

Title:

The Influence of Leader-Member Exchange and Structural Empowerment on Nurses' Perceptions of Patient Safety

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Session Title:

Evidence-Based Practice Poster Session 1

Slot (superslotted):

EBP PST 1: Friday, 28 July 2017: 10:00 AM-10:45 AM

Slot (superslotted):

EBP PST 1: Friday, 28 July 2017: 12:00 PM-1:30 PM

Keywords:

Leader-Member Exchange, patient safety climate and structural empowerment

References:

Bawafaa, E., Wong, C. A., & Laschinger, H. (2015). The influence of resonant leadership on the structural empowerment and job satisfaction of registered nurses. *Journal of Research in Nursing*, doi: 10.1177/1744987115603441

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Dinh, J., Lord, R., Gardner, W., Meuser, J., Liden, R., & Hu, J. (2014). Leadership theory and research in the new millennium: Current theoretical trends and changing perspectives. *The Leadership Quarterly*, 25(1), 36-62. doi: 10.1016/j.leaqua.2013.11.005

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Abstract Summary:

This study is to examine the impact of the four dimensions of Leader-Member Exchange (contribution, affect, loyalty, and professional respect) of nurse managers and access to the four structures of structural empowerment (support, opportunity, resources, and information) on nurses' perceptions of patient safety climate for future clinical and academic use.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to identify good and bad relationships that develop in an acute care	Learners will be provided in-depth understanding of Leader-Member Exchange

setting between a staff nurse and their direct superior allowing them to apply this new understanding of the impact that individual nurse-manager relationships have on both patient care, but the organization as a whole.	theory and the associated tool that is used to measure the interaction. They will also be provided a with literature of previous research studies examining links between the variables of individual nurse-manager relationships and a variety of outcomes influencing patient care organizations as a whole.
The learner will be able to confidently identify the four domains of structural empowerment that will influence a nurses perception of patient safety climate and be able to confidently assess a situation and identify what domains are being met and what domains are requiring improvement within a health care organization	Learners will be provided with in-depth knowledge and literature regarding structural empowerment, and patient safety climate. Learners will also be able to review literature surrounding the two variables and be provided with a detailed explanation of the measurement tool used for each variable within this study.

Abstract Text:

Reports have illustrated the lack of supportive and inclusive work environments is a causative factor of health related absences and nursing attrition. This has been reported to lead to increased risk to nurses' safety, patients' safety and poorer patient outcomes. The purpose of this study is to examine the impact of the four dimensions of Leader-Member Exchange (LMX) (contribution, affect, loyalty, and professional respect) of nurse managers and access to the four structures of structural empowerment (support, opportunity, resources, and information) on nurses' perceptions of patient safety climate. A cross-sectional survey is conducted using a random sample of 230 nurses across Ontario in acute care settings. *Leader-Member Exchange-MDM*, *Conditions for Work Effectiveness Questionnaire-II*, and *Patient Safety Climate Questionnaire* are used to measure study variables. Previously, no specific research has examined the influence of LMX, and structural empowerment, on patient safety climate. This study may uncover some of the processes by which each of these variables influences the next.

Leader-Member Exchange (LMX) theory focus is on the relationship between leader and follower, identifying key features of the relationship that are important to the development of trust and effective working relationships (Lunenburg, 2010). LMX can be used to examine leadership techniques that enhance patient and environmental safety, as well as organizational commitment when applied to performance outcomes (Higgins, 2015). High level of structural empowerment (SE) is shown to increase job satisfaction, and increase organizational commitment (Laschinger et al., 2009a). Previous studies show correlations between LMX and SE that have a positive influence on patient outcomes (Squires et al., 2010; Cai, & Zhou, 2009). SE is the degrees of access employees have to environmental structures including opportunity, support, resources, and information. Effective leaders play a key role in ensuring nurses have access to these structures.

Nursing leaders foster a work environment that supports staff and increases the patient safety climate (PSC) (Armstrgon et al., 2009). High PSC reduces adverse events from occurring and avoid harm to patients (Flin et al., 2006; Sexton et al., 2006a). Patient outcomes, workplace injury, and staff's intention to leave the unit are found to all be affected by the PSC (Hotmann & Mark, 2006). Researchers have proposed that positive link between effective leadership styles and continuous quality improvement (McFadden et al., 2015), however no direct link has been examined between the effects of both individual leadership styles and SE on how nurses perceive a PSC. Through LMX, nursing leaders may be better able to develop effective working relationships with nurses, increase SE and therefore create an atmosphere for a better PSC (Davies et al., 2011).

From the College of Nurses of Ontario registry, a random sample of 230 registered nurses working in an acute care teaching hospital within the province of Ontario has been selected from both rural and urban settings. Inclusion criteria is met if participants are currently employed for more than four months on their current unit, either full-time or part-time, to avoid the inclusion of data from individuals who are new and may not be familiar with their current manager and working environment. Participants must be directly involved in patient care with a superior in a leadership role who they are required to report directly to. Participants currently on leave or returned to work for less than four months will be excluded.

Three standardized self-reporting instruments will be used to measure the study variables (see Appendix B). Liden & Maslyn (1998) *Leader-Member Exchange-MDM (LMX-MDM)* will be used to measure the quality of relationships between the nurse managers and nursing staff. *LMX-MDM* is a 12-item scale that asks participants to what extent do they agree or disagree with a series of questions.

Nurses will not be guaranteed any direct benefits as a result of their participation in this study. However, this study will indicate the impact of Leader-Member Exchange of nurse managers and structural empowerment on nurses' perceptions of patient safety climate.

In addition, further knowledge can be acquired that will begin to identify the factors affecting patient outcomes in relation to the impact of individuals in managerial roles. As a result, this information can be used to enhance the working environments of nurses and increase patient safety in the future.

The results of this study primarily target nursing leaders in front-line managerial positions, possibly increasing their awareness of SE allowing them to develop a more positive working environment on their unit that may lead to increased productivity and increased patient safety. Managers in middle and upper management may also be interested in these findings as a means to examining positive influences to LMX and developing strategies and training to be provided to front-line managers to enhance a PSC. The abstract of this study will be submitted for presentation at conferences focusing on researching nursing leadership styles and research on influential factors related to patient safety.