

A study to evaluate relationship between Leader-Member Exchange (LMX) and Employee Engagement among healthcare professionals in a tertiary care hospital

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Introduction



54.4% of healthcare providers demonstrated signs of burnout due to disengagement in hospitals .



Thorough patient care

Global concern for retention of employees

Leads to lower operating costs

Gallup study in healthcare employees(2020):
36% engaged
45% not engaged
15% disengaged

Introduction

- Employee Engagement is conceptualized as the **individual's investment** of his complete self into a role (**Kahn, 1990**) (**Ikbal F et al,2018**)
- The LMX is based solely on the supposition that leaders influence group members through the calibre of the relationships they foster with them, such as transformational, authentic, servant, or empowering. A **high-quality relationship** is characterized by trust, liking, professional respect, and loyalty (**Liden and Maslyn, 1998**)

Aim and Objective

Aim: To evaluate relationship between Leader-Member Exchange (LMX) and Employee Engagement among healthcare professionals in a tertiary care Hospital

Objectives:

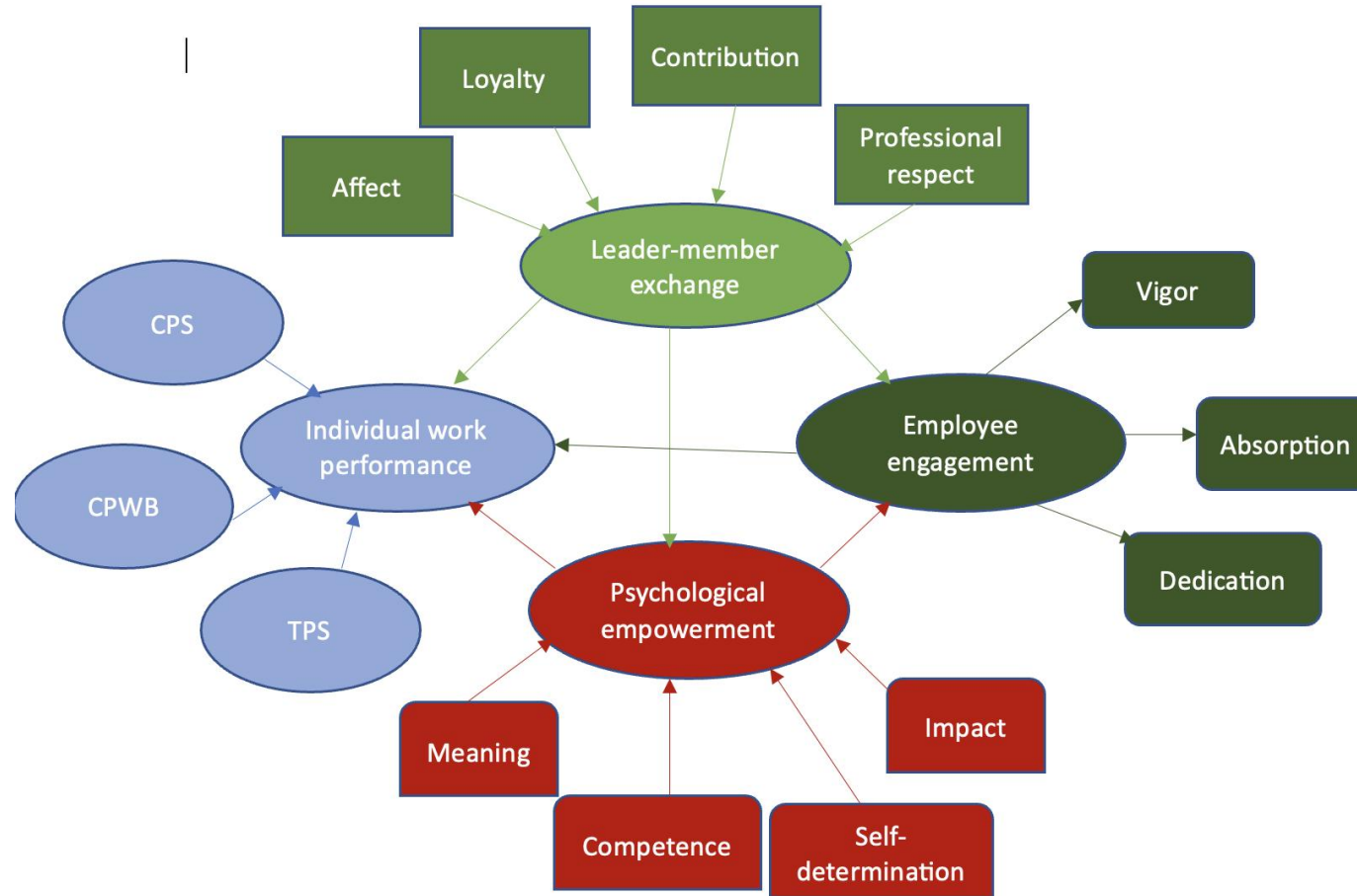
1. To identify the factors related to leader member exchange and employee engagement
2. To evaluate the relationship between leader member exchange and employee engagement among healthcare professionals
3. To recommend the strategies for employee engagement

Research Methodology

Sl No.	Objective	Methods
1	To identify the factors related to leader member exchange and employee engagement	Literature Review (national & international journals)
2	To evaluate the relationship between leader member exchange and employee engagement among healthcare professionals	Data analysis using IBM SPSS 29, Validated structured questionnaires, Descriptive analytics, Cronbach's Alpha for reliability and validity, EFA - KMO and bartlett's test Using Smart PLS 4, SEM – Measurement model analysis with construct reliability and validity, discriminant validity Structural model analysis with coefficient of determination, Collinearity and Redundancy analysis (VIF, path coefficients and SRMR value) for model fit, level of significance (p value)
3	To recommend employee engagement strategies	Recommending the strategies using power point

Result

1. To identify the factors related to leader member exchange and employee engagement



Result

2. To evaluate the relationship between leader member exchange and employee engagement among healthcare professionals

Kaiser-Meyer-Olkin	0.87
Bartlett's Test of Sphericity(sig.)	<.001
Total variance explained	60.368
No. of items deleted	14

Interpretation- KMO For sample adequacy should be above 0.7 and Bartlett's test should be (<0.05) Total variance is above the value 50% and acceptable.

	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
Employee engagement	0.768	0.784	0.834	0.51

Interpretation – Employee engagement has Cronbach's alpha is 0.768 (Range > 0.70) and composite reliability rho_a value of 0.784 (Range > 0.70), composite reliability rho_c of 0.834 (Range > 0.70) and the average variance extracted is 0.51 (Range > 0.50) As AVE more than 0.5 and composite reliability is higher than 0.6, the convergent validity of the construct is adequate

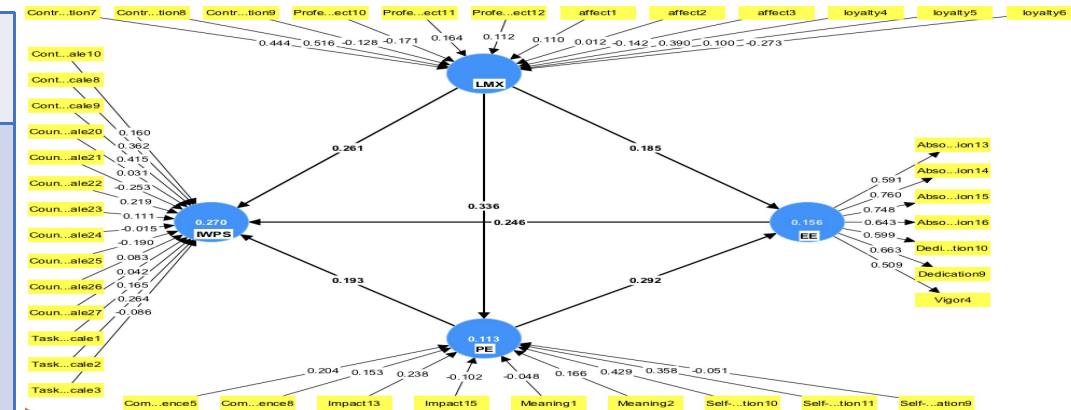
Fornell-Larcker				
	EE	PE	IWP	LMX
EE	0.65			
PE	0.22	0.68		
IWP	0.24	0.26	0.71	
LMX	0.44	0.32	0.52	0.74

Interpretation- (Diagonal) Square root of AVE extracted by construct is greater than the correlation between the construct and any other construct, hence, acceptable

Result

2.To evaluate the relationship between leader member exchange and employee engagement among healthcare professionals

	Range	Values	Interpretation
Coefficient of determination (R2)	0.3- 0.5(low) 0.5-0.7(moderate) 0.7< (good)	Employee engagement R2 = 0.565 Psychological empowerment R2 =0.137 Leader-member exchange R2 =0.233 Individual work performance R2 =0.363	Constructs are predictively relevant(low correlation)
p value (Level of significance)	(<0.05)	Employee engagement = 0.01 Psychological empowerment = 0.00 Leader-member exchange = 0.01 Individual work performance = 0.01	Constructs are statistically significant
Collinearity	VIF(<3) SRMR (<0.08)	SRMR = 0.05	Conceptual model has a good fit



	VIF	Path coefficients
EE -> IWPS	1.184	EE -> IWPS 0.246
LMX -> EE	1.127	LMX -> EE 0.185
LMX -> IWPS	1.167	LMX -> IWPS 0.261
LMX -> PE	1	LMX -> PE 0.336
PE -> EE	1.127	PE -> EE 0.292
PE -> IWPS	1.228	PE -> IWPS 0.193

Interpretation – VIF(<3)is good to have collinearity between variables
Path coefficients should(0.1<) to account for impact of constructs on each other within the model

Result

2. To evaluate the relationship between leader member exchange and employee engagement among healthcare professionals

Hypothesis	p value(level of significance)	Accepted/Rejected
H0(1-6)	As , p value is below 0.05 so the null hypothesis cannot be accepted .	Rejected
H1(1-6)	EE(Employee engagement)= 0.01 PE(Psychological empowerment)= 0.00 LMX(Leader member exchange) = 0.01 IWP(Individual work performance) = 0.01	Accepted

	Saturated model	Estimated model
SRMR	0.052	0.052
d_ ULS	2.486	2.486
d_ G	0.621	0.621
Chi-square	1046.734	1046.734
NFI	0.865	0.865

Interpretation -SRMR value is 0.05 which is within the desired range of (<0.08),hence model has a good model fit

Result

3. To recommend employee engagement strategies



Conclusion

More than half of the employees(56%) are engaged and 14 % are highly engaged with 30% being less engaged in the hospital

R²(Coefficient of determination) for all the constructs are (0-0.5) and all the constructs are relevant but with low correlation

Results suggest significant relationship between employee engagement(p value <0.05) and other constructs indicating that they have impact on the engagement of employees

THANK YOU