at work partially mediated the association of perceived leadership commitment ( $\beta = 0.127$ ,  $p < 0.001$ ) and open organizational culture ( $\beta = 0.351$ ,  $p < 0.001$ ) with learning organization. **Conclusion:** Nurses' happiness at work is a central psychological pathway through which leadership commitment and open organizational culture are translated into organizational learning. **Recommendation:** Hospital managers should strengthen fair leadership practices, transparent communication, shared organizational values, and nurse well-being programs to support clinical learning.

**Keywords:** happiness at work; leadership commitment; learning organization; nurses; organizational culture

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## INTRODUCTION

Healthcare organizations are expected to maintain quality, safety, and responsiveness while facing rapid changes in clinical technology, accreditation standards, and patient expectations. In this context, a learning organization is not only an administrative concept but also a strategic capacity that enables hospitals to transform clinical experience into collective knowledge, safer practices, and service improvement. Previous work has emphasized that organizational learning in hospitals involves identity and ownership, teamwork and respect, accountability and support, and reliability and sustainability (1). For nurses, who interact continuously with patients and multidisciplinary teams, this learning capacity is closely related to the quality and safety of care (2-4).

Leadership is one of the most important organizational conditions for developing a learning organization. Perceived leadership commitment reflects the extent to which nurses perceive leaders as genuinely supporting learning, improvement, empowerment, and fair treatment. A scoping review of healthcare organizations identified leadership commitment and supportive leadership as important attributes that enable learning and improvement capabilities (5). In nursing settings, leadership practices that empower staff and create supportive environments are associated with work satisfaction and patient-safety outcomes (6). However, leadership commitment alone may not be sufficient if the organizational culture does not allow open communication, feedback, and collaborative problem solving.

Open organizational culture refers to a work environment in which information, ideas, and feedback can be exchanged freely across professional and hierarchical boundaries (7,8). This culture is consistent with the clan-oriented organizational culture that values collaboration, participation, shared values, and a sense of community (9). In hospitals, openness is important because nurses need psychological safety to discuss errors, report service problems, and propose improvements. Without an open culture,

learning may remain individual and fragmented rather than becoming an organizational capability.

Happiness at work may explain how leadership and culture are converted into learning behavior. Happiness at work is a positive work-related psychological state that includes engagement, job satisfaction, and affective commitment (10). Evidence from organizational studies shows that happiness at work contributes to organizational learning capability (11). From a learning perspective, positive emotions can increase motivation, willingness to share knowledge, and engagement in collective reflection. Thus, leadership commitment and open culture may influence organizational learning directly and indirectly through nurses' happiness at work.

Although previous studies have examined leadership, organizational culture, happiness at work, and learning organization separately, limited empirical evidence explains the mediating role of happiness at work among hospital nurses in Indonesia. This gap is important because Indonesian hospitals need practical strategies to strengthen clinical learning without relying only on formal training programs. Therefore, this study aimed to analyze the associations of perceived leadership commitment and open organizational culture with learning organization, and to examine happiness at work as a mediating variable among nurses at *An-Nisa Hospital, Tangerang*.

## METHODS

### Study Design and Setting

This study used an explanatory quantitative design with a cross-sectional approach. Data were collected at *An-Nisa Hospital, Tangerang, Indonesia*. The design was selected to examine direct and indirect associations between perceived leadership commitment, open organizational culture, happiness at work, and learning organization at one point in time.

### Population, Sample Size, and Sampling Technique

The target population was staff nurses working at An-Nisa Hospital, Tangerang. The inclusion criteria were nurses who had worked for at least six months, had an active nursing registration certificate, were educated at least at the diploma level, and were willing to participate. Nurses who were on extended leave during data collection were excluded. A total of 225 nurses were recruited using purposive sampling. The sample size met the minimum recommendation for PLS-SEM because the study included 45 questionnaire items and used at least five respondents per item.

### Instruments

Data were collected using a structured questionnaire consisting of demographic questions and four latent constructs: perceived leadership commitment, open organizational culture, happiness at work, and learning organization. Perceived leadership commitment measured nurses' perceptions of leadership support, empowerment, inspirational motivation, and fair treatment. Open organizational culture assessed member engagement, open communication, sense of community, support for development, and shared values and vision. Happiness at work measured commitment, job satisfaction, and affective organizational commitment. Learning organization measured identity and

ownership, team and respect, accountability and support, and reliability and sustainability.

All items used a four-point Likert scale ranging from strongly disagree to strongly agree. Before the main survey, the instrument was tested among 30 nurses. Product-moment correlation showed that all items were valid, with item validity coefficients ranging from 0.569 to 0.864 for perceived leadership commitment, 0.776 to 0.902 for open organizational culture, 0.655 to 0.857 for happiness at work, and 0.622 to 0.904 for learning organization. Reliability was acceptable to excellent, with Cronbach's alpha values of 0.887, 0.971, 0.902, and 0.958, respectively.

### Data Collection Procedure

Data collection was conducted after institutional permission was obtained. Eligible nurses were approached, informed about the study purpose, voluntary participation, anonymity, and confidentiality, and then invited to complete the questionnaire. Completed questionnaires were checked for completeness before data entry. The overall data collection process included preparation of instruments and permission, recruitment of eligible nurses, informed consent, questionnaire completion, data checking, coding, and statistical analysis.

**Table 1. Flow of data collection**

Step	Activity
1	Preparation of study protocol, research instruments, and institutional permission
2	Screening of eligible staff nurses based on inclusion criteria
3	Explanation of study information and informed consent
4	Self-administered questionnaire completion
5	Data checking, coding, and entry
6	Validity, reliability, descriptive, and SEM-PLS analysis

### Data Analysis

Demographic characteristics were analyzed using frequency and percentage. Instrument reliability was analyzed using Cronbach's alpha. The measurement model was evaluated using outer loading, Average Variance Extracted (AVE), and discriminant validity. The structural model was evaluated

using R-square ( $R^2$ ), Q-square ( $Q^2$ ), Standardized Root Mean Square Residual (SRMR), direct effects, indirect effects, and effect size ( $f^2$ ). Structural Equation Modeling-Partial Least Squares was performed using SmartPLS 3. A path was considered significant when the t-statistic was greater

than 1.96 and the p-value was less than 0.05 (23).

### Ethical Consideration

This study was conducted according to the principles of voluntary participation, confidentiality, and anonymity. Ethical approval was obtained from Universitas Esa Unggul. All respondents received study information and provided informed consent before completing the questionnaire.

**Table 2. Respondent characteristics (n = 225)**

Characteristic	Category	n	%
Age	≤30 years	111	49.3
	>30 years	114	50.7
Gender	Female	181	80.4
	Male	44	19.6
Education	Bachelor of nurse	200	88.9
	Diploma III of nurse	25	11.1
Working period	3-6 years	112	49.8
	Other working periods	113	50.2

### Measurement Model

The measurement model demonstrated adequate validity and reliability. All indicators had outer loading values above 0.70, ranging from 0.725 to 0.879. The AVE values for all constructs exceeded 0.50, with

## RESULTS

### Respondent Characteristics

This study included 225 staff nurses who met the inclusion criteria. Most respondents were female (80.4%) and had a Bachelor/Ners educational background (88.9%). The largest working-period category was 3-6 years (49.8%), indicating that many participants had sufficient organizational exposure to evaluate leadership, culture, and learning processes.

learning organization showing the highest AVE value (0.701). Discriminant validity was supported because each indicator had the highest loading on its own latent variable. Cronbach's alpha values ranged from 0.887 to 0.971, indicating reliable measurement across constructs.

**Table 3. Instrument validity and reliability**

Construct	Validity range	Cronbach's alpha	Interpretation
Perceived leadership commitment	0.569-0.864	0.887	Reliable
Open organizational culture	0.776-0.902	0.971	Reliable
Happiness at work	0.655-0.857	0.902	Reliable
Learning organization	0.622-0.904	0.958	Reliable

### Structural Model

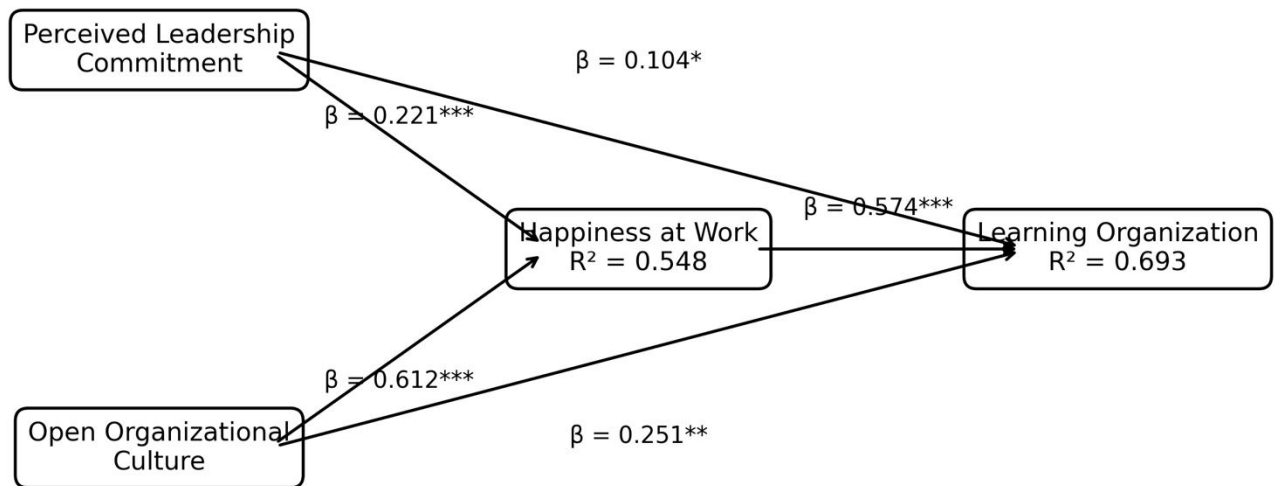
The structural model showed adequate predictive power. Perceived leadership commitment and open organizational culture explained 54.8% of the variance in happiness at work ( $R^2 = 0.548$ ), while perceived leadership commitment, open organizational

culture, and happiness at work explained 69.3% of the variance in learning organization ( $R^2 = 0.693$ ). The  $Q^2$  values for happiness at work (0.318) and learning organization (0.481) indicated good predictive relevance. The SRMR value was 0.055, indicating acceptable model fit.

**Table 4. Structural model evaluation**

Endogenous construct	$R^2$	$Q^2$	Interpretation
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Happiness at work	0.548	0.318	Moderate predictive power and good predictive relevance
Learning organization	0.693	0.481	High predictive power and good predictive relevance



Note. \*p < 0.05; \*\*p < 0.01; \*\*\*p < 0.001. Indirect effects: PLC→HAW→LO β = 0.127, p < 0.001; OOC→HAW→LO β = 0.351, p < 0.001.

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**Table 5. Direct effects**

Path	Original sample (β)	T-statistics	p-value
Perceived leadership commitment → Happiness at work	0.221	4.073	<0.001
Open organizational culture → Happiness at work	0.612	11.220	<0.001
Perceived leadership commitment → Learning organization	0.104	1.980	0.048
Open organizational culture → Learning organization	0.251	2.894	0.004
Happiness at work → Learning organization	0.574	6.898	<0.001

**Table 6. Indirect effects**

Indirect path	Original sample (β)	T-statistics	p-value	Mediation
Perceived leadership commitment → Happiness at work → Learning organization	0.127	3.913	<0.001	Partial mediation
Open organizational culture → Happiness at work → Learning organization	0.351	5.019	<0.001	Partial mediation

## DISCUSSION

This study demonstrated that perceived leadership commitment, open organizational culture, and happiness at work were associated with learning organization among nurses at An-Nisa Hospital, Tangerang. The model explained 69.3% of the variance in learning organization, suggesting that organizational and psychological factors are important in shaping learning capacity. This finding supports the view that learning in hospitals is not produced only by individual training but also by supportive systems, shared vision, open communication, and collective reflection (1,12-14).

Perceived leadership commitment had significant but relatively small direct associations with both happiness at work and learning organization. This indicates that nurses' perception of leadership support contributes to well-being and learning, but its influence may depend on how leadership is translated into daily managerial practices. The lower descriptive score in fair treatment suggests that leaders should strengthen consistent feedback, transparent decision-making, equal access to development opportunities, and recognition of nurses' contributions. These managerial behaviors are relevant because leadership that empowers nurses has been associated with work satisfaction, commitment, and patient-safety outcomes (6,15).

Open organizational culture showed the strongest association with happiness at work and also had a significant direct association with learning organization. This result suggests that nurses are more likely to feel happy and engage in learning when they work in a culture that supports participation, open communication, and shared values. The finding is consistent with evidence that open organizational culture enables healthcare staff to speak up, exchange information, and participate in improvement processes (7,8,16). In nursing environments, positive organizational culture is also important for reducing work-related stress and improving staff well-being (17,18).

Happiness at work was the strongest predictor of learning organization and

partially mediated the effects of perceived leadership commitment and open organizational culture. This means that leadership and culture do not only influence learning directly; they also work by improving nurses' positive psychological state. Happy nurses may be more willing to share knowledge, participate in team learning, reflect on clinical experiences, and support service improvement. This finding is consistent with previous evidence linking happiness at work with organizational learning capability and work-related outcomes (11,19-22). Therefore, hospital learning strategies should integrate psychological well-being initiatives, not only formal education and training programs.

Several limitations should be considered. First, the cross-sectional design limits causal interpretation and cannot confirm temporal relationships between leadership commitment, culture, happiness at work, and learning organization. Second, the study relied on self-report questionnaires, which may increase common-method bias and social desirability bias. Third, the single-site design in one private hospital limits generalizability to other hospitals with different ownership, culture, leadership structure, and workforce characteristics. Future studies should use longitudinal or multi-site designs and include multi-source data, such as nurse managers, patients, and organizational performance indicators.

## CONCLUSION

This study found that happiness at work was the strongest predictor of learning organization and served as a partial mediator in the associations of perceived leadership commitment and open organizational culture with learning organization among nurses. These findings indicate that a hospital's learning capacity can be strengthened when managerial commitment and open culture are accompanied by efforts to improve nurses' psychological well-being.

## RECOMMENDATION

Hospital managers should strengthen fair and supportive leadership, create transparent communication channels, reinforce shared values, and develop well-being programs that help nurses feel engaged, appreciated, and committed to their work. In clinical nursing practice, unit managers should integrate reflective discussion, peer learning, and feedback mechanisms into daily routines so that learning becomes part of patient-care improvement. Future research should test this model in different hospitals using longitudinal designs and additional objective indicators of organizational learning and service quality.

#### **AUTHOR CONTRIBUTIONS STATEMENT**

EMS contributed to conceptualization, data collection, formal analysis, and drafting of the manuscript. RAP contributed to methodology, supervision, interpretation of findings, and critical revision. RK contributed to supervision, validation, interpretation of findings, and critical revision. All authors reviewed and approved the final manuscript.

#### **CONFLICTS OF INTEREST**

The authors declare that there is no conflict of interest related to this study.

#### **DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS**

During the revision of this manuscript, generative AI was used to support language editing, structure refinement, and formatting. The authors reviewed, verified, and approved all content and remain responsible for the accuracy, integrity, and originality of the manuscript.

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