Impact of Leader-Member Exchange and Team-Member Exchange on Nurses' Organizational Commitment in Mainland China

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Abstract

Background: It was widely agreed that organizational commitment was an important determinant of work outcomes. The quality of the social exchange relationship was one of the influencing factors of employee organizational commitment. Leader-member exchange and team-member exchange were important concepts of the social exchange relationship, and the impact of the qualities of leader-member exchange and team-member exchange on organizational commitment of nurses was an issue that had been inadequately explored. **Purpose:** This study aimed to determine the relationship between the leader-member exchange, team-member exchange and nurses' organizational commitment. **Methods:** A descriptive correlational research design was conducted. All nurses working in the two hospitals were included in the study (*N*=375). The measurements used included a questionnaire on the leader-member exchange, team-member exchange and organizational commitment, and a sociodemographic datasheet. Descriptive statistics was used to analyze and explain the personal profile of the respondents. Moreover, inferential statistics was used to test variables and to test hypotheses at a significant level .05.

Results: The positive significant correlations between the leader-member exchange, team-member exchange and nurses' organizational commitment were identified. Also, the multiple regression among independent variables and dependent variables revealed that approximately 43.5% of the explained variance of organizational commitment was accounted for by leader-member exchange and team-member exchange, and the two variables independently contributed significantly to the prediction of organizational commitment.

Keywords: Leader-Member Exchange (LMX); Team-Member Exchange (TMX); Nurses' Organizational Commitment

Introduction

The concept of organizational commitment has attracted a lot of interest from researchers studying organizational behavior. Much of this interest is due to the idea that

organizational commitment is an important part of an employee's states of psychological and behavioral because employees who experience high organizational commitment are theorized to engage in many behaviors, such as citizenship activities and high job performance, that are believed to be beneficial to the organization. As an antecedent, organizational commitment has been used to predict employees' absenteeism, performance, turnover, and other behaviors. After reviewing the results of existing researches, we found that the quality of interpersonal relationships in the workplace was significantly correlated with the commitment of the employees (Zhao, H., et al, 2019). The exchange of leaders and team members with high quality at work can make employees feel relaxed in the intense and busywork, and thus produce a positive psychological and behavioral state. Based on this, it is of great significance for us to deeply study whether and how the two exchange relationships above affect the organizational commitment of employees.

Nursing is a profession vital to the health and well-being of all nations and is the backbone of any healthcare system (Ulrich et al., 2010). As a large team in the hospital, managers have conducted a large number of studies on the organizational behavior of nurses, among which the research on organizational commitment of nurses has always been a hot topic. In the context of the severe shortage of global nursing human resources, organizational commitment, as a variable that can predict nurses' job performance, job satisfaction, and departure behavior, has attracted wide attention from nursing managers. Based on common meanings and central issues, 63 different factors contributing to nurses' organizational commitment are integrated and grouped into four main categories, personal characteristics and traits of nurses, leadership and management style and behavior, perception of organizational context, and elements of job and work environment.

The quality of the relationship between leaders and team members is an important element of nurses' perception of the level of the organizational environment. Previous researches have primarily focused on leader-member relationships and have found that nursing leadership practices have an impact on nursing organizational environments (Anand, S., et al, 2018). However, nurses work in a complicated social relationship that is closely related to them, not only with their leaders but also with team members. Almost all the existing researches separate the exchange of leading members from the exchange of team members and study the causes and results respectively. Also, whether the two exchange relationships above are correlated

with the organizational commitment of nurses, or even which exchange relationship has a more significant impact on the organizational commitment of nurses, these questions are raised by us and studied in this paper. Accordingly, we built on the concept of leader-member exchange and team-member exchange to study the impact on nurses' organizational commitment.

Research Objectives

1. To describe the status of lead-member exchange, team-member exchange, and nurses' organizational commitment.

2. To explore the relations among leader-member exchange, team-member exchange, and nurses' organizational commitment.

Hypothesis of Research

These hypotheses regarding the relationships between the independent and dependent variables are as follows:

H1 Leader-Member Exchange (LMX) has a significant positive impact on Organizational Commitment (OC).

H1a Leader-Member Exchange (LMX) has a significant positive impact on Affective Commitment (AC).

H1b Leader-Member Exchange (LMX) has a significant positive impact on Continuous Commitment (CC).

H1c Leader-Member Exchange (LMX) has a significant positive impact on Normative Commitment (NC).

H2 Team-Member Exchange (TMX) has a significant positive impact on Organizational Commitment (OC).

H2a Team-Member Exchange (TMX) has a significant positive impact on Affective Commitment (AC).

H2b Team-Member Exchange (TMX) has a significant positive impact on Continuous Commitment (CC).

H2c Team-Member Exchange (TMX) has a significant positive impact on Normative Commitment (NC).
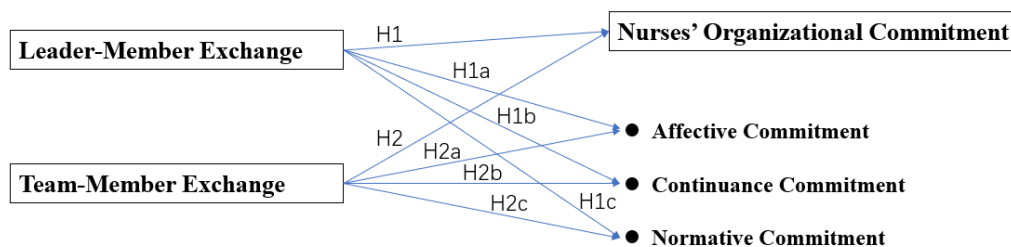
Conceptual Framework

Figure 1: Conceptual Framework

Research Methodology

This research is a quantitative design using a survey questionnaire to collect data from 375 nurses who currently are working in two public hospitals in mainland China.

Design

A descriptive, cross-sectional study was performed among nurses working in public hospitals in mainland China. Anonymous questionnaires were measuring the quality of the leader-member exchange between nurses and supervisors, the quality of the team member exchange among nurses, and nurses' organizational commitment in all units of the hospitals that were included in the study. Demographic variables were also collected.

Participants

A convenience sampling method was used to recruit 400 nurses from two public hospitals in mainland China. The inclusion criteria were nurses who (a) engaged in clinical nursing work; (b) working experience was more than one year or equal; (c) no serious physical or mental illness, no history of mental illness; (d) informed consent and voluntary participation in the study. The exclusion criteria were nurses who continuous leave of more than three months. This study used the sample estimation method of Kendall (1938).

Measures

For each of the following constructs, all measures used a 5-point Likert scale where 1=strongly disagree, and 5=strongly agree.

(1) Leader-Member Exchange (LMX)

The adapted version of the LMX-7 scale (Graen and Uhl-Bien, 1995) was used. The Cronbach alpha was 0.953. LMX-7 had been the most adopted LMX scale in comparative studies (e.g., Chong et al., 2015; Selvarajan et al., 2018). Strongly disagree and strongly agree with response anchors is to measure how a subordinate perceives the relationship quality with his or her immediate supervisor (Bauer and Green, 1996; Graen and Uhl-Bien, 1995). A sample item of this scale is "I know my leader is satisfied with my performance."

(2) Team-Member Exchange (TMX)

Team-member exchange was measured using Seers's 10-item scale (Seers et al.,1995). Half of the ten items examined the members' contribution to the team, and the other half examined the members' support from the team. This scale had an acceptable level of reliability (a=.84). Later, the scale has been widely recognized and applied in TMX studies. A sample item of this scale is "I often make suggestions about better work methods to other team members."

(3) Organizational Commitment (OC)

Organizational commitment was measured using Allen's 24-item scale (Allen, N. J., & Meyer, J. P.1990). This scale consists of three subdimensions: Affective Commitment (AC) (e.g., I would be very happy to spend the rest of my career with this organization), Continuance Commitment (CC) (e.g., It would be very hard for me to leave my organization right now, even if I wanted to), and Normative Commitment (NC) (e.g., One of the major reasons I continue to work for this organization is that I believe that loyalty is important and therefore feel a sense of moral obligation to remain). The affective Commitment Scale (ACS), continuing commitment Scale (CCS), and normative Commitment Scale (NCS) have eight items each. The reliability for each scale (i.e. coefficient alpha) was as follows: ACS, .87; CCS, .75; NCS, .79.

Data Collection

Data were collected between May and June 2020. The research subjects were surveyed by an anonymous online questionnaire. Before the formal investigation, 30 nurses who met the sampling criteria were pre-surveyed in a small range and retargeted two weeks later to test the reliability of the scale, whose Cronbach α was 0.886. The researcher sent the questionnaire

to the nurse's mailbox by e-mail, explained the purpose and significance of the survey and the method of filling in the questionnaire.

Data Analysis

Descriptive statistics were used to analyze and explain the personal profile of the respondents. Moreover, inferential statistics, including student's t-test, ANOVA, correlation analysis, multiple regression analysis was used to test variables and to test hypotheses at a significant level .05.

Research Results

Demographic characteristics

The overall response rate (400 completed questionnaires, of which 375 were useful) was 93.75%. The majority of the respondents (89.87%) were female, and the mean age was 36.15 (SD=8.62) years old (22 to 55 years old). The predominant education of the nurses (86.93%) was an Associate Degree and Bachelor level. 49.87% of the nurses surveyed worked in hospital wards. In total, 81.33% of the nurses' total work experience was more than five years. Predominant professional qualifications of the nurses (91.47%) were primary and intermediate levels.

Descriptive Statistics for Research Variables

The average score of leader-member exchange was (3.79±0.87), the team-member exchange scale was (4.00±0.79), and the organizational commitment scale was (4.14±0.66). Among the three dimensions of organizational commitment, the average scores of affective commitment, continuous commitment, and normative commitment were (4.33±0.75), (4.20±0.82), and (3.88±0.91), respectively. The test results are shown in Table 1.

Table1. Descriptive statistics of scores in LMX, TMX and OC (N ＝ 375)

Variable	Minimum	Maximum	Mean	Std. Deviation
LMX	1	5	3.79	0.87
TMX	1.5	5	4.00	0.79
Affective Commitment	2	5	4.33	0.75
Continuing Commitment	1	5	4.20	0.82
Normative Commitment	1	5	3.88	0.91
Organizational Commitment	1.83	5	4.14	0.66

Correlations between LMX, TMX, and OC

There is a positive correlation between all variables, and Pearson's correlation coefficient is between 0.4-0.5, moderately correlated, and significant (Table 2).

Table 2. Correlations between LMX, TMX, and OC.

Variables		LMX	TMX	Affective Commitment	Continuing Commitment	Normative Commitment	Organizational Commitment
LMX	Pearson Correlation	1	.494**	.392**	.520**	.445**	.562**
	Sig. (2-tailed)		0.000	0.000	0.000	0.000	0.000
TMX	Pearson Correlation	.494**	1	.436**	.548**	.439**	.587**
	Sig. (2-tailed)	0.000		0.000	0.000	0.000	0.000
Affective Commitment	Pearson Correlation	.392**	.436**	1	.443**	.383**	.730**
	Sig. (2-tailed)	0.000	0.000		0.000	0.000	0.000
Continuous Commitment	Pearson Correlation	.520**	.548**	.443**	1	.590**	.843**
	Sig. (2-tailed)	0.000	0.000	0.000		0.000	0.000
Normative Commitment	Pearson Correlation	.445**	.439**	.383**	.590**	1	.840**
	Sig. (2-tailed)	0.000	0.000	0.000	0.000		0.000
Organizational Commitment	Pearson Correlation	.562**	.587**	.730**	.843**	.840**	1
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	

**. Correlation is significant at the 0.01 level (2-tailed).

Regression analysis

Using multiple regression analysis, the leader-member exchange (LMX) and team-member exchange (TMX) are used as independent variables, and organizational commitment (OC) and its three dimensions are respectively used as dependent variables to establish a

regression equation model (Table 3). The test results show that VIF is less than ten, and there is no collinearity between independent variables. In the results of the analysis of variance, the F value is 22.154,45.464,26.034 and 58.275, and the P-value is less than 0.05. This shows that the model is statistically significant

Table 3. Regression Model Predicting the nurses' organizational commitment

Dependent Variables		AC			CC			NC			OC		
Independent Variables		Constant	LMX	TMX	Constant	LMX	TMX	Constant	LMX	TMX	Constant	LMX	TMX
Unstandardized Coefficients	B	2.354	0.201	0.304	1.434	0.31	0.399	1.348	0.317	0.334	1.712	0.276	0.346
	SE	0.302	0.071	0.079	0.296	0.07	0.077	0.36	0.085	0.094	0.229	0.054	0.06
Standardized Coefficients	Beta		0.233	0.321		0.33	0.385		0.303	0.289		0.36	0.409
	t	7.795	2.807	3.86	4.847	4.419	5.162	3.741	3.711	3.546	7.467	5.078	5.773
	Sig.	0	0.006	0	0	0	0	0	0	0.001	0	0	0
Multicollinearity Test	Tolerance		0.756	0.756		0.756	0.756		0.756	0.756		0.756	0.756
	VIF		1.323	1.323		1.323	1.323		1.323	1.323		1.323	1.323
R		.481[a]			.618[a]			.511[a]			.665[a]		
R Square		0.232			0.382			0.262			0.442		
Adjusted R Square		0.221			0.374			0.252			0.435		
F		22.154			45.464			26.034			58.275		
Sig.		.000[b]			.000[b]			.000[b]			.000[b]		

Conclusion

The results of this study conclude that there is a significant positive correlation between Leader-member exchange, Team-member exchange and nurses' organizational commitment. The multiple regression among independent variables and dependent variables reveals that approximately 43.5% of the explained variance of organizational commitment is accounted for by LMX and TMX. The two variables independently contributed significantly to the prediction of OC. Also, nurses perceive a moderate Leader-member exchange and Team-member exchange at their working hospitals. Through the implementation of this study, our hypotheses are verified.

Discussion

It is widely agreed that organizational commitment is an important determinant of nurse intention and behavior to quit. Previous research has suggested a significant positive association between work outcomes such as performance and productivity, and organizational commitment. Based on common meanings and central issues, 63 different factors contributing to nurses' organizational commitment were integrated and grouped into four main categories, personal characteristics and traits of nurses, leadership and management style and behavior, perception of organizational context, and characteristics of job and work environment.

It can be assumed that factors influencing organizational commitment may change over time. That is because nurses continue to experience changes in role and function in the workplace. Some researchers emphasized on each generation's unique perspective of organizational commitment. Nurse managers need to understand the influencing factors on the organizational commitment of the current nursing workforce.

This study was carried out with nurses at two hospitals in mainland China. This study marks the first investigation of potential associations between the quality of the leader-member exchange and team-member exchange and nurses' organizational commitment. The primary findings of this study are that leader-member exchange and team-member exchange impact nurses' organizational commitment significantly. It could be a preliminary step for further research. This study is affected by two notable limitations. First, the results may not be generalizable to all hospitals because of the convenience sampling approach used. Second, data statistics and data analysis methods should also be more diverse. Further research should utilize structural equation modeling to examine the mediating effects of leader-member exchange, team-member exchange, and nurses' organizational commitment with all other constructs simultaneously, Including the various variables of demographic characteristics.

The mean LMX of the nurses is 3.79 points (SD=0.87), and the mean TMX of nurses is 4.00 points (SD=0.79), showing that the LMX is lower than the TMX. This is similar to Kim's study (Kim, M. H., & Yi, Y. J.,2019), which also shows the difference in perceived quality among nurses. Nurses believe that the quality of their exchange relationship with the leader is lower than that between team members. The mean OC of the nurses is 4.14 points (SD=0.66).

Compared with the results of many international studies, the organizational commitment of Chinese nurses is relatively high (Akgerman,2020; Dinc, M. S.,2017; Abou Hashish, E. A.,2017). The results of this study are slightly higher than those of other studies on the level of organizational commitment to Chinese nurses (Yang, J.,2014; Fu, W.,2014; Lorber, M.,2014; Keskes, I., et al, 2018)

In this study, the average score of LMX is (3.79±0.87). The question with the highest score is "my leader understands my job problems and needs very well," indicating that the respondents think their leaders understand their status and needs at work. This indicates that the respondents believe that their leaders have a better understanding of their status and needs at work, which fully reflects the following two aspects. First, as leaders, they are very aware of the status of nurses at work. Second, leaders' understanding of nurses can be transmitted to nurses to perceive the understanding from leaders. The lowest score is "Regardless of the amount of formal authority my leader has, he/she would 'bail me out,' at his/her own expense," which may be relevant to China's political system. Especially in public hospitals in China, the organization gives the leader clear rights, and the leader no longer has extra power within her jurisdiction. Hence, the exchange relationship perceived by nurses is relatively weak.

In this study, the average score of TMX is (4.00±0.79). The question with the highest score is, "Other team members of my team recognize my potential very well." It indicates that nurses can fully demonstrate their working ability in the team, and at the same time, recognition from other members of the team can be perceived by themselves. The lowest score is "I usually let other team members know when they have done something that makes my jobs easier (or harder)." The reason for the lowest score may be related to traditional Chinese culture. Nurses may be reluctant to tell other members directly that they are disturbed or negatively affected by other members. Nurses worry that this expression may affect their relationship with their team members.

About OC, the highest mean score is on the AC subscale (4.33±0.75), followed by their scores on the CC (4.20±0.82) and NC subscales (3.88±0.91). AC is the highest scoring dimension in the organizational commitment of nurses. Among the eight items of emotional commitment, the highest-scoring item is "I feel like 'part of the family' at my organization" (4.48±0.71). It is

a direct expression of the hospital's deep affection. The item with the lowest score is "I feel 'emotionally attached' to this organization" (4.21±0.71), indicating that although nurses think the hospital is as affectionate and important as their families, their emotional attachment to the hospital is not very strong. Nurses may think that part of the point of a job is to make money, but it isn't easy to work solely on emotional attachment. It reminds managers that they should do a good job in the emotional management of nurses. Some effective measures should be taken to promote the harmonious atmosphere of the team and enhance the sense of honor of the team, to improve nurses' emotional dependence on the hospital. NC is the dimension with the lowest score in the organizational commitment of nurses. Among the eight items of normative commitment, the one with the lowest score is "One of the major reasons I continue to work for this organization is that I believe that loyalty is important and therefore feel a sense of moral obligation to remain" (3.60±1.06). It means that people do not plan to leave the hospital, not because they think that job-hopping is an act of disloyalty, but other reasons choose to stay in the hospital to continue to work. This item shows that nurses' loyalty to the hospital is not high enough, which needs to be paid special attention by leaders. Normative commitments emphasize that behavior should be consistent with institutional and professional ethics. Normative commitment emphasizes responsibility and professional loyalty. It reminds the leaders to pay attention to the ideological and moral education of the staff, guides the nurses to set up the correct world outlook, outlook on life, values, cultivate the proper professional ethics, especially improve the loyalty of nurses.

This study shows that LMX is positively correlated with OC (r=0.562), which indicates that the better the quality of leadership membership, the higher the organizational commitment of nurses. This is consistent with the existing research results (Yi, H. H., & Yi, Y. J.,2014; Yu, A., et al 2018; Gottfredson, R. K., et al,2020). Meanwhile, LMX is positively correlated with the three dimensions of organizational commitment (AC, CC, NC) respectively (r=0.392, r=0.520, r=0.445), among which LMX and CC have the strongest correlation. TMX is positively correlated with OC (r=0.587), indicating that the better the quality of team member relationship, the higher the organizational commitment of nurses. Although there are few studies on the correlation between TMX and organizational commitment of nurses, from the

limited research results, we find that the results of this study are similar to those of some enterprises (Trybou, J., 2015; Saeed, I., 2014; Saeed, B. B., et al, 2019). At the same time, this study finds that TMX and the three dimensions of organizational commitment (AC, CC, NC) are also positively correlated, respectively (r=0.436, r=0.548, r=0.439). Among them, TMX and CC have the strongest correlation. This conclusion is inconsistent with the current research results. The study of J. Trybou (2015) found that team–member exchange had a positive impact on nursing staff satisfaction and affective commitment. Compared with LMX, TMX has a stronger positive impact on Organizational Commitment. Of the three dimensions of Organizational Commitment, both LMX and TMX have the strongest correlation with CC.

Research Suggestion

Healthcare organizations are now challenged to retain nurses' generation and understand why they are leaving their nursing careers prematurely. Acquiring knowledge about the effect of Leader-Member Exchange (LMX) and Team-Member Exchange (TMX) can help organizational leaders to deal effectively with dysfunctional behaviors and make a difference in enhancing nurses' Organizational Commitment (OC) to their organization. Strategies to foster and enhance the quality of leader-member exchange and team-member exchange are considered significant factors in increasing nurses' organizational commitment.

Nurses work in a complex social relationship that is closely related to them, not only with their leaders but also with team members. Almost all the existing researches separate the exchange of leading members from the exchange of team members and study the causes and results. Also, whether the above two exchange relationships are correlated with the organizational commitment of nurses, or even which exchange relationship has a greater impact on the organizational commitment of nurses, these questions are raised by us and studied in this paper.

The findings indicated that the qualities of leader-member exchange and team-member exchange were the important factors impacting the nurses' organizational commitment. Nursing managers may need to take effective measures to improve the quality of the relationship between leading members, promote communication and cooperation

among team members, and then improve the organizational commitment of nurses and improve the performance of nursing teams.

Suggestion for Future Research

The research may provide a conceptual model for clarifying the relationship between the leader-member exchange, team-member exchange and nurses' OC specifically in nursing literature. There is no published study in China that investigates the relationship among these study variables, and it is considered as the first one to examine this relationship using standardized measures in Nursing. It could be a preliminary step for further research works.

In this study, nurses' self-evaluation method was used to investigate their organizational commitment, which may be flawed. Further research can use multi-dimensional data collection methods (e.g., supervisors evaluating nurses, mutual evaluation among nurses, etc.). This study only used cross-sectional survey data. The effect of the social exchange relationship on nurses' organizational commitment is a long-term dynamic process. The use of cross-sectional survey data cannot strictly examine the causal relationship between variables. It is necessary to select multiple time nodes for investigation in future research. Finally, the conceptual model established in this study needs to be verified in other provinces of China and other countries worldwide.

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