

## Association between Relationship Quality and Workplace Affective Commitment for Nurses



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### 1.ABSTRACT

**Background:** In healthcare organization, relationship quality and workplace affective commitment are considered to be a backbone of its success as their performance and behaviors are key determinants for good performance. Relationship quality is a substantial problem and can have a significant effect on workplace affective commitment. **Aim:** examining the association between relationship quality and workplace affective commitment for nurses at Main Mansoura University Hospital. **Subject and Method:** A descriptive research design is conducted on 250 nurses. **Setting:** Main Mansoura University hospital. **Tools:** Two tools were used for data collection as The Leader-Member Exchange) Questionnaire to examine relationship quality, and Workplace Affective Commitment Questionnaire was adopted from Multidimensional Organizational Commitment. **Results:** The highest level of relationship quality was moderate level 73.2% but the highest level of workplace affective commitment was low level 64.8%, but the low level was high. **Conclusion:** There were positively correlation and statistically significant between total relationship quality scores and workplace affective commitment for nurses at Main Mansoura University Hospital. **Recommendation:** applying a program for relationship quality among staff nurses to increase workplace affective commitment.

**Keywords:** Relationship Quality, Workplace Affective Commitment, Nurses

### 2.Introduction:

Nurses must continuously balance and reprioritize their work as they care for multiple patients. Unfortunately, nurses are often unable to complete all the care of their patients require. When these activities are not completed, there is a potential for negative patient outcomes to occur. Nurses from units with higher levels of teamwork characteristics including communication, collective orientation, backup, trust, and accountability report less missed nursing care and nurses ensure applying relationship quality (Kalisch, Gosselin, & Choi, 2012).

Relationship quality is defined as a subjective sense of well-being and happiness with the relationship while secure attachment is a felt sense of security and trust with others. Relationship quality is high level of self-reported satisfaction with the relationship, predominately positive attitudes towards other and low levels of hostile behavior. Conversely, low relationship quality can be defined by the inverse of those found in high relationship quality as "low satisfaction, predominately negative attitudes towards other, and high levels of hostile and negative behavior" so high-quality relationship is very important (Alder, 2019).

Therefore, high-quality relationships can effectively facilitate communication between

participants and help them exchange information and knowledge. Such a relationship

can also decrease adaptable manners also exploit the combined performance influence. So, the leaders can affect not only organizations, but also individuals through direct interaction and indirect influence (Wang, Lu, & Fang, 2019).

Through direct interaction and indirect influence, Leaders sustain their location in groups and how they progress contacts with other supporters that can contribute to development or delay growth by using Leader-Member Exchange Theory (LMX) which varies from other leadership theories, it focuses on relationships formed between leaders and other members of the organization. LMX is used to explain the dyadic relationships that are formed between leaders and individuals within an organization. Relationships can result in both short- and long-term gains. They have the potential to create a personal attachment and connection among group members and to the organization itself. LMX impacts performance outcome, job satisfaction, retention, and commitment. Thus, engaging in these personal relationships has the potential to not only maximize productivity, but also to provide stability and effectiveness within organization. Relationship quality is advanced through its three components (Tamvakologos , 2018).

The components including: satisfaction, trust and commitment. Totally involved partners have a collective goal that is comprehended

through the association. Once trust is current between nurses, they are ready to earnings extra hazards, piece collected data on novel marketplace styles, stay extra open-minded to others in a relationship, and work over problems. While satisfaction can be advanced as of two views: the main emphases on only connections and another on a cumulative style. This cumulative style is prevalent when a hospital establishes long-term relationships. Long-term relationships are described by association between partners and, subsequently, by combined value creation. Commitment develops on a optimistic style to a partner in a relationship and on the capability to improve long-term mutual cooperation among the nurses (Dlačić, Grbac, & Lazarić, 2018).

Commitment is a psychological state catching the extent to which an individual is close toward his/her organization. Affective commitment captures the sensitive documentation, assignment and connection that an individual has to his or her organization. It is associated to one's need to add to the wellbeing of the organization and readiness to remain associated and well-known with the personal organization. Thus, when nurses are committed affectively toward their organization, they are extra probable toward continue in their organization because they need to, while other nurses who progress other procedures of commitment with their organization, similarly normative and/or continuance commitment, are probable toward continue in their organization because they sense the ethical duty to do so (in the case of normative commitment) or because they are concerned around the departure costs in the case of continuance commitment so workplace affective commitment refers to nurse ' sensitive association to, documentation with, and connection in their organizations (Bouraoui, Bensemmane, Ohana & Russo, 2019).

In organization, nurses with higher work place affective commitment are extra participated in their labor parts and extra possible to adopt the aims and morals of the organization. Although the focal things of workplace affective commitment on several nurse subjective and job-related consequences have been satisfactory .several submit that affective commitment might increase the positive relationships between stressors and pressure results because more committed nurse are extra spent in and well-known with organizations, and consequently extra susceptible to stressor experiences so workplace affective commitment an important component of organizational commitment (Liu, Zhou & Che, 2019).

Workplace affective commitment is well-defined as nurse ' actuality known through their organizations, sensitively committed to their organizations, concerned and acceptance their organizations' aims and morals. A nurse with a greater intelligence of affective commitment has progressive moods for his/her organization and develops desire to be a participant of the organization. Nurse, who has advanced a tough affective commitment, keeps working in organization. (Akar, 2018)

Workplace affective commitment submits "a nice of emotional connection of the nurse with his/her organization". Affective orientation emphases on the emotional link or documentation of the individual with a thing that have a distinct meaning, significance to the individual and drives beyond the intended participation. Nurse's tough character through the aim of the organization and continuous need to continue a portion of the organization is considered as an optimistic state for an employed professional. Affective commitment is advanced such as an outcome of a series of sufficient labor skills, which additional leads to agreement with organizational rules and performs (Jena, Bhattacharyya & Pradhan, 2017).

Individuals who perceive their relationship to be of high quality are more workplace affective committed to accept the goals of the organization where they work. This suggests that in order to strengthen nurses' workplace affective commitment, the quality of the relationship between nurses and leaders must be considered. It is important for nurses to develop a consistent workplace affective commitment because when they feel involved and identified with the organization, positive behaviors that go beyond what is formally required are promoted, and this is reflected in the quality of care provided (Nunes, & Gaspar, 2017).

### **Significance of the Study**

The relationship quality was more important than power, authority or superiority when related to the characteristic of the leader. High-quality relationships can efficiently assist message among members and aid members interchange data and information. Such a relationship can also decrease adaptable performance and exploit the combined act result. Workplace affective commitment leads to reduced stress, reduced work-family conflict, minor turnover, compact nonattendance, enhanced act, and improved organizational nationality performance. Nurses with strong workplace affective commitment remain because they want to. (Allen, Evans & White, 2011). So, this

study aims at examining the association between the relationship quality and workplace affective commitment for nurses at Main Mansoura University Hospital.

### Aim of the Study

This study aims at examining the association between relationship quality and workplace affective commitment for nurses at Main Mansoura University Hospital.

### Research Question:

Is there an association between relationship quality and workplace affective commitment for nurses at Main Mansoura University Hospital?

## 3. Method

### 3.1. Study Design

Descriptive correctional design was used to describe characteristics of a population or phenomenon being studied.

### 3.2. Study Setting

This study was conducted in all departments at Main Mansoura University Hospital which provide a wide spectrum of health service at Delta Region.

### 3.3. Study Sample:

According to sample size the study sample includes 250 nurses from different departments from April 2019 to September 2019.

### 3.4. Sample size:

At 95% confidence power of the study.

$N \times P (1-P)$

Steven Thimpson equation  $n =$

$$\frac{\{(N-1) \times (d^2 / Z^2)\} + P(1-P)}{d^2}$$

$n =$  Sample size

$N =$  Total society size = 180

$d =$  error percentage = (0.05)

$P =$  percentage of availability of the character and objectivity = (0.1)

$Z =$  The corresponding standard class of significance 95% = (1.96)

### 3.5. Tools of Data Collection

Two tools were utilized for data collection: **Tool I:** consists of two parts; **part (1):** Demographic characteristics of nurses as (age-gender- workplace department -education qualification- marital status- year of experience), and **part (2):** The Leader-Member Exchange (LMX) Questionnaire. This part aimed to examine relationship quality which developed by Linder and Mayslin (1993). It includes 11 items and composes

of four main categories: Affect (3items), Loyalty (3items), Contribution (2items), Professional Respect (3items). Each statement response was measured with five-point Likert scale from 1(Strongly Disagree) to 5 (Strongly Agree).

**Scoring System:** total relationship quality level was classified as following: Based on cut of value (<50%) Low

(50-75%) Moderate

(>75%) High

**Tool II:** Workplace affective commitment questionnaire was adopted from Multidimensional Organizational Commitment which developed by Meyer and Allen (1993), in *Gormley* (2005). It includes 6 items. Each statement response was measured with three-point Likert scale from 1(never) to 3 (always).

**Scoring System:** total workplace affective commitment level was classified as following:

Based on cut of value (<50%) Low

(50-75%) Moderate

(>75%) High

**3.6. Validity:** Data collection tools translated by researchers into Arabic and tested for its content validity and relevance by a panel of five expertise from faculties of nursing: who revised the tools for clarity, applicability, comprehensiveness, understanding, relevancy and ease for implementation and according to their opinions, modifications were applied.

**3.7. Reliability:** Reliability of the study tools (Cronbach's Alpha): test of the study tools, relationship quality, and workplace affective commitment are tested by Cronbach's Alpha. Reliability is computed and found (0.906), (0.883) respectively.

### 3.8. Data Collection:

The questionnaire sheets (I, II) were distributed to staff nurse. The researchers collected data through distributing questionnaire to each subject in the study during work hours in morning and afternoon shifts according to type of work and work load, and explained the aim and the nature of the study and the method of filling questionnaire to gain their acceptance and their participation, then distributed the questionnaire sheet to the participated nurses to fill it.

### 3.9. Data analysis:

The collected data were organized, tabulated and statistically analyzed using SPSS software (Statistical Package for the Social Sciences, version 21, SPSS Inc. Chicago, IL, USA). For quantitative

data, the range, mean and standard deviation were calculated. For qualitative data, which describe a categorical set of data by frequency, percentage or proportion of each category, comparison between two groups and more was done using Chi-square test ( $\chi^2$ ).

For comparison between means of two groups of parametric data of independent samples, student t-test was used. For comparison between more than two means of parametric data, F value of ANOVA test was calculated. Correlation between variables was evaluated using Pearson's correlation coefficient (r). Significance was adopted at  $p < 0.05$  for interpretation of results of tests of significance.

### 3.10. Ethical Consideration:

The researchers obtained Formal approval was obtained from the research ethics committee of Faculty of Nursing, Mansoura University. An official permission to conduct the study will be obtained from the responsible administrator of the hospital. Their participation was voluntary. Confidentiality and anonymity of the subject were assured through coding of all data. Privacy of the study sample was be assured. The results will be used as a component of necessary research. As well as it will be used for future publication and education.

### 4. Results:

**Table (1):** Illustrates demographic data of nurses working at the Main Mansoura University Hospital. This table shows that majority of nursing staff ranged between 20 < 30 years old. Most of them are female, representing (76, 8%), while male represents (23,2%). The highest number of them are working at surgical departments (30,4%), but the lowest number is at Nuclear Medicine (1%) . (67%) of them have high institute of nursing, and 72% of them are married and have experience from 0.25-<5 (33, 2%).

**Figure (1)** illustrates response of the studied nurses working at the Main Mansoura University Hospital about the main items of relation quality (The Leader-Member Exchange (LMX) Questionnaire). The highest responses at affect dimension agree (61.2%) while the lowest responses strongly disagree (1.6%), but, at loyalty dimension, the highest responses disagree (51.2%), but the lowest responses have strongly agreed (6.4%). At the contribution dimension, the highest responses agree (44%), but the lowest responses strongly agreed (7.6%). And at the professional

respect, the highest responses agree (46, 4%), but the lowest response strongly agree (2.4%).

**Figure (2)** illustrates mean scores and rank of relation quality (The Leader-Member Exchange (LMX) main sub items among the studied nurses working at the Main Mansoura University Hospital. The affect dimension for relationship quality has the highest score, and the highest rank followed by professional respect followed by loyalty and contribution has the lowest score and the lowest rank represent (3,8) (3,6) (2,6) (2,08) respectively.

**Table (2)** illustrates total scores and level of relation quality (The Leader-Member Exchange (LMX) Questionnaire) among the studied nurses working at the Main Mansoura University Hospital. The relationship quality was moderate level 73.2%.

**Figure (3):** illustrate the response of nurses working at the Main Mansoura University Hospital about affective organizational commitment Questionnaire. The highest response was never 43, 2% but the lowest response was always 21, 2%

**Table (3) and Figure (4):** illustrate total score and level of affective organizational commitment among the studied staff nurses working at the Main Mansoura University Hospital. The highest level was low 64.8% but the low level was high

**Figure (5):** illustrate Correlation between total relation quality scores and affective organizational commitment scores among the studied nurses working at the Main Mansoura University Hospital. There were positively correlation and statistically significant between total relation quality scores and affective organizational commitment ( $r=0.297$ )  $p= (0.0001)$

**Table (4)** illustrates level of total relation quality among nurses working at the Main Mansoura University Hospital in relation to socio-demographic data. The table shows that there is a significant relation between workplace department and level of total relation quality ( $p=, 030$ ) and there was significant relation between experience years and level of total relation quality ( $p=0.032$ ).

**Table (5):** illustrate Level of affective organizational commitment among the nurses working at the Main Mansoura University Hospital in relation to socio-demographic data .There wasn't significant relation between Level of total affective organizational commitment and socio-demographic data.

**Table (1): Demographic Data of the Studied Nurses Working at Main Mansoura University Hospital (n=250).**

Demographic data	The studied staff nurses(n=250)	
	N	%
<b>•Age years:</b>		
20-<30	150	60.0
30-<40	84	33.6
40-<50	16	6.4
<b>•Gender:</b>		
Female	192	76.8
Male	58	23.2
<b>•Workplace department:</b>		
Anesthetic ICU	2	0.8
Burn	9	3.6
Chest	11	4.4
Dermatology	2	0.8
Hemodialysis	9	3.6
Ear and nose	13	5.2
Tropical	2	0.8
Gynecology	30	12.0
Medical care	5	2.0
Neonatal unit	17	6.8
Neurology	33	13.2
Nuclear Medicine	1	0.4
Orthopedic	33	13.2
Psychology	7	2.8
Surgery	76	30.4
<b>•Education qualification:</b>		
Diploma of nursing	82	32.8
High Institute of Nursing	168	67.2
<b>•Marital status:</b>		
Divorced	10	4.0
Married	182	72.8
Single	55	22.0
Widow	3	1.2
<b>•Experience years:</b>		
00.25-<5	83	33.2
5-<10	62	24.8
10-<20	75	30.0
20-30	30	12.0
Range	0.25-30	
Mean±SD	9.56±7.52	
Median	7.00	

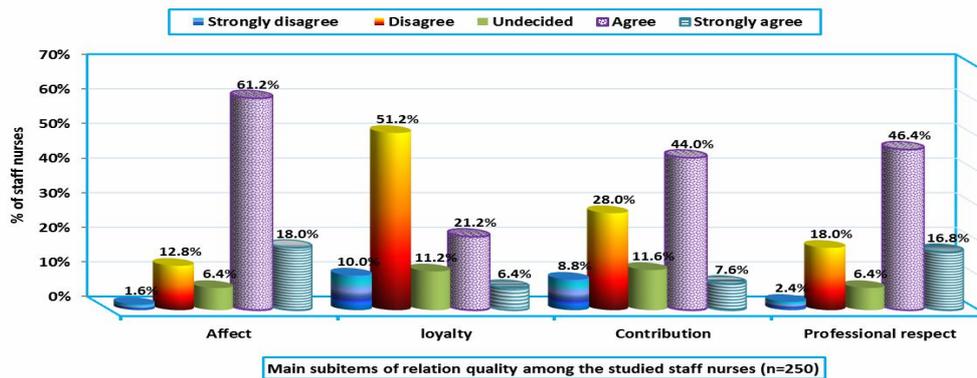


Figure (1): Response of the Studied Nurses about Main Items of Relation Quality (n=250).

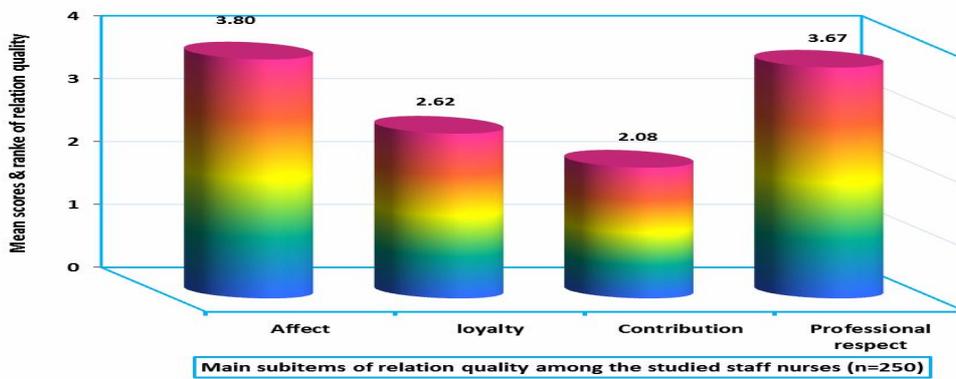


Figure (2): Mean Scores and Rank of Relation Quality Main Sub-Items among the Studied Nurses (n=250).

Table (2): Total Scores and Level of Relation Quality among the Studied Nurses Working (n=250).

Total relation quality (LMX questionnaire)	The studied staff nurses (n=250)	
	N	%
<b>•Total relation quality level:</b>		
Low (<50%) (11-32)	50	20.0
Moderate (50-75%) (33-44)	183	73.2
High (>75%) (45-55)	17	6.8
<b>•Total relation quality scores: (11-55)</b>		
Range	17-55	
Mean±SD	36.52±5.99	

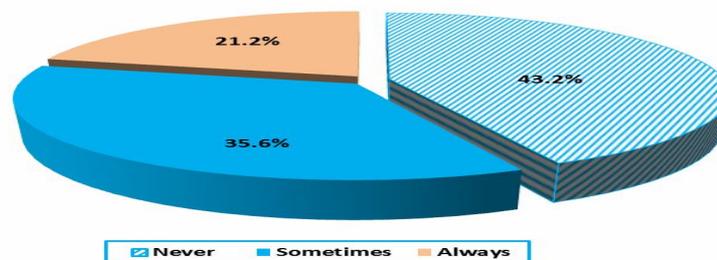


Figure (3): Response of the studied nurses working about affective organizational commitment Questionnaire (n=250).

Table (3): Total score and level of affective organizational commitment among the studied nurses working at Main Mansoura University Hospital (n=250).

Total affective organizational commitment	The studied staff nurses (n=250)	
	n	%
•Total affective organizational commitment level:		
Low (<50%) (6-11)	162	64.8
Moderate (50-75%) (12-15)	64	25.6
High (>75%) (16-18)	24	9.6
•Total affective organizational commitment scores: (6-18)		
Range	6-18	
Mean±SD	10.68±3.17	

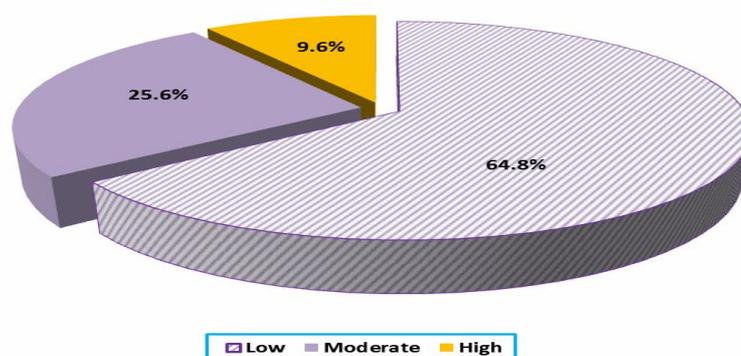


Figure (4): Level of affective organizational commitment among the studied nurses (n=250).

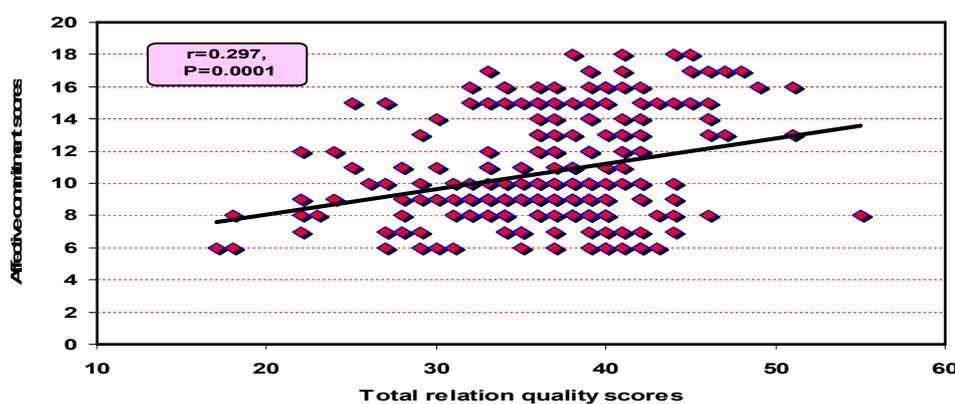


Figure (5): Correlation between total relation quality scores and affective organizational commitment scores among the studied nurses (n=250).

**Table (5): Level of Total Relation Quality among the Studied Nurses in Relation to Demographic Data I (n=250)**

Socio-demographic data	Level of total relation quality among the studied staff nurses (n=250)								$\chi^2$ P
	Low		Moderate		High		Total		
	n	%	n	%	n	%	N	%	
<b>•Age years:</b>									
20-<30	33	22.0	105	0.0	12	8.0	150	60.0	2.165
30-<40	14	16.7	66	78.6	4	4.8	84	33.6	0.705
40-<50	3	18.8	12	75.0	1	6.3	16	6.4	
<b>•Gender:</b>									
Female	43	22.4	136	70.8	13	6.8	192	76.8	3.009
Male	7	12.1	47	81.0	4	6.9	58	23.2	0.222
<b>•Workplace department:</b>									
Anesthetic ICU	0	0	2	100	0	0	2	0.8	43.641
Burn	1	11.1	8	88.9	0	0	9	3.6	0.030*
Chest	1	9.1	8	72.7	2	18.2	11	4.4	
Dermatology	0	0	2	100	0	0	2	0.8	
Hemodialysis	0	0	7	77.8	2	22.2	9	3.6	
Ear and nose	4	30.8	6	46.2	3	23.1	13	5.2	
Tropical	2	100	0	0	0	0	2	0.8	
Gynecology	5	16.7	25	83.3	0	0	30	12.0	
Medical care	1	20.0	4	80.0	0	0	5	2.0	
Neonatal unit	8	47.1	9	52.9	0	0	17	6.8	
Neurology	6	18.2	23	69.7	4	12.1	33	13.2	
Nuclear Medicine	0	0	1	100	0	0	1	0.4	
Orthopedic	10	30.3	22	66.7	1	3.0	33	13.2	
Psychology	1	14.3	6	85.7	0	0	7	2.8	
Surgery	11	14.5	60	78.9	5	6.6	76	30.4	
<b>•Education qualification:</b>									
Diplom of nursing	18	22.0	59	72.0	5	6.1	82	32.8	0.347
High Institute of Nursing	32	19.0	124	73.8	12	7.1	168	67.2	0.841
<b>•Marital status:</b>									
Divorced	2	20.0	8	80.0	0	0	10	4.0	3.777
Married	33	18.1	134	73.6	15	8.2	182	72.8	0.707
Single	14	25.5	39	21.3	2	3.6	55	22.0	
Widow	1	33.3	2	66.7	0	0	3	1.2	
<b>•Experience years:</b>									
0.25-<5	22	26.5	58	69.9	3	3.6	83	33.2	13.796
5-<10	10	16.1	43	69.4	9	14.5	62	24.8	0.032*
10-<20	16	21.3	55	30.1	4	5.3	75	30.0	
20-30	2	6.7	27	90.0	1	3.3	30	12.0	

\*Statistically significant (P<0.05)

**Table (6): Level of total affective organizational commitment among the studied nurses in relation to demographic data (n=250).**

Socio-demographic data	Level of total affective organizational commitment among the studied staff nurses (n=250)								$\chi^2$ P
	Low		Moderate		High		Total		
	n	%	n	%	n	%	n	%	
<b>•Age years:</b>									
20-<30	100	66.7	33	22.0	17	11.3	150	60.0	4.898
30-<40	50	59.5	28	33.3	6	7.1	84	33.6	0.298
40-<50	12	75.0	3	18.8	1	6.3	16	6.4	
<b>•Gender:</b>									
Female	122	63.5	55	28.6	15	7.8	192	76.8	5.956
Male	40	69.0	9	15.5	9	15.5	58	23.2	0.051
<b>•Workplace department:</b>									
Anesthetic ICU	1	50.0	1	50.0	0	0	2	0.8	30.805
Burn	7	77.8	2	22.2	0	0	9	3.6	0.326
Chest	3	27.3	6	54.5	2	18.2	11	4.4	
Dermatology	1	50.0	1	50.0	0	0	2	0.8	
Hemodialysis	5	55.6	2	22.2	2	22.2	9	3.6	
Ear and nose	11	84.6	2	22.2	0	0	13	5.2	
Tropical	2	100	0	0	0	0	2	0.8	
Gynecology	19	63.3	10	33.3	1	3.3	30	12.0	
Medical care	4	80.0	1	20.0	0	0	5	2.0	
Neonatal unit	14	82.4	3	17.6	0	0	17	6.8	
Neurology	20	60.6	9	27.3	4	12.1	33	13.2	
Nuclear Medicine	0	0	1	100	0	0	1	0.4	
Orthopedic	18	54.5	10	30.3	5	15.2	33	13.2	
Psychology	7	100	0	0	0	0	7	2.8	
Surgery	50	65.8	16	21.1	10	13.2	76	30.4	
<b>•Education qualification:</b>									
Diplom of nursing	52	63.4	25	30.5	5	6.1	82	32.8	2.734
High Institute of Nursing	110	65.5	39	23.2	19	11.3	168	67.2	0.255
<b>•Marital status:</b>									
Divorced	7	70.0	3	30.0	0	0	10	4.0	6.114
Married	112	61.5	52	28.6	18	9.9	182	72.8	0.411
Single	40	72.7	9	16.4	6	10.9	55	22.0	
Widow	3	100	0	0	0	0	3	1.2	
<b>•Experience years:</b>									
0.25-<5	59	71.1	16	19.3	8	9.6	83	33.2	6.104
5-<10	37	59.7	17	27.4	8	12.9	62	24.8	0.412
10-<20	44	58.7	24	32.0	7	9.3	75	30.0	
20-30	22	73.3	7	23.3	1	3.3	30	12.0	

\*Statistically significant (P<0.05)

### 5. Discussion

Leader can have dissimilar kinds of associations with the followers of clusters or with

dissimilar effort groups. The followers who sustain high quality relationships with their leaders

commonly have superior handling in which may contain power of judgment building, moderately advanced chances to develop and totally time aid and maintenance. The high quality of LMX creates the accomplishment of appropriate labor consequences actual relaxed, and it increases act scores, higher level of work agreement, and workplace affective commitment. Workplace affective commitment means a progressive comeback to engaged situations and has a tough trust on organization aims and desire to achieve actual relation with organization. (Saeed, Waseem, Sikander, & Rizwan, 2014).

The findings of this study illustrates that the affect dimension of relationship quality is the highest score and the highest rank followed by professional respect followed by loyalty, and contribution is the lowest score and rank. This means that the leaders who are supposed are capable and ready to attach with subordinates on a sensitive level, form sturdy and optimistic relationships with these subordinates and leaders, and create a warmer and pleasanter atmosphere in the workplace.

This result is consistent with the result of (Arrasyid, Amaliyah, & Pandin, 2019). It is conducted at the organization in Indonesia. They study Leader-Member Exchange (LMX) theory as a relationship and process. They find that the dimensions of affect in LMX necessity have a more effect on timetable flexibility and independence in subordinate responsibilities paralleled to the dimensions of contribution and loyalty.

Considering the finding of Barbuto and Hayden (2011) at Midwestern United States, the study is conducted at the University of Nebraska-Lincoln where they test relationships between Servant Leadership Dimensions and Leader Member Exchange (LMX). They find that all five dimensions of servant leadership have important relationships to LMX. The strongest analyst of LMX is the sensitive healing element of servant leadership (affect).

This result disagrees with Lee (2005). His study is conducted at institutes in Singapore. He studies special effects of leadership and leader-member exchange on commitment. His results display greater means on the LMX dimensions of professional respect and contribution than on dimensions of affect and loyalty.

The result of this study shows that the total score and level of relationship quality among staff nurse has a moderate level. This may be since there are permanent disputes because of the division of work

and schedules, and that some of them feel that the leader is unfair at times.

Similarly, Hodgesb and Baker (2017) study communicating leader member relationship quality. They found relationship quality was moderate. They divide focus group into two participants at Midwestern University. High-quality leader member relationship can be a facilitator for upgrade and improved getting potential. Yet, extra than a 50% rise in the sum of time managers, and assistants occupy cooperating with each other.

Also, Alder (2019) studies Attachment and Relationship Quality. There is relationship quality among all three groups. According to the authors predicts, those in the earned-security and continuous-secure groups have significantly higher levels of relationship quality.

The outcome of current study display that There is no a significant relation between relationship quality and socio-demographic characteristic except in workplace and experience years. This result agrees with result of Townley (2016), who studies exploring the relationship between relationship quality and organizational commitment. The study is conducted at a border hospital in Texas. And Townley finds that workplace bullying is a significant predictor of nurse turnover intentions. The results suggest that effective interventions are crucial to prevent bullying. It is the leader's responsibility to change the culture and develop a nurturing environment for new nurses entering the profession (Simons, 2008).

Also this result agrees with Ng et al. (2005). His results also identify the importance of developing different paradigms for predicting different variables of career success such as gender differences, marital status, and race.

The finding of this study illustrated that workplace affective commitment was low. Because they feel that the organization is not interested in their emotional aspect, and that the most important thing is to provide the service only.

This result is agree with Gao-Urhahn, Biemann&Jaros (2016). They studied the progress of workplace affective commitment over 6 years in a collection of nurses that had passed their initial year of employment. Consequences after this stream of research show that affective commitment declines in the first employment stage because of an actuality shock, and rises subsequently thanks to a sense of belonging

But this result is inconsist with Morin, Morizot, Boudrias, Madore (2011) who study workplace affective commitment (WAC). The level

of center exact WAC in the five latent summaries of this final model is showed that workers offering moderate levels of WAC focused to the common of centers and a moderately elevated level of WAC focused to the supervisor.

The finding of this study shows that there was not relationship between socio-demographic data and workplace affective organizational commitment except workplace department. Because the place and the nature of the job are what reflects the psychological state of the nurses.

In the same line Steele, Rodgers and Fogarty (2020) who study The Relationships of Experiencing Workplace Bullying with Mental Health, Affective Commitment, and Job Satisfaction. Relapse consequences displayed that workplace bullying had a tougher connotation with affective commitment

The finding of this study shows that there are positively correlation and statistically significance correlation between total relation quality scores and affective organizational commitment. The individuals want to stay with the organization. They feel that organization problems are of great important to them. They feel very happy to stay in this organization forever. Organization has a unlimited deal of individual sense to them, and there is a sturdy sense of belonging to their organization as its members.

This result is consistent with Srouji (2019) who examines the relationship quality between leader and follower. This result indicates that the high quality of LMX contributes to the high ratings of affective commitment with 99% certainty.

Furthermore, Gaudet and Tremblay (2017) studies the relationship between leader-member exchange (LMX) and affective commitment. The study is conducted at an organization the United States. Data is collected from a Canadian retailer specialized in the sale of creative and decorative items. All three indicators of LMX have positive significant relationships with affective organizational commitment. LMX affect ( $r = .36, p < .01$ ), LMX loyalty ( $r = .35, p < .01$ ), and LMX professional respect ( $r = .38, p < .01$ ).

But this result disagrees with the result of Meyer and Parfyonova (2010), who believe that workers with sturdy normative commitment stay in the organization because they should do not workplace affective commitment.

The main and secondary relationships performance a major role in a workplace. One can degree the quality of reciprocal exchange between them through leader member exchange

relationship. Quality relationship between a leader and a subordinate will substitute a optimistic connection of an nurse with his or her nurse which in turn will increase workplace affective commitment as leader performance a role of an agent of their organization. When persons and organization have collective aims and sturdy social relationships between leaders and nurse, it will develop their workplace affective commitment. (Rashid, Dastgeer, & Kayani, 2018).

## 6. Conclusion

There were positively correlation and statistically significant between total relation quality scores and workplace affective organizational commitment for nurses at Main Mansoura University Hospital.

## 7. Recommendation

- Designing new nurse's orientation program is an ideal for introducing hospital policies and strategies.
- Hospital managers sustain more flexible remuneration and reward systems to promote nursing staff satisfaction and thus acceptable behavioral.
- Applying a program for relationship quality among nurses to increase workplace affective commitment.
- Hospital managers provide open channels of communication between top management and nursing staff and providing them with feedback on progress.
- The leader should work to solve problems in an intelligent and neutral way.
- The leader must raise the spirit of friendship between him and the nurse and make them feel that he is part of them.
- We need to pay attention to the feelings and emotional aspects of nurses

## 8. Conflict of Interests

The authors state that there is no conflict of interests regarding this study.

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