Let's Be Fair Here: The Influence of Leadership on Interpersonal Justice Climate in a Healthcare Context

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LET’S BE FAIR HERE: THE INFLUENCE OF LEADERSHIP ON INTERPERSONAL JUSTICE CLIMATE IN A HEALTHCARE CONTEXT

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ABSTRACT

Although performance is a major interest in most organizations, it has more salient implications in the healthcare industry, in which changes in performance can have a significant effect on patient care. As such, it is important to determine what factors may result in performance increments or decrements. This study focused on how interpersonal justice climate may have an effect and how leaders influence its level. Specifically, it assessed how leaders impact the interpersonal justice climate of their unit by accounting for their political skill and the similarities in leader-member exchange relationships within clinical healthcare units. Additionally, the effect of interpersonal justice climate on affective commitment and performance within these units was analyzed. By using longitudinal data from different referents (i.e., employees as a whole vs. leaders identified by the organization), this study accounted for the strength of these relationships, specific to clinical healthcare units.

The results of this study largely supported the hypothesized relationships. Specifically, there was a significant effect of the leader’s political skill on the similarity in leader-member exchange relationships within units. However, it did not have a significant effect on the level of the unit’s interpersonal justice climate. Additionally, the similarity in leader-member exchange relationships was significantly related to interpersonal justice climate, indicating the effect of the leader’s political skill on interpersonal justice climate was fully mediated by the similarity in leader-member exchange relationships within the unit. Finally, interpersonal justice climate was significantly related to the unit’s affective commitment, which in turn had a positive
impact on the unit’s performance, as rated by their leader. As such, four of the five hypothesized relationships had support in this data.

Overall, this study accounted for both a leader trait (i.e., political skill) and behaviors (i.e., quality of leader-member exchange relationships) in relation to interpersonal justice climate in their units. It also found that one way interpersonal justice climate influences performance is through improvements in the unit’s affective commitment. Limitations of this study are discussed and multiple directions for future research and practical implications for organizations are provided.
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"We keep moving forward, opening up new doors and doing new things, because we're curious... and curiosity keeps leading us down new paths."

- Walt Disney
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CHAPTER 1
INTRODUCTION

Organizations have a vested interest in understand the various factors that influence employee performance. However, any changes to performance (either improvements or decrements) in healthcare can have a significant and direct effect on the quality of patient care. As it is common for clinical healthcare employees to work almost exclusively with others in work units, it is important to consider what unit-level factors have an influence. Given how much members rely on one another in these situations, it is important to determine what factors influence the effectiveness of their teamwork and performance. One possible mechanism that may impact healthcare units is the shared perceptions for how they interact. Specifically, this study focused on the level of interpersonal justice climate in clinical healthcare units and assessed how leaders influence it by considering the leader’s political skill and the similarity of leader-member exchange relationships in the unit. Additionally, this study evaluated the extent that interpersonal justice climate influences unit-level affective commitment and performance.

It is important to study these relationships within units particularly as employees increasingly work within teams or units (Cropanzano & Schminke, 2001) and it is important to consider how those dynamics influence key relationships. Additionally, this study distinguishes between interpersonal justice and interpersonal justice climate. Specifically, the former refers to an individual’s perception of respectful, dignified, and sincere treatment by others (Greenberg, 1993) and the latter to the shared perceptions of
fair treatment among colleagues (e.g., Colquitt, Noe, & Jackson, 2005; Liao & Rupp, 2005; Stoverink, Umphress, Gardner, & Miner, 2014; Zhang & Jia, 2013). Climates are described in terms of its level and strength, which refers to the extent that individuals believe they are being treated fairly and the variability in those perceptions, respectively (Li & Cropanzano, 2009). The emphasis in this paper was on the level of interpersonal justice climate, i.e., the extent that members in the unit perceived justice and not the consistency of those perceptions.

This research has three key contributions, the first of which is a focus on the interpersonal processes that occur within work units. Although much research has been dedicated to understanding how teams work together (e.g., Marks, Mathieu, & Zaccaro, 2001; Mathieu, Tannenbaum, Donsbach, & Alliger, 2014; Maynard, Mathieu, Gilson, O’Boyle, & Cigularov, 2013), there is substantially less work on how the interactions among members influences important team outcomes (e.g., commitment, performance). This study addressed this by focusing on the effects of the shared perceptions of fair treatment on those outcomes. Previous research has shown some support for unit outcomes but primarily focuses on how justice climate impacts individual-level outcomes (e.g., Lin, Tang, Li, Wu, & Lin, 2007; Mayer, Nishii, Schneider, & Goldstein, 2007) or assesses the effects of other justice climates (e.g., Chen, Lam, Naumann, & Schaubroeck, 2005; Simons & Roberson, 2003), whereas this study adds to the limited literature on interpersonal justice climate by assessing its effect on affective commitment and performance in units.
The second key contribution this study makes is emphasizing how leaders may impact justice climate. This is addressed by assessing both a leader characteristic (i.e., political skill) and the quality of their interactions with followers (i.e., leader-member exchange). As of yet, political skill has received very little attention in units or teams and has not been assessed in relation to any type of justice climate. This study assessed the relationship between the two variables, particularly as political skill focuses on the leader’s ability to effectively interact with others. An additional focus of this study was on the effects of similarity in leader-member exchange relationships in the work unit on the level of interpersonal justice climate. Prior research has consistently identified a strong connection between leader-member exchange relationships and perceptions of justice (Asgari, Silong, Ahmad, & Samah, 2008; Scandura, 1999) but most of it has been at the individual level of analysis. Therefore, this study contributes to the literature by considering how political skill and the similarity in leader-member exchange relationships may impact the level of interpersonal justice climate in work units.

The third main contribution this study makes is testing the impact of these variables in a high impact population (i.e., healthcare) by investigating their effects in clinical units. As mentioned previously, performance is particularly important in healthcare settings as it can have substantial implications on outcomes such as patient safety. Additionally, these relationships may be more impactful in clinical healthcare units compared to more administrative or non-clinical work units as developing these relationships quickly and early means clinicians would dedicate less time worrying about their interactions with their unit and leader and more time focusing on patient care. As
such, the sample in this study was comprised of clinical work units in a large healthcare organization to determine what effects these relationships have within that setting.

In the following sections is a discussion of the background and importance of interpersonal justice climate, mechanisms by which leaders may influence interpersonal justice climate (i.e., by the leader’s political skill, the similarity in relationships with followers), and outcomes that may be influenced by interpersonal justice climate (i.e., affective commitment, performance). This study emphasized how these relationships may manifest in clinical healthcare units by collecting survey data from such a sample at three time points over a year and analyzing them with structural equation path analysis.

**Interpersonal Justice Climate**

As performance in clinical healthcare units is tied to the quality of patient care, it is important to identify the different variables that may influence it. Although there are many possible factors (e.g., workload, staffing, length of shifts), this study considers the impact that fair treatment may have on performance, also referred to as organizational justice (Greenberg, 1987). Research has shown that justice impacts outcomes such as employee motivation (Zapata-Phelan, Colquitt, Scott, & Livingston, 2009), affect (Colquitt et al., 2013), and performance (Masterson, Lewis, Goldman, & Taylor, 2000), among many others.

One theory that explains how justice perceptions influence employees and organizations is social exchange theory. This theory focuses on how sets of interdependent interactions generate feelings of obligation to reciprocate with similar behaviors, which would follow certain rules or norms as developed within those
interactions (for a full review, see Cropanzano & Mitchell, 2005). However, these rules of exchange vary based on the norms that emerge between the individuals involved in the interactions (Emerson, 1976). For instance, an individual may offer to help complete a task to a coworker out of altruism (e.g., assist without the expectation of reward or reciprocity), competition (e.g., assist to prove they are more capable than their coworker), or with the expectation of reciprocity (e.g., assist so that they can be provided assistance in the future; Gouldner, 1960; Meeker, 1971).

These interactions can be described in terms of the quality of the relationships among the involved individuals (Cropanzano & Mitchell, 2005) that vary in terms of mutual trust, support, and perceptions of obligation (Blau, 1964; Mills & Clark, 1982). Specifically, a high quality relationship refers to both parties trusting and supporting one another and a low quality relationship has little to no trust and the individuals do not offer each other support. Given this, when an individual treats another person fairly, that person may feel obligated to reciprocate, perpetuating a social exchange relationship based on fairness.

Although there is some debate regarding the number of dimensions within organizational justice, Colquitt (2001) outlines four distinct factors: distributive, procedural, informational, and interpersonal justice. Distributive justice, the oldest of the four types (Colquitt, Greenberg, & Zapata-Phelan, 2005), refers to the perceptions of whether the allocation of resources was fair (Homans, 1961), typically referencing whether they were distributed equally across all parties (equality) or distributed based on need (equity). This was then followed by procedural justice, which describes the fairness
associated with how decisions are made and is influenced by people having a voice and influence in the decision making process (Thibaut & Walker, 1975). Shortly thereafter, interactional justice was identified as a separate type of justice (Bies & Moag, 1986), which encompassed informational (i.e., being provided honest and accurate information and explanations) and interpersonal justice (i.e., being treated with sincerity, dignity, and respect; Greenberg, 1993).

However, interpersonal justice has shown stronger effects than distributive or procedural on some workplace outcomes (Colquitt, Greenberg, & Zapata-Phelan, 2005), such as sabotage (Ambrose, Seabright, & Schminke, 2002), deviance (Aquino, Lewis, & Bradfield, 1999), organizational citizenship behaviors (OCBs; Aquino, 1995; Karriker & Williams, 2007), and performance (Colquitt, LePine, Piccolo, Zapata, & Rich, 2012). More recent research has attempted to determine the differential effects of informational and interpersonal justices on workplace outcomes. Specifically, interpersonal justice was found to have a stronger effect on affective outcomes, such as work-family conflict and stress (Judge & Colquitt, 2004), job satisfaction (Judge & Colquitt, 2004; Kernan & Hanges, 2002), and affective commitment (Kernan & Hanges, 2002).

When assessing interpersonal justice within units across multiple individuals, however, it is important to understand the meaning of unit-level justice and how it would be assessed. Morgeson and Hofmann (1999) detailed that, when assessing individual-level variables at the unit-level, the conceptualizations tend to follow a structural or functional approach. The former refers to constructs that stem from individuals and form as a result of interactions with others whereas the latter refers to understanding a unit-
level construct by its effects or outcomes. With interpersonal justice, the individual-level construct refers to the extent that a person is treated with dignity and respect; at the unit-level, it would describe the extent that individuals behaved that way, indicating a structural approach to conceptualization. This parallels the compositional model outlined by Kozlowski and Klein (2000), which describes phenomena that have similar meanings across levels.

When units have higher levels of interpersonal justice among members, the unit develops shared perceptions of respectful and dignified treatment, thereby creating an interpersonal justice climate within their unit. Climates are described in terms of their levels (i.e., the extent that something is perceived on average) and strengths (i.e., the variability or sharedness of those perceptions; Li & Cropanzano, 2009). For the former, if the members of a unit perceived they were not being treated fairly, they would have a low level of interpersonal justice climate. Conversely, if the unit overall perceived they were treated with interpersonal justice, they would have a high level climate. Additionally, the climate’s strength could be considered, such that the more consensus there was within the unit on the perceptions of interpersonal justice, the stronger its climate. This study focuses specifically on

Justice climate has been tied to various individual-level outcomes such as job satisfaction (Mayer, Nishii, Schneider, & Goldstein, 2007; Mossholder, Bennett, & Martin, 1998), helping behavior (Lin, Tang, Li, Wu, & Lin, 2007; Naumann & Bennett, 2000), and group performance (Naumann & Bennett, 2002) and group-level outcomes, including lower employee turnover (Simons & Roberson, 2003), improved group
citizenship behaviors (Chen, Lam, Naumann, & Schaubroeck, 2005), and increased satisfaction and commitment to their supervisor (Liao & Rupp, 2005). As the literature has focused more on outcomes of justice climates and has not emphasized interpersonal justice climate, this study fills a gap in the literature by assessing what factors that may influence interpersonal justice climate and the effects interpersonal justice climate have on organizational outcomes, specifically in clinical healthcare units.

One example of the effects that interpersonal justice can have in a healthcare organization is its ability to mitigate the negative effects of stress on nurses (Greenberg, 2006). As nursing, and healthcare in general, are high stress occupations (Alfredsson, Karasek, & Theorell, 1982; Blomberg et al., 2016; Fogaca, Carvalho, Citero, & Nogueria-Martins, 2008), which can have significant negative effects on performance (Aikean et al., 2001; Kath, Stichler, & Ehrhart, 2012). As such, having the shared perception of being treated in interpersonally just ways may have a significant effect on performance in these units and, thereby, on patient outcomes (e.g., safety, satisfaction). Particularly as leaders can have significant effects on the climate (Ehrhart, 2004; Liao & Rupp, 2005; Naumann & Bennett, 2000) and performance healthcare settings (Ortega, Van den Bossche, Sanchez-Manzanares, Rico, & Gil, 2014) of their units, this study focused on the impact the leader may have on interpersonal justice climate. Specifically, it assesses the extent that a leader’s political skill level and the similarity in relationship quality have on the unit’s climate and how that may affect their affective commitment and performance.
Leader Influence

The influence of leaders in organizations has been a popular topic for the past century, with researchers and practitioners alike attempting to understand how different traits and characteristics have positive or negative effects on their followers (see Barling, Christie, & Hoption, 2011 for a detailed review). The following sections will discuss how the leader’s level of political skill and the quality of their interactions within their unit may influence important outcomes, particularly in healthcare settings.

Political Skill

One area of focus in the leadership literature is on identifying what traits people must have in order to become an effective leader. Although many theories focused on physical traits (e.g., height, physical appearance, gender), a few focused on psychological traits (e.g., intelligence, self-confidence, authoritarianism) that were seen as necessary for good leaders to possess. However, many of the original factors identified as important had very little consistent empirical support (Barling, Christie, & Hoption, 2011). Despite this discouraging start, many researchers have attempted to identify key traits that may assist with individuals becoming effective leaders, often focusing more on the relationship-oriented aspect of leadership (e.g., transformation, authentic leadership styles), rather than task-oriented components of leadership (e.g., transactional leadership style).

One trait that has found support more recently has been that of the leader’s political skill, which refers to “the ability to effectively understand others at work, and to use such knowledge to influence others to act in ways that enhance one’s personal and/or
organizational objectives” (Ahearn, Ferris, Hochwarter, Douglas, & Ammeter, 2004; p. 311). Political skill is comprised of four sub-dimensions: social astuteness, interpersonal influence, networking ability, and apparent sincerity (Ferris et al., 2007). The first, social astuteness, refers to the ability to accurately interpret the behaviors of themselves and others and understand social interactions well. Interpersonal influence refers to the adaptation and calibration of their own behavior based upon the situation to elicit specific responses from others. The third dimension of political skill is networking ability, which refers to being adept at developing diverse contacts and networks. The fourth and final dimension is apparent sincerity, referring to having the appearance of being authentic, sincere, and genuine to others.

When leaders are higher in political skill, they are better able to shape the impressions of themselves that others hold (Ferris et al., 2007). This makes it so that they seem more capable of understanding their followers and behave in ways that benefit others. In turn, their employees and teams are more likely to perceive leaders as fair and just when they are able to craft such an image via their political skill (e.g., Gavin, Green, & Fairhurst, 1995). They are also able to assess the situation and react with situationally appropriate methods of influence (Ferris et al., 2007), making them more able to manage situations and interactions in such a way that their subordinates and teams will perceive them as fair and just, creating a shared perception of interpersonal justice. In addition, Ahearn and colleagues (2004) found that a leader’s political skill explained a significant amount of variance in their team’s performance in state welfare teams, after controlling for contextually important factors.
Despite these connections, there has been no research to date on the relationship between political skill and justice climate and the assessment of a leader’s political skill on team level outcomes is uncommon. Teams and units that have leaders who are high in political skill are more likely to have their leader behave in interpersonally just ways as they would be more likely to appear sincere and have higher interpersonal influence, thereby creating shared perceptions of justice. Additionally, a leader who is high in political skill is going to pay more attention to the needs of their subordinates as they are more socially astute and make sure that they are responding to their subordinates in ways that will be perceived as being fair. Similarly, politically skilled leaders are able to manage situations while appearing genuine, honest, and full of integrity (Ferris, Davidson, & Perrewe, 2005; Ferris et al., 2007), improving trust and increasing the likelihood that others have similar perceptions of fairness and develop a unit climate that encourages interpersonal justice.

*Hypothesis 1:* The leader’s political skill is positively related to the level of interpersonal justice climate in the unit.

**Similarity in Leader-Member Exchange Relationships**

Leader-member exchange (LMX) focuses on the quality of exchange relationships between two individuals, referring to that between a supervisor and their subordinates (e.g., Settoon, Bennett, & Liden, 1996; Wayne, Shore, & Liden, 1997). Specifically, leader-member exchange refers to the exchange of social resources between people and focuses on the level of mutual respect, trust, and obligation (Graen & Uhl-Bien, 1995). These exchange relationships tend to be discussed in terms of low vs. high
quality exchanges, with the former referring to poor or non-existent relationships (e.g., leaders who are not present) and the latter to involving interactions such as the leader mentoring followers or followers engaging in organizational citizenship behaviors (Liden & Graen, 1980). These additional interactions may include supervisors mentoring their subordinates (Scandura & Schriesheim, 1994) and empowering them (Chen, Kirkman, Kanfer, Allen, & Rosen, 2007). The provision of these extra resources from the supervisor encourages subordinates to reciprocate with additional supportive interactions, including extra-role behavior (e.g., OCBs; Settoon, Bennett, & Liden, 1996) and better task performance (Wayne, Shore, & Liden, 1997).

Although the focus of LMX is on dyadic relationships, many organizations rely on teams to complete more complex tasks and projects. As such, it is important to consider how LMX manifests in the team context. Although a number of studies have assessed LMX at the team-level (e.g., Graen, Hui, & Taylor, 2006; Hooper & Martin, 2008; Le Blanc & Gonzalez-Roma, 2012), there is no agreed upon method for the best way to do so, with the rationale behind the methodologies typically dependent upon their research questions. However, some research has attempted to look at the extent that LMX relationships among the different members within work units vary (e.g., Hooper & Martin, 2008; Le Blanc & Gonzalez-Roma, 2012; Stewart & Johnson, 2009). The extent that LMX relationships vary within a work unit would indicate that there is a mix of higher and lower quality relationships between the leader and the different members of the unit.
As LMX specifically refers to followers’ relationship with their leader, accounting for leader characteristics and skills is important to understand how these relationships develop. For instance, a leader who has very little finesse for social situations, as one would have if they were less politically skilled, would be less likely to have a high quality relationships with members of their unit, as they have more difficulty understanding and influencing others. Some studies have looked at linkages between political skill and LMX, finding small to moderate effect sizes (e.g., \( r = .24, .33, .23 \); Brouer, Duke, Treadway, & Ferris, 2009; Kimura, 2013; Wei, Liu, Chen, & Wu, 2010; respectively). However, this relationship has yet to be assessed at the unit-level, particularly in clinical healthcare settings.

For instance, a leader who is more politically skilled is more likely to have a better quality relationship with all of his or her subordinates, which would result in more consistent relationships between members within a work unit and their leader. This would be particularly important in healthcare settings as the increased trust, respect, and obligation between units and their leaders are likely to positively influence other unit-level outcomes, such as patient safety (Mark, Hughes, & Jones, 2004). As such, more politically skilled leaders in healthcare are more likely to have similarity across LMX relationships within their units.

_Hypothesis 2:_ The higher the leader’s political skill, the more similarity there will be in terms of the quality of leader-member exchange relationships within the work unit.

Additionally, the similarity in LMX relationships within a work unit is likely to impact perceptions of fairness, particularly related to interpersonal treatment. As
interpersonal justice climate revolves around the quality of interactions among individuals, it suggests that the amount of similarity in LMX relationships in a unit is likely to positively influence the amount of justice perceived within that unit (Asgari, Silong, Ahmad, & Samah, 2008; Scandura, 1999). For instance, a team in which the employees are all treated similarly, even if they are treated poorly (i.e., low quality exchange relationships), may perceive more fairness overall than a team with less similarity in which some members are treated well (i.e., high quality exchange relationships) and others poorly (i.e., low quality exchange relationships). Previous research has primarily considered justice climate as a contextual moderator when assessing the effects of leader-member exchange, concluding it to strengthen the effects of leader-member exchange (e.g., Erdogan & Bauer, 2010; Li, Liang, & Crant, 2010). As such, this study aims to identify whether the similarities in leader-member exchange relationships within a work unit has a significant, positive effect on the level of the interpersonal justice climate.

**Hypothesis 3**: The more similarity in the quality of leader-member exchange relationships within the unit, the higher the level of interpersonal justice climate will be.

**Outcomes of Interpersonal Justice Climate**

Although interpersonal justice climate has been tied to a variety of outcomes as discussed previously, those related to unit’s performance are of particular importance in healthcare as their performance is tied to patient outcomes. As such, this study assesses the effect of interpersonal justice climate on the mediator of affective commitment in the unit and how that affects the unit’s performance.
Affective Commitment

A more proximal outcome of the interpersonal justice climate within clinical healthcare units may be the unit’s affective commitment, or the emotional attachment, identification, and involvement of employees with their organization (Allen & Meyer, 1990). As this construct is isomorphic at the individual and unit levels (Morgeson & Hofmann, 1999), affective commitment in the unit refers to the commitment employees within the unit tend to have towards the organization. Research has previously identified the relationship between interpersonal justice and affective commitment at the individual-level (Colquitt, Conlon, Wesson, Porter, & Ng, 2001), with two meta-analyses verifying a strong, positive relationship between the two variables ($p = .42$ and $.50$; Cohen-Charash & Spector, 2001; Meyer, Stanley, Herscovitch, & Topolnytsky, 2002, respectively). Similarly, justice climate overall has shown a significant effect on individual level commitment (e.g., Ansari, Kee Mui Hung, & Aafaqi, 2007; Ohana, 2014; Shin, Du, & Choi, 2015), although one study found a non-significant effect of interpersonal justice climate on organizational commitment (Liao & Rupp, 2005). Given the limited amount of research on the topic and the lack of assessing the effects of justice climate on affective commitment of beyond the individual level, this study aims to clarify the effects of interpersonal justice climate on the unit’s affective commitment.

In context of social exchange theory, the more members have similar perceptions of fair treatment among the members, the more likely they are to feel valued and are likely to reciprocate and value their organization more. While this has been supported at the individual level with higher climates improving individual commitment to the
organization, the literature has not considered this outcome within units. Work units, particularly in highly interdependent settings as in healthcare, rely on communication and information sharing among members to complete tasks. This can result in which unit members are likely to become more homogenous over time due to the principles of attraction-selection-attrition (Schneider, 1987). Simply, this model suggests that people are going to be more interested to organizations or groups that are like-minded (attraction) and they are more likely to be selected into the organization or group (selection). Conversely, people are more likely to leave if there is poor fit between the person and the organization or group (attrition), all of which contribute to increased homogeneity within the organization or group.

Applied to healthcare units, particularly those that have higher interpersonal justice climates, the individuals that would be most interested in joining the unit are those who find interpersonal justice to be a valuable characteristic. Given this, they are more likely to be selected into the unit and are less likely to leave as the norms and their personal values align. Conversely, if an individual were in a unit that had a higher interpersonal justice climate and they felt that others did not necessarily deserve respectful and dignified treatment, they would be less likely to remain in that unit and would be inclined to leave due to a lack of compatibility.

Particularly for clinical healthcare units, the importance of having a shared perception of interpersonal justice may help mitigate the effects of job stress such that they would have increased social support from the other members in their unit (Rodwell & Munro, 2013b), which may encourage them to engage in more back-up or helping
behaviors (Colquitt, 2001; Liu, Li, & Tu, 2016). As social exchange theory describes, this is likely to encourage employees to reciprocate and be more invested in the organization, increasing their affective commitment (Rodwell & Munro, 2013a). In units, this would likely manifest similarly such that shared perceptions of fair treatment may have a positive influence on the unit’s commitment to the organization. Therefore, this study aims to assess the relationship between interpersonal justice climate and affective commitment at the work unit level for clinical healthcare units.

**Hypothesis 4**: The level of interpersonal justice climate has a positive relationship on the unit’s affective commitment.

**Performance**

The link between commitment and performance has been assessed in many different studies, such that there have been numerous meta-analyses focused on this relationship, showing small effects ($p = .18, .16, .20, .14$; Jaramillo, Mulki, & Marshall, 2005; Meyer, Stanley, Herschovitch, & Topolnytsky, 2002; Riketta, 2002; Wright & Bonett, 2002, respectively). Additionally, recent research has found the relationship to be similar or stronger in healthcare than was identified in the meta-analyses (e.g., $r = .31, .22$; Al-Ahmadi, 2009; Bret Becton, Matthews, Hartley, & Whitaker, 2009, respectively). This lends some support to the idea that the relationship between affective commitment and job performance may be stronger and, thus, more important in healthcare settings.

However, it is particularly important to consider the commitment-to-performance relationship in units as many organizations use teams to complete increasingly complex tasks and most research emphasizes the relationship between affective commitment and
performance at the individual level. Previous research assessing this relationship in teams showed similar effects as those found at the individual level (e.g., $r = .19, .12$; Bishop, Scott, & Burroughs, 2000; Ellemers, de Gilder, & van den Heuvel, 1998; respectively), which corresponds with the meta-analytic results discussed previously. Social exchange theory explains this relationship such that increased identity with their organization via higher affective commitment may encourage units to make more active contributions in their work, benefiting the work unit’s goals and tasks (Tajfel & Turner, 1986).

This is particularly important in healthcare as clinicians’ performance is tied to various patient care tasks. For instance, if a nurse were to be more committed to his or her organization, they are likely to be more motivated to work harder and more efficiently and may make fewer patient errors. Additionally, improvements in the performance of clinical healthcare units are likely to have a positive effect on patient satisfaction and patient care and reduce the number of patients who return for additional care. As such, the higher the affective commitment is in clinical healthcare units, the more likely they are to have higher unit performance, an outcome of particular importance in these settings.

**Hypothesis 5**: Higher levels of affective commitment will be positively associated with higher unit performance.

[INSERT TABLE 1 HERE]

[INSERT FIGURE 1 HERE]
CHAPTER II

METHODS

This study was designed to test the proposed hypotheses in people who work in healthcare settings using archival data. Surveys were administered to employees at a large hospital system in the Southeastern United States via annual employee engagement and targeted leadership survey within the organization. The annual engagement survey is available to all employees in the organization and was given in March, 2015 and was available to employees for two weeks. The leadership survey is provided to individuals who have been identified as leaders through the organization’s leadership development department; this survey was given to participants in November, 2014 and November, 2015 over two weeks each.

Participants

Survey recipients for the annual engagement survey were all 14,000 employees across over 600 units, with a mean number of employees per unit at 12.9 ($SD = 9.5$) in the healthcare organization, across a multitude of departments and positions. As unit size had a large range (i.e., from 5 to 88 members), units were excluded if they were unusually large (i.e., exceeded three standard deviations from the mean or 41.3 members). The 2014 leadership survey had a response rate of 67%, similar to the rate from the 2015 survey (66%). The employee engagement survey had a response rate of 92%. For the leadership survey, participants were selected by their management and by the organization’s leadership development department to ensure they were in leadership positions, both formal and informal.
For this particular study, only units identified as having a clinical emphasis were included as this was the sample of interest. To identify which units were more clinically focused, as opposed to a more administrative focus, two SMEs rated whether the unit was more clinical in nature based on each leader’s position title and the breakdown of direct reports within that unit (i.e., if the unit was comprised of 50% or more clinical positions, it was marked as clinical). Discrepancies were identified and a third SME made the final determination as to whether the unit was more clinically focused. This resulted in a maximum of 496 units included in the analyses. After excluding unusually large units, there were between 184 and 334 units assessed across the time points for each relationship (see Table 2 for a breakdown of the number of units per relationship).

Measures

**Political Skill.** Political skill was assessed in the 2014 leadership survey via self-report using the 18 item scale developed by Ferris and colleagues (2005) on a scale of 1 (Strongly Disagree) to 7 (Strongly Agree). Example items include “I am good at building relationships with influential people at work” and “I am particularly good at sensing the motivations and hidden agendas of others” (see Appendix A for the full measure), $\alpha = .890$.

**Leader-Member Exchange.** Provided in the 2015 annual employee engagement survey, participants answered Graen, Novak, and Sommerkamp’s (1982) 7-item leader-member exchange measure from the subordinate perspective on a scale of 1 to 5 with variable anchors. Example items include “How well does your leader recognize your potential?” and “I have enough confidence in my leader that I would defend and justify
his or her decision if he or she were not present to do so” (see Appendix B for the full measure), \( \alpha = .937 \). To identify the level of agreement within units in terms of the quality of relationships that subordinates had with their leader, \( r_{WG(J)}^* \) were calculated for each unit. This specific index was used to account for the multiple items used and to account for situations in which maximum disagreement occurs amongst raters (LeBreton & Senter, 2008). The \( r_{WG(J)}^* \) values were then used to test the hypothesized relationships.

**Interpersonal Justice Climate.** Provided in the 2015 annual employee engagement survey, participants answered 5 items on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree). These items were identified by three SMEs as being related to interpersonal justice as defined by Colquitt, Greenberg, and Zapata-Phelan (2005). Each SME individually went through the list of items participants answered on the engagement survey and ranked on a scale of 1 (not at all) to 5 (completely) how well each item fit the definition provided. An initial set of 14 items were identified as possibly related to interpersonal justice climate, which were narrowed to 5 items after an item analysis and exploratory factor analysis in data from 2014 and verified with a confirmatory factor analysis in the current study sample from 2015, \( \chi^2 (149) = 10282.490, p < .001, \text{CFI} = .946, \text{RMSEA} = .077, 90\% \text{CI [.076, .079].} \) Criteria for sufficient model fit include significant chi-square values, CFI’s close to 1, and RMSEAs smaller than .08, with the 90% confidence interval ideally not exceeding that value, indicating there is sufficient model fit. Overall, the five items have an \( \alpha = .913 \). An example item is “My ideas and suggestions are seriously considered”.

21
**Affective Commitment.** Provided in the 2015 annual employee engagement survey, this was assessed through 7 items adapted from the Allen and Meyer (1990) measure on a scale of 1 (**Strongly Disagree**) to 5 (**Strongly Agree**). An example item is “I would stay with this organization if offered a similar job elsewhere”, \( \alpha = .921 \).

**Unit Performance.** This was measured during the 2015 leadership survey using a single item on a scale of 1 (**Strongly Disagree**) to 7 (**Strongly Agree**). The item is “The unit I supervise meets or exceeds expectations” (see also Appendix E). As it is a single item measure, internal consistency reliability was unable to obtained.

**Analyses**

As each of these relationships is at the unit level, each construct needed to be aggregated to the unit level. Both political skill and leader-rated unit performance are collected at the unit level and the \( \textit{r}^{*}\textit{WG(J)} \) values describe the similarity in LMX relationships within the unit, these constructs do not need to be further aggregated. Therefore, only interpersonal justice climate and affective commitment need to be aggregated to the unit level. To determine whether there was sufficient variation at the unit level for these constructs to be aggregated to that level, ICC1, ICC2, and \( \textit{r}^{*}\textit{WG(J)} \) were calculated.

For interpersonal justice climate, ICC1 = .1592 and ICC2 = .7089, both of which show sufficient support for aggregation (i.e., ICC1 > .10 indicating medium support and ICC2 \( \approx .70 \) indicating sufficient support; LeBreton & Senter, 2008; Woehr, Loignon, Schmidt, Loughry, & Ohland, 2015). The mean and median \( \textit{r}^{*}\textit{WG(J)} \) values were .585 and .634, respectively. However, LeBreton and Senter (2008) suggest a more accurate
method of describing $r_{WG(J)}^*$ values is to examine the percent of scores that fall above a particular cutoff. For interpersonal justice climate, 65.51% of $r_{WG(J)}^*$ values indicate moderate to very strong support for aggregation (i.e., > .50; see Table 3 for details; LeBreton & Senter, 2008). As such, there is sufficient support for aggregating to the unit-level.

Similarly, affective commitment had an ICC1 = .1105 and ICC2 = .6151, both showing sufficient support for aggregation (i.e., ICC1 > .10 indicating medium support and ICC2 ≈ .70 indicating sufficient support; LeBreton & Senter, 2008; Woehr, Loignon, Schmidt, Loughry, & Ohland, 2015). The mean and median $r_{WG(J)}^*$ values were .661 and .699, respectively, with 81.77% of $r_{WG(J)}^*$ values indicating moderate to very strong support for aggregation (see Table 3 for details; LeBreton & Senter, 2008), so there is adequate overall support for aggregation.

As there is sufficient support for aggregation, single level structural equation modeling was used to assess the strength of the relationships between variables. However, as there is substantial variation in the number of members in the work units, path analysis was used in the lavaan package in R based on correlations among the variables.
CHAPTER III

RESULTS

The correlations among variables, along with their means and standard deviations, are reported in Table 4. The following indices report the goodness of fit for the whole model, $\chi^2(5) = 349.385, p < .001, \text{CFI} = .940, \text{RMSEA} = .135, 90\% \text{CI} [.123, .147]$. Although some of the indices indicate good fit (i.e., significant chi-square value, CFI close to 1), the RMSEA value and confidence interval exceed the traditional cut-off values for sufficient fit (e.g., < .08, MacCallum, Browne, & Sugawara, 1996). This is likely due to having only five degrees of freedom, as RMSEA tends to be more positively skewed (i.e., larger) with lower sample sizes or degrees of freedom (Kenny, Kaniskan, & McCoach, 2014). Therefore, it is reasonable to conclude that the model has reasonable fit overall.

Results of the path analysis revealed a non-significant relationship between political skill and interpersonal justice climate ($B = .060, p = .277$), which did not support Hypothesis 1. However, the results did show a significant relationship between political skill and the similarity of LMX relationships within units ($B = .226, p = .001$), supporting Hypothesis 2. The relationship between the similarity in LMX relationships and interpersonal justice climate was also significant ($B = .635, p < .001$), providing support for Hypothesis 3. These results also supported the relationship between interpersonal justice climate and affective commitment ($B = .723, p < .001$), which supports Hypothesis 4. Finally, the relationship between affective commitment and unit performance as rated by the leader was also significant ($B = .288, p < .001$), supporting
Hypothesis 5. As such, the data provides support for Hypotheses 2 through 5 and did not support Hypothesis 1. These results are reflected in the modified model (Figure 2).
CHAPTER IV
DISCUSSION

The results of this study suggest that one way leaders influence their units in healthcare organizations is through their ability to manage relationships within their units. Specifically, the data support that those leaders who are more politically skilled tend to have units with more similarity in the quality of LMX relationships. Although, political skill did not have a significant influence on the unit’s interpersonal justice climate directly as hypothesized, the similarity in LMX relationships did influence the interpersonal justice climate. This suggests that the effects of political skill on climate are fully-mediated by the similarity of LMX relationships within the unit, such that more politically skilled leaders positively influence the interpersonal justice climate within their units through having similar quality relationships with the members of his or her unit.

These results suggest that more politically skilled leaders are able to more effectively manage their relationships with their units as they have more interpersonal influence, are more socially astute, appear more sincere, and are better at networking. This suggests that they are more effective at creating positive relationships with others and are likely to create positive impressions on others. This is particularly useful in clinical healthcare units as they may not have as much time to dedicate to developing and maintaining relationships and managing their impression with others. By creating consistent relationships with the members of their unit, politically skilled leaders are more likely for interpersonal justice being a norm within their work unit. Additionally,
because the relationship between interpersonal justice climate and the similarity in leader-member exchange relationships was highly significant \((r = .649, \text{ Table 4})\), political skill was unlikely to explain a significant amount of variance in interpersonal justice climate beyond what the similarities in leader-member exchange relationships explained.

The results of this study also supported the positive influence of interpersonal justice climate on the affective commitment of the unit to the organization, indicating that increased norms of fairness within units tends to improve members’ commitment to the organization. Additionally, there was a significant positive relationship between the unit’s affective commitment and their performance as rated by the leader, providing support for the supposition that increased commitment improves performance within work units. Particularly for clinicians, the more they anticipate fair treatment by their leaders, the more it may help mitigate the stressful effects of their jobs, making them more likely to feel valued by their leader and their organization. Social exchange theory suggests that this would increase the motivation in the unit, improving their overall performance, which this data support. Especially in clinical settings, performance tends to be directly related to patient outcomes and satisfaction, suggesting any improvements may have significant impact on patient care.

These relationships may also be more important than in non-clinical or administrative type positions as the work environment of clinical healthcare providers is often fast-paced and stressful, leaving less time to develop and maintain relationships within the unit. Leaders who are more politically skilled in this type of environment appear to be more able to quickly and effectively create a climate of interpersonal justice
by having consistency in the quality of their relationships with unit members. By treating individuals in the unit similarly and having shared perceptions of fair treatment, clinicians are likely to find it easier to work together and can focus their cognitive resources on treating patients, rather than on concerns about their interactions with others in their units. Additionally, the impact on performance as a result of the interpersonal interactions within units can have a significant effect on the care of their patients.

Overall, the results of this study support the relationships found in the literature previously. Although the data did not support the influence of political skill on interpersonal justice climate, it may be due to the strength of its relationship with the similarity in LMX relationships explaining a substantial proportion of variance in the level of the interpersonal justice climate. Additionally, the relationship between a leader’s political skill and the similarity in leader-member exchange relationships within the unit builds on past research on the individual level relationships (e.g., Brouer, Duke, Treadway, & Ferris, 2009; Kimura, 2013; Wei, Liu, Chen, & Wu, 2010) by examining the relationship within units. Social exchange theory provides theoretical backing to the connection between leader-member exchange relationships and interpersonal justice climate, just as it offers an explanation of the relationships among interpersonal justice climate with the unit’s affective commitment and affective commitment with performance. This provides additional support for the importance of interpersonal interactions within work units, particularly in a clinical healthcare setting.
Limitations

Despite the data being collected in three different time points over a year from multiple sources, there are still distinct limitations to the results of this study. For instance, different sources were used for between surveys, limiting the number of units for which all data was available; all of the variables were self-report; and these relationships would have benefited from including more objective measures (e.g., including patient satisfaction scores or the number of patients that returned after discharge). Similarly, having performance measured via a single item is a limitation, particularly as it is provided from a leader within the unit; it would have been ideal to use multiple items that address various aspects of performance or objective measures as discussed previously. Additionally, although some measures included in these analyses are validated in the literature (i.e., political skill, leader-member exchange, affective commitment), others (i.e., interpersonal justice climate, performance) were not, although the use of SMEs and factor analyses mitigate some of these concerns and provided evidence of the validity of these measures in this study.

Another limitation with this study is in regards to the generalization of the results. Although data were collected over multiple time points in a field sample that matches the population of interest, all of the assessed units worked within the same overall organization. As such, these results may be influenced by factors associated with the organization as a whole, such specific practices, policies, and procedures or organizational and cultural norms, which may have strengthened the presence of these relationships or weakened them, suggesting the results would have been stronger in
different circumstances. Additionally, these data may be impacted by unforeseen events occurring within the organization (e.g., organizational growth, change, or cutbacks in staff or resources). Therefore, some caution is suggested when attempting to generalize the results of these data to clinicians as a whole as there are some limitations that ought to be considered.

Future Research

Given the findings and limitations of this research, there are many avenues for future research. First, it would be beneficial for the literature and for clinical healthcare units if additional research were to identify other factors that may influence the development and maintenance of a strong interpersonal justice climate, such as the various policies and norms that may be influential. Similarly, determining whether other factors identified in the literature as impacting affective commitment at the individual level still apply in clinical healthcare units and identifying the extent to which they influence unit commitment would be useful. Also, this study only assessed the political skill of the unit leader and the extent that they had a similar quality of relationship with their followers; there are many other possible factors related to leaders’ influence on commitment and performance that may be impactful and would benefit from consideration.

Another direction is whether the size of the work unit or the department in which the unit works (e.g., emergency department, surgery, oncology) has an influence on the strength of the relationships assessed in this study. It is possible that smaller or more intensive departments may benefit more from having a stronger interpersonal justice.
climate as it may allow units to reallocate cognitive resources to patient care, rather than concerns about fair treatment. Additionally, it would be beneficial to determine to what extent these relationships occur in other samples, such as more administrative positions or in office settings as the relationships may have more impact in higher stress populations, such as healthcare. Finally, future research ought to consider other mediating mechanisms by which interpersonal justice climate impacts unit performance, such as the extent that it encourages organizational citizenship behaviors or reduces the frequency of errors occurring by increasing the frequency of back-up behaviors from others in the unit.

**Practical Recommendations**

There are a few ways that these results may be useful to organizations. For instance, organizations can appoint individuals who are higher in political skill as leaders of clinical units in healthcare settings, assuming they have the necessary task-related knowledge. Additionally, organizations may invest in or develop training programs (e.g., just-in-time training) that address the variables addressed in this research. For instance, they may train leaders on how to improve their political skill or on developing and maintaining quality relationships among unit members. Additional interventions might be provided to improve the unit’s or organization’s interpersonal justice climate with the goal of improving commitment and performance (e.g., Greenberg, 2006). Furthermore, organizations may benefit from using performance appraisal systems for developmental purposes to assist the leader in becoming more politically skilled, having higher quality relationships with his or her subordinates, and improve the interactional justice climate within their unit.
Conclusions

Overall, this study aimed to assess different mechanisms by which leaders impact interpersonal justice climate in clinical healthcare units by collecting survey data related to the leader’s political skill, the similarity of leader-member exchange relationships in the units, the level of the interpersonal justice climate, and the impact of climate on affective commitment and unit performance. The results support the importance of interpersonal interactions, particularly in clinical healthcare units. They also support that leaders may influence those interactions by being more politically skilled, thereby having similar quality relationships within their unit. This then positively impacts the level of interpersonal justice climate, such that the more similar the relationships are between leaders and members, the more interpersonal justice is perceived and expected within their unit. Further, this data show that the stronger the interpersonal justice climate is, the more affective commitment the unit experiences, which is particularly impactful if high turnover is an issue in that unit, department, or organization. Finally, affective commitment was positively tied to the unit’s performance, a major consideration for clinicians as performance in these units typically involves various patient outcomes (e.g., safety and satisfaction).

These results further the literature by identifying the importance of interpersonal interactions within units or teams, supporting the influence leaders have on their units, especially by examining the impact of a trait (i.e., political skill) and set of behaviors (i.e., leader-member exchange). In particular, this research considers these relationships in a clinical healthcare setting, where these results may have significant impact on
important outcomes, such as patient safety. Multiple directions for future research are provided and suggestions for how these results may apply in an organizational setting are discussed.
APPENDICES
Appendix A: Measures

Political Skill (Ferris, Davidson, & Perrewe, 2005)

Answer the following questions using the scale below:

1 = strongly disagree
2 = disagree
3 = slightly disagree;
4 = neutral (neither agree nor disagree)
5 = slightly agree
6 = agree
7 = strongly agree

1. I spend a lot of time and effort at work networking with others (NA).
2. I am able to make most people feel comfortable and at ease around me (II).
3. I am able to communicate easily and effectively with others (II).
4. It is easy for me to develop good rapport with most people (II).
5. I understand people very well (SA).
6. I am good at building relationships with influential people at work (NA).
7. I am particularly good at sensing the motivations and hidden agendas of others (NA).
8. When communicating with others, I try to be genuine in what I say and do (SA).
9. I have developed a large network of colleagues and associates at work who I can call on for support when I really need to get things done (AS).
10. At work, I know a lot of important people and am well-connected (NA).
11. I spend a lot of time at work developing connections with others (NA).
12. I am good at getting people to like me (II).
13. It is important that people believe I am sincere in what I say and do (AS).
14. I try to show a genuine interest in other people (AS).
15. I am good at using my connections and network to make things happen at work (NA).
16. I have good intuition and am savvy about how to present myself to others (SA).
17. I always seem to instinctively know the right things to say or do to influence others (SA).
18. I pay close attention to people’s facial expressions (SA).

Sub-Scales:
- NA - Networking Ability
- II - Interpersonal Influence
- SA - Social Astuteness
- AS - Apparent Sincerity
Leader-Member Exchange Measure (Graen, Novak, & Sommerkamp, 1982)

1. Do you know where you stand with your leader, and do you usually know how satisfied your leader is with what you do?
   Rarely  Occasionally  Sometimes  Fairly often  Very often

2. How well does your leader understand your job problems and needs?
   Not a bit  A little  A fair amount  Quite a bit  A great deal

3. How well does your leader recognize your potential?
   Not a bit  A little  Moderately  Mostly  Fully

4. Regardless of how much formal authority your leader has built into his or her position, what are the chances that your leader would use his or her power to help you solve problems in your work?
   None  Small  Moderate  High  Very high

5. Again, regardless of the amount of formal authority your leader has, what are the chances that he or she would “bail you out” at his or her expense?
   None  Small  Moderate  High  Very high

6. I have enough confidence in my leader that I would defend and justify his or her decision if he or she were not present to do so.
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

7. How would you characterize your working relationship with your leader?
   Rarely  Occasionally  Sometimes  Fairly often  Very often
Unit Performance Measure

Answer the following question using the scale below:

1 = strongly disagree
2
3
4 = neutral
5
6
7 = strongly agree

1. The unit I supervise meets or exceeds expectations.
Appendix B: Tables

Table 1. Summary of Hypotheses.

<table>
<thead>
<tr>
<th>Summary of Hypotheses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The leader’s political skill will be positively related to the level of interpersonal justice climate in the unit.</td>
</tr>
<tr>
<td>2. The higher the leader’s political skill, the more similarity there will be in terms of the quality of leader-member exchange relationships within the work unit.</td>
</tr>
<tr>
<td>3. The more similarity in the quality of leader-member exchange relationships within the unit, the higher the level of interpersonal justice climate will be.</td>
</tr>
<tr>
<td>4. The level of interpersonal justice climate has a positive relationship on the unit’s affective commitment.</td>
</tr>
<tr>
<td>5. Higher levels of affective commitment will be positively associated with higher unit performance.</td>
</tr>
</tbody>
</table>
Table 2: Number of Units Tested.

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Sources</th>
<th>Number of Units</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>H1</strong>: Political Skill influencing Interpersonal Justice Climate</td>
<td>Leadership Survey 2014, Employee Engagement Survey 2015</td>
<td>184</td>
</tr>
<tr>
<td><strong>H2</strong>: Political Skill influencing Leader-Member Exchange Similarity</td>
<td>Leadership Survey 2014, Employee Engagement Survey 2015</td>
<td>196</td>
</tr>
<tr>
<td><strong>H3</strong>: Leader-Member Exchange Similarity influencing Interpersonal Justice Climate</td>
<td>Employee Engagement Survey 2015</td>
<td>334</td>
</tr>
<tr>
<td><strong>H4</strong>: Interpersonal Justice Climate influencing Affective Commitment</td>
<td>Employee Engagement Survey 2015</td>
<td>334</td>
</tr>
<tr>
<td><strong>H5</strong>: Affective Commitment influencing Leader-Rated Performance</td>
<td>Employee Engagement Survey 2015, Leadership Survey 2015</td>
<td>214</td>
</tr>
</tbody>
</table>
Table 3: Construct $r_{WG(J)}^*$ Values.

<table>
<thead>
<tr>
<th>Level of Agreement</th>
<th>Interpersonal Justice</th>
<th>Affective Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>Cumulative</td>
</tr>
<tr>
<td>Very Strong</td>
<td>.91+</td>
<td>6.49</td>
</tr>
<tr>
<td>Strong</td>
<td>.71 - &lt;.91</td>
<td>32.59</td>
</tr>
<tr>
<td>Moderate</td>
<td>.51 - &lt;.71</td>
<td>26.43</td>
</tr>
<tr>
<td>Weak</td>
<td>.31 - &lt;.51</td>
<td>20.04</td>
</tr>
<tr>
<td>Lacking</td>
<td>Below .31</td>
<td>14.45</td>
</tr>
<tr>
<td><strong>Mean</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Median</strong></td>
<td></td>
<td>.634416</td>
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</table>
Table 4: Variable Descriptives and Correlations.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Mean</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Political Skill</td>
<td>5.61</td>
<td>.591</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. LMX r*_{WG(J)}</td>
<td>.477</td>
<td>.232</td>
<td>.226*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Interpersonal Justice</td>
<td>4.23</td>
<td>.424</td>
<td>.204*</td>
<td>.649*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Climate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Affective Commitment</td>
<td>4.23</td>
<td>.317</td>
<td>.143</td>
<td>.497*</td>
<td>.723*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Unit Performance</td>
<td>5.90</td>
<td>1.12</td>
<td>.263*</td>
<td>.188*</td>
<td>.335*</td>
<td>.228*</td>
<td></td>
</tr>
</tbody>
</table>
Appendix C: Figures

Figure 1: Overall Model.
Figure 2: Revised Model.

* Indicate significant results; numbers in () are standard errors
REFERENCES


