

THE EFFECT OF LEADERSHIP AUTONOMY SUPPORT, WORK-LIFE BALANCE, AND PSYCHOLOGICAL CAPITAL ON THE INNOVATIVE BEHAVIOR OF HOSPITAL EMPLOYEES

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Abstract:

Indonesia's healthcare sector continues to advance through initiatives such as the National Health Insurance (JKN). However, major challenges persist, including unequal access to services, shortages of medical professionals, and heavy workloads. However, limited empirical research has examined how leadership support and work-life balance jointly influence employees' innovative behaviour through psychological resources, particularly in public hospitals in Indonesia. This study addresses this gap by examining the effects of Leadership Autonomy Support (LAS), Work-Life Balance (WLB), and Psychological Capital (PsyCap) on Innovative Behaviour (IB) among employees at RSUD dr. Soegiri Lamongan. Using a quantitative approach with PLS-SEM and data from 200 respondents, the findings show that LAS and WLB positively affect PsyCap. LAS and PsyCap significantly enhance IB, whereas WLB has a positive but non-significant direct effect on IB. PsyCap also mediates the relationships between LAS and IB as well as WLB and IB. These findings indicate that LAS and PsyCap are key drivers of innovative behaviour, while WLB contributes to innovation indirectly by strengthening employees' psychological resources. Practically, hospital management should foster autonomy-supportive leadership and strengthen employees' psychological capital through supportive work environments and employee development initiatives to encourage innovation and improve organizational responsiveness.

Keywords: Leadership Autonomy Support (LAS), Psychological Capital (PsyCap), Work-Life Balance (WLB), and Innovative Behaviour (IB).

INTRODUCTION

Indonesia's healthcare sector has advanced substantially over the past decade, driven by national initiatives such as the Jaminan Kesehatan Nasional (JKN), which aims to expand universal health coverage and strengthen service accessibility across regions. Despite these improvements, the sector continues to face persistent structural challenges, including

uneven distribution of healthcare professionals, high workloads, and significant disparities in service quality between urban and rural areas (Wulandari et al., 2022; Kurniati et al., 2024). These systemic pressures highlight the urgent need for organizational strategies that build employees' psychological resources

and promote innovative behavior, particularly in hospital environments where adaptive solutions directly influence patient outcomes and operational efficiency.

Employee innovative behavior has become increasingly critical in hospitals due to rising service demands, technological transitions, and the need for continuous process improvement. Innovative behaviour, which includes idea generation, promotion, and implementation, enables healthcare workers to adapt to complex clinical and administrative challenges (De Jong & Den Hartog, 2010). However, innovation in high-pressure settings requires not only organizational support but also psychological readiness and a conducive work environment. Previous studies emphasize that leadership plays a central role in shaping employee motivation and proactive behavior, particularly through autonomy-supportive practices that allow employees to make meaningful decisions and feel trusted in their roles (Deci & Ryan, 2000; Hetland et al., 2021). Leadership Autonomy Support (LAS) has been found to strengthen intrinsic motivation and job engagement, both predictors of creativity and innovation in healthcare settings (Slåtten et al., 2020; Mutonyi et al., 2024).

Work-Life Balance (WLB) is another important determinant of employee wellbeing and performance. In hospital environments where long shifts, emotional workload, and rapid decision-making are common, maintaining balance between personal and professional roles is essential to reduce burnout and sustain cognitive flexibility (Greenhaus & Allen, 2011; Linzer et al., 2022). Empirical evidence suggests that employees who experience better work-life balance demonstrate higher job satisfaction, emotional stability,

and discretionary behaviors, including innovation (Khan et al., 2021; Soomro et al., 2022). However, research on WLB's role in influencing innovation within Indonesian hospitals remains limited, indicating a need for deeper contextual understanding.

In addition, Psychological Capital (PsyCap), a positive psychological state characterized by hope, efficacy, resilience, and optimism, has emerged as a strong predictor of employee adaptability and innovative performance (Luthans et al., 2007). Studies show that employees with high PsyCap are more persistent, solution-oriented, and confident when facing uncertainty, enabling them to drive meaningful improvements in their work environment (Wang et al., 2022; Ghafoor & Qureshi, 2023). PsyCap has also been widely recognized as an important mediator linking supportive leadership and favorable work conditions to innovative outcomes (Mutonyi et al., 2020; Luthans & Youssef-Morgan, 2021). Despite this, PsyCap remains underexplored within Indonesian public hospitals, where contextual challenges such as resource constraints and bureaucratic processes may uniquely shape employee experiences.

Although prior international studies have examined LAS, WLB, and PsyCap separately, limited empirical evidence simultaneously investigates their combined influence on innovative behavior within the Indonesian healthcare context. Furthermore, existing research predominantly focuses on the private sector or non-clinical industries, leaving a theoretical and practical gap in understanding how these factors operate within public hospitals characterized by higher workloads, rigid hierarchies, and 24-hour service demands. Addressing these gaps is essential for building a mor

comprehensive understanding of the mechanisms that foster innovation among healthcare workers.

Therefore, this study investigates the influence of Leadership Autonomy Support, Work-Life Balance, and Psychological Capital on Innovative Behaviour among employees of RSUD dr. Soegiri Lamongan, a large public hospital operating under high service intensity. By integrating Self-Determination Theory (Deci & Ryan, 2000) and Positive Organizational Behavior Theory (Luthans & Youssef-Morgan, 2021), this research aims to provide empirical insights into how supportive leadership practices and psychological resources can enhance innovation in hospital settings. The findings are expected to contribute to theoretical development while offering practical recommendations for strengthening human resource management in Indonesian healthcare institutions.

METHODOLOGY

This study employs a quantitative explanatory research design to examine the relationships among Leadership Autonomy Support (LAS), Work-Life Balance (WLB), Psychological Capital (PsyCap), and Innovative Behaviour (IB) among hospital employees. Data were collected using a structured questionnaire distributed online through Google Forms to ensure efficient and accessible participation. The study population consisted of 972 employees of RSUD dr. Soegiri Lamongan, representing both frontline and back-office units.

Tabel 1. Employee Distribution

Frontline		Back-Office	
Doctors	71	Management	154
Dentists	8	House Keeping	30
Nurses & Midwives	435	Security	34
Radiografer&Lab	27	IT Staff	12
Pharmacist	54	Maintenance	25
Admission Officer	20	Laundry & CSSD	34
Others	43	Others	25
Total	658	Total	314

A stratified random sampling technique was applied to ensure proportional representation across these groups, resulting in a final sample of 200 respondents, which exceeds the minimum requirement for PLS-SEM analysis. All constructs were measured using validated five-point Likert scales adapted from previous studies. Primary data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM) with SmartPLS 4.0, following standard procedures for evaluating the measurement model (validity and reliability) and the structural model (path coefficients, effect sizes, and predictive relevance). This method is appropriate for complex models with multiple latent variables and provides robust insights into both direct and mediating effects among the studied variables. Based on the problem statements, previous research, data analysis and theoretical reviews that had been stated above, the model of analysis is illustrated below:

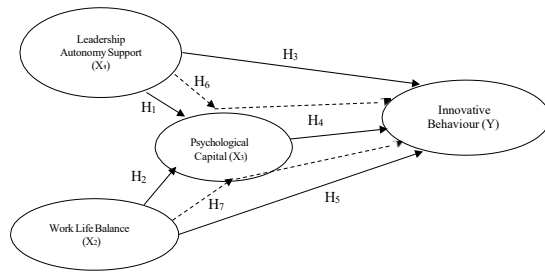


Figure 1. Model of Analysis

Source: Processed data, 2025

RESULT AND DISCUSSION

This research examines the influence of Leadership Autonomy Support (LAS) and Work-Life Balance (WLB) on the Innovative Behaviour (IB) of hospital employees, with Psychological Capital (PsyCap) acting as a mediating variable.

Table 2. Structural Path Coefficients and Hypothesis Testing Results.

Hypothesis (Path)	β (Coefficient)	t-value	p-value	95% CI for β	Support ($H_0: \beta=0$)
H1: LAS $\rightarrow$ PsyCap	0.163	1.983	0.047	[0.011, 0.336]	Supported
H2: WLB $\rightarrow$ PsyCap	0.564	6.436	<0.001	[0.382, 0.724]	Supported
H3: LAS $\rightarrow$ IB	0.194	2.565	0.010	[0.047, 0.344]	Supported
H4: PsyCap $\rightarrow$ IB	0.580	7.601	<0.001	[0.423, 0.720]	Supported
H5: WLB $\rightarrow$ IB	0.097	1.155	0.248	[-0.069, 0.261]	Not supported
H6: LAS $\rightarrow$ PsyCap $\rightarrow$ IB	0.094	—	0.040	—	Supported
H7: WLB $\rightarrow$ PsyCap $\rightarrow$ IB	0.327	—	<0.001	—	Supported

Source: Processed Data

This section summarizes the structural path coefficients and hypothesis testing results for the relationships proposed in the model.

LAS $\rightarrow$ Psychological Capital

The results support H1, indicating that leadership autonomy support has a significant positive effect on employees' psychological capital. Structural model analysis showed that LAS is positively related to PsyCap (standardized coefficient around 0.16, $p < 0.05$). This means that when hospital leaders provide more autonomy support, their employees tend to exhibit higher psychological capital. This finding is consistent with Slåtten et al. (2020), who found that leadership autonomy support positively influences hospital employees' psychological capital.

It appears that an autonomy-supportive leadership style empowers

employees to develop stronger personal resources. When leaders allow employees to take initiative, make decisions, and voice ideas, employees feel more competent and trusted. This enhanced PsyCap can be attributed to employees feeling more confident and supported in their roles, which aligns with prior research suggesting that empowering leadership behaviors boost the psychological resources necessary for innovation (Gomes et al., 2021). In summary, H1 is confirmed, underscoring the importance of autonomy-supportive leadership in building employees' psychological capital.

WLB $\rightarrow$ Psychological Capital

The analysis also confirms H2, showing that work-life balance has a strong positive effect on employees' psychological capital. Work-life balance is a significant predictor of PsyCap (with a relatively large path coefficient of around

0.56, $p < 0.001$). This suggests that employees who perceive a better balance between their work and personal life tend to have higher psychological capital. Our finding aligns with recent studies that link work–life balance to improved psychological well-being and resources.

For example, Prasad et al. (2025) noted that a healthy work–life balance can reduce stress and preserve key psychological resources like hope and resilience, thereby fostering psychological capital. In a nursing context, evidence indicates that work–life balance positively influences psychological capital and job satisfaction, which in turn enhance well-being (Zhang et al., 2024). Likewise, our results indicate that hospital employees who manage work and personal responsibilities effectively are more likely to feel optimistic, efficacious, and resilient at work. A plausible explanation is that work–life balance serves as a resource allocator. It prevents excessive job stress and burnout, allowing employees to recharge and maintain a positive mindset. By mitigating work-related strain, employees can build up their psychological reserves. Thus, H2 is supported, highlighting work–life balance as an important antecedent of psychological capital in the hospital setting.

LAS → Innovative Behavior

The findings provide support for H3, indicating that leadership autonomy support has a positive effect on employees' innovative behavior. In our model, LAS showed a positive direct influence on innovative behavior ($\beta \approx 0.19$, $p < 0.05$). Although this direct effect is modest, it is statistically significant, suggesting that autonomy-supportive leadership directly encourages employees to engage in innovative work behaviors. This result

aligns with prior research Slatten et al. (2020) reported that autonomy-supportive leadership significantly predicts employees' creative performance, and Hetland et al. (2021) found that leaders who practice autonomy support daily can increase employees' proactive behaviors, such as job crafting and innovation.

Our finding also implies that when leaders grant autonomy, employees become more willing and able to generate new ideas and implement improvements in their work. An autonomy-supportive leader likely creates a psychological climate of ownership and trust, which motivates innovative efforts beyond routine tasks. Notably, in our study, leadership support contributes to innovation both directly (H3) and indirectly through PsyCap (as discussed in H6). The significant direct effect suggests partial mediation, meaning leadership autonomy has an independent impact on innovation beyond the mediated pathway. In summary, H3 is upheld. Even in high-pressure hospital environments, leadership that empowers employees can spur innovation, consistent with the notion that supportive leadership is a catalyst for creativity and change.

Psychological Capital → Innovative Behavior

The analysis strongly supports H4, showing that psychological capital has a positive and significant effect on innovative behavior. Among all the direct predictors, PsyCap had one of the largest effects on employees' innovative behavior ($\beta \approx 0.58$, $p < 0.001$). This indicates that employees with higher psychological capital are much more likely to exhibit innovative work behaviors such as proposing new ideas, exploring better ways to perform tasks, and implementing

useful changes. This finding reinforces existing evidence in organizational psychology. Prior studies by Wang et al. (2022) and Luthans & Youssef-Morgan (2021) have emphasized that when employees possess strong psychological resources, they feel safer taking risks and are more internally motivated to innovate.

Our result aligns with the view that psychological capital is a critical driver of innovation. Hopeful and confident employees can envision creative solutions to problems; resilient employees can persist through setbacks in the innovation process; and optimistic employees tend to focus on possibilities rather than obstacles. Chen et al. (2021) similarly found that PsyCap energizes innovative work behavior, both directly and through enabling knowledge sharing among employees. In our context of hospital employees, having high PsyCap might help individuals cope with the stress and uncertainty inherent in healthcare innovation, thereby enabling them to contribute new ideas without becoming discouraged. Support for H4 highlights that psychological capital is the most influential factor for innovative behavior in this study. It suggests that interventions to improve employees' PsyCap (such as training programs to build resilience and efficacy) could pay dividends in boosting innovation in hospitals.

WLB → Innovative Behavior

In contrast, H5 is not supported by the data. The direct path from work–life balance to innovative behavior is positive but not statistically significant in our results ($\beta \approx 0.10$, $p = 0.25$, n.s.). This implies that, after accounting for other factors, work–life balance alone does not have a reliable direct impact on

employees' innovative work behavior. This finding is somewhat surprising given the initial hypothesis and some prior literature suggesting a direct link. Earlier studies by Khan et al. (2021) and Nawaz et al. (2023) posited that employees who enjoy a better work–life balance are more inclined to be creative and go the extra mile in proposing new ideas. It has been argued that WLB can reduce burnout and stress, thus leaving employees with more energy and mental capacity for innovation (Soomro et al., 2022).

However, our results indicate that simply balancing work and personal life may not be sufficient to spark innovative behavior without other supporting factors. One explanation for this non-significant finding could be that the effect of work–life balance on innovation is indirect rather than direct. WLB may influence innovative behavior primarily by enhancing psychological capital (as H7 suggests) or through other mediators like job satisfaction and wellbeing, rather than directly prompting employees to innovate. In a high-demand context like a hospital, an employee may feel balanced between work and home, but that alone might not trigger initiative or new ideas unless they also feel psychologically empowered or supported. Another consideration is that our sample or setting might differ from those of studies that found a direct effect; cultural or organizational factors could moderate how WLB translates to discretionary behaviors. In any case, our findings suggest that work–life balance by itself does not automatically lead to innovation, highlighting the complexity of this relationship. As such, H5 is not confirmed in this study. This divergence from expectations points to the importance of examining mediating mechanisms (like

PsyCap) through which WLB can eventually promote innovation.

Mediation of LAS → IB by PsyCap

Our findings support the mediating role of psychological capital in the relationship between leadership autonomy support and innovative behavior (H6). We observed a significant positive indirect effect of LAS on innovative behavior through PsyCap (with an estimated mediated effect $\beta \approx 0.094$, $p \approx 0.04$). In practical terms, this means that part of the way leadership autonomy support drives innovation is by first boosting employees' psychological capital, which in turn facilitates innovative behavior. Notably, we also found that the direct effect of LAS on innovative behavior remains significant (as discussed for H3), indicating a partial mediation. Psychological capital absorbs and carries a considerable portion of LAS's influence on innovation, but not the entirety.

This result aligns with Slåtten et al. (2020), who reported that psychological capital mediates the relationship between autonomy-supportive leadership and employees' innovative behavior. In their hospital study, LAS had a small direct effect on innovation and a stronger total effect when accounting for mediation through creativity and PsyCap. Our study similarly highlights that an autonomy-supportive leader can indirectly foster innovation by building their team's PsyCap. When leaders give employees more autonomy, employees tend to develop greater confidence and resilience (higher PsyCap), which makes them more likely to take initiative and experiment with new ideas. This mediating mechanism makes intuitive sense: leadership autonomy support creates a supportive environment that nourishes

employees' inner psychological resources, and those resources are ultimately what fuel innovative endeavors.

The partial nature of the mediation also suggests other paths (including direct encouragement and role-modeling by leaders) through which leadership influences innovation. For management practice, the confirmation of H6 implies that to maximize innovation, leaders should not only directly encourage innovative efforts but also focus on uplifting their employees' psychological capital through coaching, constructive feedback, and recognition of employee capabilities. Overall, H6 is confirmed, underscoring psychological capital as a key conduit in the LAS and innovation linkage.

Mediation of WLB → IB by PsyCap

H7 is supported by the results, which show that psychological capital mediates the effect of work–life balance on innovative behavior. We found a significant positive indirect effect of WLB on innovative behavior through PsyCap (mediated effect $\beta \approx 0.327$, $p < 0.001$). Importantly, as noted for H5, the direct path from WLB to innovative behavior is not significant in our model. This indicates full mediation, work–life balance influences innovative behavior in our sample primarily by operating through psychological capital. In other words, good work–life balance does not directly make employees more innovative; instead, it indirectly does so by first improving psychological capital, which then leads to greater innovation.

This is a theoretically intriguing finding that aligns with a resource-based explanation. It suggests that the benefits of work–life balance (such as reduced stress and better mental health) manifest in the workplace as higher PsyCap, and

that this enriched psychological state enables employees to be innovative. Our findings align with Prasad et al. (2025), who argued that WLB fosters the development of psychological resources, and with studies like Chen et al. (2021) and Aloulou (2025), which linked higher PsyCap to increased innovative work behavior. In our context, employees who manage their work and personal life well likely experience lower burnout and greater well-being, which helps them develop stronger psychological capital.

That psychological capital, in turn, drives employees to engage in creative behaviors at work and gives them the confidence to propose ideas, the resilience to overcome obstacles, and the optimistic vision to see potential improvements. Because the direct effect of WLB is negligible when PsyCap is accounted for, it appears that without the boost in PsyCap, work-life balance alone might not spur innovation. This underscores the critical role of psychological capital as a bridge linking personal and work balance to performance outcomes like innovation. For practitioners, H7 suggests that organizations aiming to increase innovation should promote work-life balance as a strategy to improve employees' psychological capital through flexible scheduling or supportive HR policies, which can, in turn, translate into a more innovative workforce. In summary, H7 is confirmed, revealing a full mediation scenario in which psychological capital is the essential channel through which work-life balance affects innovative behavior.

CONCLUSIONS

Based on the results of data analysis using Smart PLS 4.0 and the discussions

in the previous sections, several important conclusions can be drawn as follows:

1. Leadership Autonomy Support (LAS) has a positive and significant effect on Psychological Capital (PsyCap).
2. Work-Life Balance (WLB) also has a significant positive effect on Psychological Capital.
3. Leadership Autonomy Support (LAS) has a positive effect on Innovative Behaviour (IB).
4. Psychological Capital (PsyCap) has a strong and significant positive effect on Innovative Behaviour.
5. Work-Life Balance (WLB) shows a positive but not statistically significant effect on Innovative Behaviour.
6. Psychological Capital mediates the relationship between LAS and IB.
7. Psychological Capital also mediates the relationship between WLB and IB.

The overall model demonstrates a strong explanatory power with an R^2 value of 0.637, meaning that Leadership Autonomy Support, Work-Life Balance, and Psychological Capital can explain 63.7% of Innovative Behaviour among hospital employees.

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