LEADER-MEMBER INTERACTION IN NURSING

Lider Üye Etkileşimi Ve Hemşirelik

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ABSTRACT

In the field of health, the quality of the service varies depending on many dynamics such in other sectors. One of these dynamics, which affects employees and the services, is the behaviors and behavior patterns of the managers (leaders) against them. In the studies on leadership and leadership behaviors, researchers examined attitudes and behaviors of superiors (leaders) against their subordinates (members). The Leader-Member Exchange Theory is based on different kinds of relationships developed between leaders and subordinates. Since the quality of the health service increases as a result of the high interaction, high interaction is necessary to increase the quality of service in the field of health. An important part of health organizations the quality of nursing care and healthcare services offered by professional nurses who make up the department increases with high interaction. Nurse leaders' strong interaction with their subordinates affects nurses' job satisfaction, commitment to work and professional development positively. The most important reflection of all this positive atmosphere is increasing patient safety and healthcare quality. It is important for improving community health care due to high-quality service for persons receiving health care services.

Keywords: leader-member theory, nursing, leadership

ÖZET

Hizmet sektörünün önemli bir parçası olan sağlık alanında, sunulan hizmetin niteliği, diğer sektörler gibi birçok dinamiğe bağlı olarak değişkenlik gösterir. Çalışanın verdiği hizmetin niteliğini etkileyen bu dinamiklerden birisi de yöneticilerin (liderlerin) çalışanlara karşı sergilediği davranış ve davranış biçimleridir. Liderlik ve liderlik davranışları konusunda yapılan çalışmalarda, üstlerin(liderlerin) astlarına(üyelerine) karşı davranış ve tutumları incelemiştir. Lider-üye etkileşimi teorisi, liderler ve astları arasında gelişen farklı türde ilişkilerine dayanmaktadır. Sağlık alanında da hizmetin niteliğinin artması için yüksek etkileşime ihtiyaç duyulmaktadır. Sağlık organizasyonlarının önemli bir bölümünü oluşturan profesyonel hemşirelerin sunduğu hemşirelik bakımı ve sağlık hizmetinin niteliği, etkileşimin yüksek olması sayesinde artış gösterir. Lider hemşirelerin astlarına karşı güçlü etkileşim kurması, hemşirelerin iş doyumu, işe bağlılıklarını, mesleki gelişimlerini olumlu etkiler. Tüm bu olumlu atmosferin en önemli yansıması da sağlık hizmeti alan hasta için bakım kalitesinin artması, hasta güvenliğinin sağlanması, diğer sağlık hizmeti alan kişiler için de verilen hizmet niteliğinin yüksek olması sayesinde de toplumun sağlığının geliştirilmesinde önemlidir.

Anahtar Kelimeler: lider üye etkileşimi, hemşirelik, liderlik

1. INTRODUCTION

In leadership studies, the focus has been generally on the behaviors of the leader, and the source of leadership behavior has been linked to the leader and the leaders' attitudes in the events. Later, Dansereau, Graen, and Haga suggested the vertical dual (leader-member) connection model in 1975, in which leadership behavior is not only related to the leader, but these attitudes and behaviors vary depending on the relationship between the leader and the member. Unlike other leadership models, leader-member interaction intensely examines the characteristics, level, and quality of this mutual relationship.

Leader-member interaction emerged by explaining the roles of the leader and the member by the role exchange theory and the interaction between the leader and the member by the social exchange theory and associated the increase in the quality of the relationship between the leader and the member and the increase in material and moral gains by the social change theory. It was developed within the framework of the mutual relationship approach, renamed as Leader-Member Exchange Theory (LMX), and translated into Turkish as "Lider Üye Etkileşim Teorisi" and conceptualized. According to the Leader-Member Exchange Theory, the quality and dimension of the relationships of a leader with each member are different.

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The four dimensions that affect the relationship and are most emphasized are the dimensions of influence, contribution, loyalty/commitment, and professional reputation. According to these dimensions, leaders create leadership behavior towards their subordinates in this context and establish different types of relationships with each subordinate. Relationships with strong interaction are categorized as "in-group" and the subordinates in this group reflect their efforts and commitment to work to their leaders, and their leaders offer more resources, career development and promotion opportunities to these subordinates.There is the out-group in the second category. Since the interaction level in the out-group is low, the relationship between leaders and members remains at the level of organizational gains and mutual expectations are limited by routine work performance.

Organizations with strong interactions are working environments where the quality of the service provided is increase and improved. Another dimension of the quality of the service provided in the field of health is the interaction and strong communication among the employees. It is also important to examine the behavior of manager nurses to wards other employees in this sense. The working atmosphere with highly interactive leaders and member nurses is important in improving the quality of the service provided.

2. LEADER-MEMBER INTERACTION

Leadership is the whole of dynamics. To understand this dynamic, it is necessary to comprehend the concept of succession (Owen et al., 2011). The focus of most studies on leadership is the leader. Accordingly, researchers conduct studies on the factors, leadership characteristics and behaviors that make the leader effective (Keçecioğlu, 2003; Tanoff & Barlow, 2002; Zel, 2006). However, the dynamics that influence leadership are not only related to the leader, but also related to their good relationship with their subordinates. (House and Aditya, 1997). Most leadership studies focus on the behaviors of the leader, emphasize that subordinates exhibit similar behaviors (Martin et al., 2005; Şahin, 2011). While a standardized subordinate-superior relationship is the focus of interest in these studies, the Leader-Member Exchange Theory focuses on the fact that each subordinate develop different relationships with its leader (Burton et al., 2008). The Leader-Member Exchange Theory is based on different kinds of relationships developed between leaders and subordinates (Bitmiş and Ergeneli, 2011). Based on this theory, effective relationships develop between leaders and their subordinates and the quality of the relationship is reflected in leaders' behaviors towards their subordinates (Burns and Otte, 1999). Successful leaders shape and individualize their leadership behaviors according to the needs and motivations of each of their subordinates. (Hooper and Martin, 2008).

In previous studies, a positive correlation was found between leader-member interaction and performance, citizenship behavior, job satisfaction, emotional and normative commitment and attend the job (Rockstuhl et al., 2012). Communication between employees and their superiors is a tool for interaction to occur (Katrinli et al., 2008). The Leader-Member Exchange Theory suggests that leaders do not have the same level of interaction with their subordinates (Karcıoğlu &Kahya, 2011). This theory focused on the fact that the relationship between executives and the employees is shaped by factors such as the organizational attitudes and behaviors of employees, job performance and the relationship between the leader and the member is unlike (Akkoç, 2012). Thus, he Leader-Member Exchange examines the subordinate-superior relationship more comprehensively and differs from other traditional leadership models with this feature. The theory involves the examination of the characteristics, level, and quality of the subordinate-superior relationship (Ergün and Arslantürk, 2010).

The leader-member interaction was initially handled in one dimension (Graen and Cashman, 1975), and the leader-member relationship can be explained multidimensionally with the studies based on the Role Theory (Kahn et al., 1964) and the Social Exchange Theory (Blau, 1964).

The foundations of the leader-member interaction theory were laid by the vertical mutual connection model proposed by Dansereau, Graen and Haga in 1975 (Dienesch and Liden, 1986). This leadership theory has dealt with the interaction between leaders/managers and members/subordinates (viewers) within a vertical mutual approach and was renamed as the Leader-Member Exchange Theory (Lmx) (Dansereau et al., 1975). The Leader-Member Exchange Theory (Lmx) was translated from English to Turkish, the word "exchange" was conceptualized with the word "etkileşim" (Özutku, 2007).

The Leader-Member Exchange Theory emerged inspired by the Role Theory and the Social Interaction Theory (Keçecioğlu, 2003; Graen and Uhl-bien, 1995). The leader-member interaction can be also explained by using the Role Theory and the Social Exchange Theory (Bolat, 2011).

While the Role Theory examines the roles between leaders and members, the Social Exchange Theory focuses on leader-member interactions. In the Role Theory, leaders evaluate their subordinates with tasks (Uğurluoğlu et al., 2013). The development of roles occurs by the differentiation in role definition and perceptions. In the process of differentiation, leaders feel time pressure. As a result of this pressure, the relationship between leaders and their subordinates can develop with close interactions or based on formal rules. Leaders cannot show the same behavior to each of their subordinates due to their limited time and power (Wayne et al., 1994). The reason why the leader behaves differently to different subordinates, how well they use their resources, and their relationship with their subordinates according to the role theory are examined by the Social Exchange Theory. Therefore, the Role Theory examines how leaders use their resources and their relationship with their subordinates with the Social Exchange Theory (Le Blanc et al., 1993; Deluga and Perry, 1994).

The Social Exchange Theory is expressed as a relationship-based model and a reflection of social interaction between leaders and their subordinates (Ordun & Aktaş, 2014). Some subordinates have an active and close relationship, while others have the opposite. The Leader-Member Exchange Theory clarifies how these relationships are established by the Social Exchange Theory (Bolat, 2011). The Social Exchange Theory makes a great contribution to the theory of the Leader-Member Exchange Theory. The Social Exchange Theory is based on the idea that the relationships that generate more income (rewards) than expenses increase mutual trust and interest (Cevrioğlu, 2007). The Social Exchange Theory is closely related to the Leader-Member Exchange Theory, as it examines the quality of the relationship the member creates with both the organization and its leader. In both, material and moral gains are achieved as a result of the process of change and interaction. (Cevrioğlu, 2007.)

According to the Leader-Member Exchange Theory, there should be some relationships between leaders and members with a high level of trust, reputation, and responsibility to create effective leadership and they should maintain these relationships (Göksel & Aydıntan, 2012).

Bien (1995) divides the development of the Leader-Member Exchange Theory into four phases. In the first phase, it was stated that leaders promote different relationships with their subordinates in terms of vertical mutual relationships (Graen et al., 1977). In the second phase, Liden and Graen (1980) and Scandurave Graen (1984) focused on the relationship between the characteristics of leader-member relationships and various variables such as job satisfaction, organizational commitment, job performance (Vecchio, 1985; Wayne & Ferris, 1990). In the third phase, it focused on studying and defining the development of high-quality leader-member relationships (Wayne, Shore, and Liden, 1997; Sparrow and Liden, 1997). In the fourth phase, the analysis of leader-member interaction emerged as a system-level analysis perspective by shifting from vertical mutual relationships to group and organizational relationships (Williams, Podsakoff and Huber, 1992; Graen and Uhl-bien, 1995; House and Aditya, 1997; Schriesheim, 2001).

Liden and Maslyn (1998) explained the quality of leader-member interaction in four dimensions as contribution, influence, commitment and professional reputation to explain the dimensions of

leader-member interaction (Davis and Gardner, 2004). Uhl-bien, Graen, and Scandura (2000) developed a tridimensional system consisting of respect, trust, and mutual necessity. According to Cogliser and Schriesheim (2000), the quality of leader-member interaction is significantly affected by the working group environment (stress, lack of compliance, lack of independence, lack of coordination, etc.) (Aryee & Chen, 2006). As a result of these approaches and discussions, four dimensions were determined as contribution, loyalty, influence, and professional reputation.

Dienesch and Liden (1986) evaluated the effect size and the origin of the interaction independently of the job and defined it as the attraction of individuals. From this point of view, influence level is low in a business based interaction, and influence level may also be the only determinant of the quality of the interaction in the relationships based on this interaction, (Liden & Maslyn, 1998).

Dienesch and Liden (1986) define the dimension of contribution as the quality of the relationship and the perceived amount of business activities for common purposes. At the beginning of the leader-member interaction process, leaders evaluate their subordinates according to their performance. The subordinates who fulfill the task by meeting the expectations of their leaders can communicate with them more effectively compared to other subordinates who have lower performance.

Leaders give more tasks and provide more opportunities to their subordinates in direct proportion to the quality of leader-member interaction so subordinates performing more critical tasks increase the quality of interaction (Liden & Maslyn, 1998).

Dienesch and Liden (1986) handled the degree of loyalty as the degree of loyalty between leaders and members. While Graen considered faithfulness as a result of leader-member interaction (Graen and Scandura, 1987), Dienesch and Liden (1986) considered loyalty as a sub-dimension of leader-member interaction due to the idea that it plays a critical role in leader-member interaction. Leaders protect their subordinates who show a maximum effort to reach the common purpose rather than other subordinates, and the subordinates respond to this behavior with more effort (Liden & Maslyn, 1998). The loyalty dimension can also be considered as the dimension of commitment. Boies and Howell (2006) revealed that the quality of leader-member interaction and the resulting commitment encourage subordinates to fulfill the given tasks readily and provide them to feel stronger. The source of the power that the subordinates need is their leaders. Leaders give the tasks that require to make decisions independently and take responsibility, to the members which are perceived as committed by leaders (Cevrioğlu, 2007).

Liden and Maslyn (1998) defined the dimension of professional reputation as the perception of the mutual respect between the persons having a relationship. Experience, comments about the person, and rewards can be accepted among the factors that improve the perception (Yıldız et al., 2008). Respect can begin without leader-member interaction, even before starting to work (Uğurluoğlu et al., 2013).

The vertical mutual relationship model is based on the relationship between subordinates and superiors, and leaders act by considering the relationships between them and their subordinates instead of displaying a single style of behavior towards their subordinates. This model deals with the relationship between leaders and their employees in two categories as in-group and out-group relationships (Aslantaş, 2007). Members are grouped according to their leaders during their interactions with their leaders (Çetin, et al., 2012). According to the Leader-Member Exchange Theory, the relationships between superiors and subordinates vary from high quality to low quality (Deluga & Perry, 1991).

In high-quality interactions, subordinates have a closer and more special working atmosphere with their leaders. Leaders and subordinates with close relationships are defined as in-group. In-group members gain mutual benefits. In this group, leaders and organizations support subordinates and offer more resource assistance, career development, promotion to the subordinates who show extra effort and willingness in their jobs and have a high level of commitment. (Deluga and Perry, 1991;

1994). Thus, a positive exchange takes place between both organizations and members. Leaders know what their subordinates need and take more into account the potential of them. Subordinates also know how to please their leaders with their performances, attitudes, and behaviors (Scandura and Graen, 1984).

As the perceived value of the mutually exchanged abstract and concrete assets increases, the quality of the leader-member interaction improves (Sandy Wayne et al., 1997). The second category is defined as out-group and leaders use traditional management methods towards their subordinates in this group (Dienesch & Liden, 1986; Kececioğlu, 2003; Liden & Graen, 1980; Zel, 2006). In-group members have developed better relationships with their leaders compared to out-group subordinates (Lo et al., 2006). Organizations with low interaction quality are formed by official authorities and have a non-group interaction style (Deluga, 1998). In this organizational structure, the benefits of subordinates remain within the scope of the organization and the expectations of superiors from subordinates remain at the routine performance level (Graen and Cashman, 1975).

As members overcome increasingly expanding role responsibilities, leaders give more responsibility, freedom, and advantages to them (Wang et al., 2005). When the quality of leader-member interaction is high, employees are able to increase their performance and job satisfaction and thus they have positive attitudes towards both managers and their organizations (Burton et al., 2008). Employees with high-quality leader-member interaction communicate openly with their managers, have the opportunity to obtain the necessary information to do their jobs, and can more clearly understand the behaviors which are expected by their superiors. In return, employees may be willing to show high performance, and this condition can positively affect their job satisfaction levels (Moss et al., 2009).

3. LEADER-MEMBER INTERACTION IN NURSING

Healthcare professionals need an organizational structure with strong leadership in terms of the quality of the service (Ürek, 2015). (Ürek, 2015). This strong leadership structure depends on the dimensions of the interaction between the leaders and the subordinates in institutions. Impairment in communication or relationships in which interaction is negatively affected, conflicts between employees, may reflect on the health status of the person receiving the service. Therefore, the increase in the quality of relationships between nurses and their superiors contribute positively to both the atmosphere of the working environment and those who receive health care service.

With the development of health, the efficiency of nurses, which has an important role in health care organizations increases. It is also important to examine nurses in terms of leader-member interaction in terms of the number of healthcare professionals for the quality of services they provide. The job satisfaction of nurses, the quality of care they provide, and patient satisfaction improve with the interaction between nurses and their superiors. As leader-member interaction increases, the quality of health services increases.

The characteristics of the relationships between nurses, administrative nurses and other superiors affect the quality of nursing and it is a positive and important factor in ensuring and maintaining patient satisfaction, professional development and quality of care and providing a suitable environment for vocational professionalization. The fact that nurses make both material and moral contributions to their organizations can be associated with the Social Exchange Theory.

When the dimensions of the leader-member interaction are examined in terms of nursing, the personal characteristics of nurses are determinants of the quality of their relationship with their superiors in the influence dimension. The emotions of employees are an important intermediary factor in the influence of leader behavior (Biao & Shuping, 2014). In the contribution dimension, the leader-member interaction provides that nurses undertake the tasks given by their leaders, adopt and perform the tasks related to patient care in line with the common goal of the nurse. The leader-member interaction provides an increase in the quality of care, undertaking more comprehensive and challenging tasks, an improvement in the occupational self-efficacy and self-confidence of

nurses and feeling the support which they need to fulfill their duties. According to Dienesch and Liden (1986), the contribution level has a stronger impact on the number, difficulty, and degree of the mission assigned to and accepted by members compared to other dimensions.

Loyalty is about the level of mutual protection of each other (Ürek, 2015). Loyal persons adopt their duties by considering them important and do not perceive them as trouble, on the contrary, even they fulfill their duties from the heart (Donald Blumenfeld, 1995). Leaders protect the nurses who satisfy them in terms of performance and stand behind their roles and responsibility. Leaders also think that the loyalty of nurses will be reflected in the long-term development efforts as leaders are sure of the continuity of the relationship (Liden & Maslyn, 1998).

Loyalty, which is another dimension of leader-member interaction, develops in relationships that are supported by leaders and in which mutual trust is developed. In the relationships between nurses and leaders, the source of loyalty is leaders. Leaders give critical tasks that require taking responsibility and making decisions independently to nurses with a strong sense of trust and relationship.

The dimension of professional reputation is also seen in the relationships that support trust and where the leaders' respect for the nurse develops. The knowledge, experience, special education, and certificates of nurses improve their reputation in the sight of their leaders and it enables the development of leader-member interaction with this dimension. The high level of professional reputation means that leaders respect and admire the professional skills, professional knowledge, and profession of nurses (Ürek & Uğurluoğlu, 2015).

In the health management literature, there is a positive correlation between the level of leader-member interaction and organizational commitment (Konja et al., 2012) and job satisfaction (Laschinger et al., 2007) while there is a negative correlation between burnout (Uğurluoğlu et al., 2013) and intention to leave of employment (Han & Jekel, 2011).

When the studies on the leader-member interaction in nursing were examined;

Brunetto et al. conducted a study on the nurses working in the public and private hospitals in Australia in 2012, and Kuzucu (2013) conducted a study on the nurses working in a private hospital operating in Istanbul (Turkey), and they found that the level of leader-member interaction was moderate.

In the studies of Uğurluoğlu et al. (2013) on nurses, nurses accepted the most important dimension as the dimension of professional reputation, and they gave the lowest score to the dimension of commitment.

In the studies of Ürek and Uğurluoğlu (2015) on health staff, it was determined that the participants gave the highest score to the dimensions of professional reputation and emotional interaction while they gave the lowest score to loyalty and contribution dimensions.

In the studies of Saygılı et al. (2016), Kılınç and Paksoy (2017) and Kartal (2017) on health staff, the performance levels of the participants were above average.

4. CONCLUSION

With the quality leader-member interaction, nurses get stronger by showing positive development in professional terms. Strengthened nurses can implement innovative nursing processes in line with their professional roles and responsibilities by determining the needs of patients. They can also provide a higher quality, safer and more effective health care service by having professional autonomy and effective problem-solving skills. Accordingly, increasing the leader-member interaction between nurses and administrative nurses and building an organizational structure with strong leader-member interaction is important for both the society receiving care and nurses providing healthcare.

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