A Bridge to Leadership Communication Success:

Impact of Leader-Member Exchange on Nursing Administrative Relationships

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Nurse managers are the cornerstones of nursing administration, and leadership theory can help them achieve administrative success. Our interdisciplinary research team formed a collaboration with a clinical setting to study the nuances of nursing administration communication. The investigation examined the impact of leader-member exchange, a leadership theory that focuses on relationships, in 206 nurses in a 600-bed hospital and found significant correlations with job satisfaction and organizational commitment, but not with organizational citizenship behavior. Nursing implications for retention of nursing workforce and refinement of leadership actions are presented.

I n today's complex health care environment, nurses are central, not only to patient care, but also to measures of success in patient satisfaction with the care setting. There is a demand for nursing clinical expertise but also a need for positive work attitudes such as identifying with the organization and using healthy modes of organizational communication.[1] Additionally, retaining nurses in the work environment is critical to combat the nursing shortage and is facilitated by the actions of good nursing managers whose retention outcomes can lead to savings for the

organization as well as improve job satisfaction.[2] As an interdisciplinary research team combining the expertise of a college of nursing & public health and school of business, we wished to address the importance of nurse managers and their relationship with staff nurses as influential in job satisfaction and organizational commitment and related organizational citizenship behavior. This article examines leadership behaviors, using leader–member exchange (LMX) theory, often applied by business as a lens to understand leadership and now explored for implications for nursing.

A UNIQUE RESEARCH PRIORITY: COLLABORATION IN DEVELOPING THE DESIGN

Our research team held multiple meetings with the leadership staff of the nursing units and had sought their input on study design and variables. Our original intent was to explore LMX theory with the staff nurses and managers. Our research team viewed nurse managers as the linchpins of the nursing organization. The chief nursing officer (CNO) and the leadership team were very interested in the kinds of questions that would be asked. For example:

Do you know where you stand with your leaders? How well does your leader recognize your potential? How do you characterize your working relationships with your leader? After receiving their input, we

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KEY POINTS

- **Nurse managers are the cornerstones of nursing administration and must be able to communicate effectively.**
- **Understanding the emphasis on relationships inherent in the leader–member exchange communications helps nurse managers influence work satisfaction and organizational commitment.**
- **Implications for retention of nurses and refinement of leadership actions are presented. These are particularly helpful for new nurse managers.**

expanded our investigation into organizational commitment, job satisfaction, and organizational citizenship behavior as well.

BACKGROUND

This focused review synthesizes research on the factors examined in this study: leadership, satisfaction, commitment, and organizational citizenship behavior. These will be briefly discussed.

Leader–Member Exchange Theory

Leadership theories most often focus on individual characteristics of a nurse leader such as personality as seen in authentic leadership, or intent often displayed in servant leadership. Few research studies specifically focus on the *relationship* between the leader and the staff member.

LMX theory conceptualizes leadership as consisting of a number of dyadic relationships between a leader and the members of the group that are led. Leader–member exchange theory is characterized by respect, trust, and obligation as characteristics of a working relationship.[3] The focus of the theory is on the *interaction* aspect of the dyad, not on inherent individual leadership characteristics. The quality of these relationships often varies, yet consistency is essential to developing fair relationships between leaders and members. LMX theory recognizes that leaders establish a social exchange relationship with employees, and this exchange influences how each individual employee is treated.

When LMX is high, there is greater job latitude, satisfaction, open communication, and a high degree of autonomy.[4] Importantly, this leads to increased participation in knowledge transfer, essential to today's evidence-based practice environment.[5] Higher quality relationships with immediate supervisors are associated with greater structural and psychological empowerment for nurses, leading to greater job satisfaction.[6] These empowering work environments are vital, not only for retaining managers, but also for the future development of nurse leaders. They can help to balance the changes in hospital restructuring that have resulted in larger spans of control, reducing not only the visibility of nurse managers but their availability to support and mentor nursing staff.[6]

Job Satisfaction

Job satisfaction is described as a global construct, encompassing satisfaction with supervision, conditions, opportunities, economics, practices, and the work itself in an employee's environment and has been identified as one of the strongest predictors of intent to leave one's position.[7] As early as 1997, poor working conditions stemming from poor nurse manager–staff relationships were identified, particularly the experience of being criticized by managers during a crisis.[8] More recently, the areas of autonomy, roles in decision-making, and the quality of relationships with supervisors have been identified as essential to job satisfaction in nursing.[9] Job satisfaction also stems from being appreciated in one's nursing role as well as being recognized for contributing to quality of care provided on nursing units.[6] Job satisfaction has also been related to organizational commitment (OC).

Organizational Commitment

Truckenbrodt[4] identifies organizational commitment as an employee's identification with the organization's mission, values, and goals, noting that it is usually the manager who supports and identifies the subordinate's contribution to the organization's outcomes. This is why LMX is closely linked to OC. Organizational commitment, as described by Meyer and Allen in 1997,[10] is composed of 3 "simultaneous mindsets"[11]: affective, normative, and continuance organizational commitment. Affective commitment concerns itself with emotional ties developed through positive work experiences, also linked to LMX. Normative commitment concerns obligations felt toward the organization, and continuance commitment focuses on the expected costs of leaving the organization, both in terms of economics and social costs.[11] Organizational commitment is strongly related to nurse turnover and is foundational to the economics of recruitment and retention.[12]

Organizational Citizenship Behavior

Organizational citizenship behavior (OCB) refers to extra-role behavior, those actions not normally expected in a prescribed employee role.[13] OCB characteristics include altruism, conscientiousness, sportsmanship, courtesy, and civic duty.[14] Examples of OCB are assisting others during orientation or helping out an ill coworker.[4] The exchange between the supervisor and subordinate is strengthened through working together.[15]

THE RELATIONSHIP OF LEADERSHIP BEHAVIORS TO NURSING ADMINISTRATIVE RELATIONSHIPS

LMX theory is particularly useful in exploring nursing leadership due to the interdependence that is demanded among nurses when providing patient care. It is also a crucial to understanding satisfaction, commitment, and citizenship necessary when aiming for successful recruitment and retention of nurse administrators and professional development success for staff nurses.

LMX theory brings more clarity to administrative communication and decision-making. Often, communication problems are under the surface and, once

identified, can be addressed. A better understanding of the quality of administrative relationships allows for direct feedback and coaching for nurse managers with the aim of increased team cohesion.

Although there has been innovative use of LMX theory in investigating nursing administration issues, there is still a gap in looking broadly at the entire nursing work environment. Unit-level research is particularly important in today's nursing economic climate. Nurse managers are powerful agents in structuring the environment of nurses' work by their singular influence on the resources available to the work unit.[16] We wished to see how the relationships reflected LMX on the unit level, both as members and as units.

METHOD

This was a cross-sectional descriptive correlational predictive study of self-reported survey data. We predicted that a better perception of the relationship with one's immediate supervisor would be associated with higher reported satisfaction in nursing and that the perception of relationship with one's immediate supervisor would explain much of the variation of reported satisfaction in nursing. We also predicted that a better perception of relationship with the immediate supervisor would be associated with higher self-reported organizational commitment and organizational citizenship behaviors.

Institutional Review Board Approval and Modification: University and Hospital Settings

Our university institutional review board (IRB) approved this project. The hospital IRB deemed the proposal as expedited. One hundred surveys were returned within the first 2 weeks and then almost none to follow. We held meetings and e-mail communications, and word of mouth encouragement began, but returns were still scarce. We returned to the IRB and received modification for onsite handouts of the surveys with a small incentive added ($5 gift cards). We returned to the hospital for 6 more data collection visits and were able to obtain over 100 more responses.

Recruitment and Data Collection

The first step in the data collection was a meeting with the nursing leadership team to share a description of the study and receive important feedback. Unit meetings were then scheduled where graduate research assistants, all holding human subjects protection certification, described the study and the need for accurate filling out of the surveys. Participants were recruited by graduate research assistants to avoid any aspects of coercion to join the study because some of the investigators had been professors of staff nurses. We also wanted to respect the role of nurses as employees. Data were collected through paper and pencil surveys of all nurses within a 600-bed hospital that was a nonacademic medical center.

There were 3 different data collection packets used; one each for the nurse, the nurse manager, and the nurse administrator. It was estimated that the survey would take approximately 35 minutes to complete. The staff nurses' packet contained a demographic survey with 15 questions developed for this study and the remaining surveys displayed in Table 1. The nurse managers' and nurse administrators' packets contained the same surveys as the staff nurses; however, their demographic questions were limited to 10 items to maintain anonymity for the decreased population sampled. An addressed stamped envelope was included with each packet to facilitate anonymous return of the surveys.

Data Analysis

We examined the relationships between the leadership behaviors of unit heads (nurse managers), the attitudes and behaviors of unit members (RNs) and unit behaviors, analyzing both RNs as individuals and work units as a collective, and the relationship between these levels.

A convenience sample of nurses (n = 206) of a total population of 600 (a 34% response rate) answered the surveys. The analysis of the constructs that are part of LMX theory included descriptive and correlation statistics and multilevel mixed modeling. One of the limitations of our study was that all of the nurses had just completed and were about to start yet another

Table 1. Measurement Scales	
Leader–Member Exchange Scale	Graen & Uhl-Bien, 1984[3]
Job Diagnostic Survey	Hackman & Oldman, 1974[17]
Organizational Commitment Scale	Allen & Meyer, 1997[10]
Organizational Citizenship Behaviors Scale	Podsakoff, MacKensie, Moorman & Fetter, 1990[18]
Unit Performance Scale	Developed by the research team for this study

series of surveys about their institutional setting. When they filled out our surveys onsite, several felt rushed, citing concerns about returning to the unit quickly in order to return to patient care. The return rate by mail was lower than we anticipated, and we recognize that the cross-sectional design gives a snapshot view of the variables under investigation.

RESULTS

Sample Description

Staff nurses made up the majority of the sample (93.2%), with managers (1.9%) and directors (4.9%) comprising <7% of the final sample. Representation from each unit was reflected in the final sample. All shifts were represented, with the 12-hour day shift (60.8%) and 12-hour night shift (22.2%) comprising the majority of the sample. Permanently employed nurses made up 89.3% of the sample, with the remaining 6.7% identifying as agency and travel nurses. The average experience as a nurse was 14.37 years with a range of <1 year to over 40 years. The majority of the sample was white (72.2%), female (97.1%), baccalaureate prepared (56.8%), worked within the institution on average for 11.8 years, and was an average age of 49 years. Staffing numbers on average ranged from 8 nurses on day shift to 5 on night shift with ancillary assistance. The span of control was 1 unit for each manager, not multiple units.

Statistical Modeling

The interitem reliability estimates were acceptable for each scale. Descriptive analyses, correlations, general linear modeling, and multilevel modeling analyses were conducted. Grouping nurses within naturally occurring clusters of reporting structure (nurses grouped by units and manager) provided a hierarchical framework.

Findings

A better perception by staff nurses of their relationship with their immediate supervisor was significantly correlated with higher reported job satisfaction, r (164) = 0.432, $p < 0.001$, and organizational commitment, r (161) = 0.619, $p < 0.001$. Additionally, job satisfaction and organizational commitment were significantly correlated r (161) = 0.607, $p < 0.001$. Perception of relationship with the immediate supervisor by staff nurses was found to be a significant predictor of reported satisfaction in nursing, F (14, 191) = 1,051, $p < 0.001$, and higher self-reported organizational commitment, F (14, 191) = 1,218, $p < 0.001$. Self-reported organizational citizenship behaviors were not significantly correlated with perception of relationship with supervisor by staff nurse, or higher reported job satisfaction, or organizational commitment. Using a multilevel model grouping nurses into

work unit as the level 2 variable did not account for a significant amount of reported job satisfaction (intra-class coefficient ≤ 0.1). This finding supports the correlation of perceived better relationship with a manager with an increase in job satisfaction, and the variability in those perceived relationships within units and lines supports the influence of LMX theory.

DISCUSSION: WHY IS THIS IMPORTANT FOR NURSE MANAGERS?

A better perception by staff nurses of their relationship with their immediate supervisor was significantly correlated with higher reported job satisfaction and organizational commitment. Because job satisfaction is so closely linked to feeling one is appreciated for being effective in the nursing role,[6] this finding is not unexpected. LMX theory helps to understand the nuances of how one's supervisor can express satisfaction in an equitable manner, so crucial to the nurse manager's attitude of fairness. LMX is also identified with organizational commitment, particularly at the unit level, having significant direct effects.[12]

Job satisfaction and organizational commitment were found to be significantly correlated. Perception of the relationship with immediate supervisor by staff nurses was a significant predictor of satisfaction in nursing as well as higher self-reported organizational commitment. This finding is in keeping with research identifying job satisfaction as one of the strongest predictors of intent to leave one's position in an organization.[7] This is particularly important for new nurse managers. Often, they have been promoted for their clinical expertise and experience in patient care. Although these skills are essential, nurse managers quickly realize that their communication and administrative actions, influenced by the social exchange inherent in leader–member exchange theory, determine nursing satisfaction at work and influence retention of their staff of direct-care nurses.

Finally, self-reported organizational citizenship behaviors were not significantly correlated with the perception of the relationship with the supervisor by staff nurses. Although OCB has been found to be positively influenced by LMX,[19] our study did not find this. This could be related to how nurses are socialized into the profession; the service orientation of nurses may lend themselves to ingrained organizational citizenship behavior despite the quality of the relationship with managers. The organizational citizenship behaviors were not correlated with higher reported job satisfaction or organizational commitment, either. The concept of the nurse as an organizational citizen needs further examination.

Leadership Implications

The role of the nurse manager is of great significance, and research is needed to uncover all of its facets of

leadership. The nuances of the relationship between leaders and members who are led are now recognized as powerful and important in both employee satisfaction and workplace outcomes.[20] Conducting research in the actual environment of the exchange between managers and nursing teams can identify specific responsibilities and communication patterns of managers to improve transitioning new nurses and retaining valuable experienced nurses.

Nurse managers may be unaware of hidden complexity of the relational aspects of management. Strategies for improvement in self-awareness, decision-making, and communication can be used to develop nursing leadership, including a focus on becoming more aware of one's own communication style and strengths. LMX theory contributes to developing the feedback loop that is essential to any evaluation and growth process within organizations.

Leadership research implications from this study show that collaborative research (nursing and business) about leadership behaviors, using a theory drawn from business, brings innovative information to contemporary nursing management. This realization is essential because the development of the hospital nursing research environment is integral to multiple accreditation processes and improved patient care. Through understanding communication exchange between nurse managers and nursing teams within their work environment, more knowledge of the variety of challenging responsibilities of nurse managers can possibly and very importantly attract and prepare an essential corps of new nurse managers. To the extent that work-unit performance is affected by the quality of the relationships between nurse managers and RNs in the work unit, select interventions such as recognizing the patterns of leader–member relationships and pre-scriptive change strategies can be developed. It is crucial that CNOs recognize that high LMX takes time to develop in nurse managers and that it may be difficult to refine skills in shaping it when there are time constraints or large numbers of employees to supervise.[21]

We learned many lessons from our clinical/academic research partnership, particularly that collaboration often benefits both partners. The academic research team gains insight from situated learning about leadership theory in the field setting of the hospital. Both nursing staff and administration benefit from innovative methods of inquiry into leadership that may help guide the administration of nursing units. Collaboration provides a contemporary path to studying complex patterns of communication. Effective functioning, communication, and leadership can build bridges to stronger nursing administrative relationships using leader–member exchange theory.

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