Leaders and Patient Safety: Leader-Member Exchange and Structural Empowerment Influencing Patient Safety Climate

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Well-staffed nursing units and healthy working environments for nurses have been significantly linked to better patient outcomes (Kirwan, Matthews, & Scott, 2013). In 2014, the Canadian Nurses Association (CNA) reported the first decline in the number of registered nurses in over two decades (2015). Nursing leaders have the ability to foster supportive work environments through the development and maintenance of staff job satisfaction (Bawafaa, Wong & Laschinger, 2015). In addition, the ability to provide access to information, support, opportunity, and resources empowerment is associated with positive working environments that prevent nursing shortages while enhancing patient outcomes (Josephson et al., 2008). Structural Empowerment is the degree to which employees are provided access to the four structures of opportunity, support, resources, and information. Effective leaders play a key role in ensuring nurses have access to these structures, that contribute to enhanced working environments and ultimately enhance patient safety (Laschinger & Havens, 1997; Kanter, 1979).

Traditional nursing leadership examines stimuli response that emphasized the collective while little attention to knowing staff as individuals (Risan, 2013). Unlike the traditional method, Leader-Member Exchange (LMX) theory places emphasis the leader and the follower to identify key features in the dyadic relationship. These features are pertinent to the development of trust within the effective working relationship. By examining the individual relationships, LMX can be used to examine leadership techniques that are effective in enhancing patient and environmental safety, as well as organizational commitment when applied to performance outcomes (Higgins, 2015). Nursing leaders foster staff performance through the provision of appropriate resources.

Acting as an extension of safety culture, Patient Safety Climate consists of the values, competencies, perceptions, and behavioural patterns that define an organizations level of commitment and proficient towards health and safety management (Thomas, Sexton, Neilands, Frankel & Helmreich, 2005). Nurses' availability of the four domains of structural empowerment (information, support, resources, and opportunity) are a predictor of nurses' perceptions of patient safety climate (Armstrong & Laschinger, 2006). Within hospital acute care settings, research has suggested a positive link between continuous quality improvement and effective leadership style (McFadden, Stock & Gowen, 2015), although a direct link between the combination of leadership style using LMC and structural empowerment has not been established in nurses perception of patient safety climate. Therefore, using a sample of 230 registered nurses working across the province of Ontario in acute care teaching hospitals in both rural and urban settings have been surveyed. The findings of this research serve to fulfill this gap in nursing literature.

Title:
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Keywords:
Nurse Leader, Patient Safety and Structural Empowerment

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Abstract Summary:
This study examines nurses' perceptions of patient safety climate being influenced through the four concepts of Structural Empowerment (support, opportunity, resources, and information) and the four dimensions of Leader-Member Exchange Theory (contribution, affect, loyalty, and professional respect). Research findings can be utilized for academic and policy development.

Content Outline:
Introduction

A. Well-staffed nursing units and healthy working environments for nurses have been significantly linked to better patient outcomes. The lack of a supportive and inclusive work environments has been identified as causative factors for long-term health related absences and poor nursing retention rates. Nursing leaders foster a supportive work environment through the development and maintenance of staff job satisfaction. In addition, access to empowerment structures has been associated with positive working environments that prevent nursing shortages while enhancing patient outcomes.

B. Traditional nursing leadership examines stimuli response that emphasized the collective while little attention to knowing staff as individuals. Unlike the traditional method, Leader-Member Exchange (LMX) theory focus is on the relationship between leader and follower and identifies key features of the relationship that are important to the development of trust and effective working relationships. By examining the individual relationships, LMX can be used to examine leadership techniques that are effective in enhancing patient and environmental safety, as well as organizational commitment when applied to performance outcomes

Body

Research Question:The purpose of this research study is to examine the impact of LMX of nurse managers and SE (support, opportunity, resources, and information) on nurses' perceptions of PSC.

Theoretical Framework:The vertical dyadic linkages of LMX theory originally developed in 1975 is utilizedLMX is broken down into three main concepts, the leader, the follower, and the dyadic relationship.The *leader* is the individual who provides the necessary information and support to facilitate work for the follower, usually a position of power such as unit manager. The*follower* is the individual receiving support and guidance from the leader who has a higher position in the institutional hierarchy. The *dyadic relationship* is the interaction that takes place between the leader and follower where the amount of power provided to each individual is dependent on the leader's perception of the dyad. Unlike other leadership theories, LMX is unique in the way it considers between the leader and each member a unique entity and not as one larger homogenous interaction.

Literature Review: A literature search was conducted using the cumulative index of PubMed, Google Scholar, CINAHL, ProQuest, Scopus, and PsycINFO to perform an electronic search between 2006 and 2016, however, literature on LMX was examined from the original development in 1975. Leader-Member Exchange, Structural Empowerment, and Patient Safety Climate were all reviewed.

Variables

-Leader-Member Exchange: Leader-Member exchange is based on the dyadic relationship of a leader and a follower where the quality of the relationship is based on confidence and open communication. When a high quality relationship is developed through trust and respect, there is a reciprocating process where the follower receives power from the leader in exchange for increased performance.

-Structural Empowerment: Structural Empowerment is the development of a supportive working environment for nurses through access to four empowerment structures (opportunity, support, resources, and information).

-Patient Safety Climate: Patient Safety Climate is an extension of safety culture as a set of values, competencies, perceptions, and behavioural patterns that determine an organization's commitment and proficiency towards health and safety management.

Methods: Design, sample setting, data collection, data analysis, and protection of human rights are all explained in great detail.

Limitations: limitations of study and disclosure of author are explained.

Conclusion

The influential relationship between leaders presenting with a high and low score of Leader Member Exchange (using the *Leader-Member Exchange-MDM measurement tool [12-item scale]), and Structural Empowerment (using the Conditions of Work Effectiveness Questionnaire II* tool [12-item scale]) is explained to have influence nurses' perceptions of *Patient Safety Climate* (using the *Safety Climate Survey* [7-item scale]).

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Professional Experience: Dr. Wong has been a researcher in the nursing department since 2004 and is well versed not only in the theoretical background of leadership, but has strong applied knowledge.
Author Summary: Dr. Wong is a Professor in the Arthur Labatt Family School of Nursing at Western University in London, Ontario, Canada. Her work focuses on the impact of leadership (specifically authentic leadership) on staff/nurse and client outcomes as well as organizational structure and governance features and role configurations that best support positive work environments for health care professionals.