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THE INFLUENCE MECHANISM OF INCLUSIVE LEADERSHIP ON MEDICAL STAFF'S PROACTIVE CHANGE BEHAVIOR IN PUBLIC HOSPITALS——THE MEDIATING ROLE OF LEADER-MEMBER EXCHANGE

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Abstract: Objective: To explore the influence mechanism of inclusive leadership on the active change behavior of medical staff in public hospitals, to provide reference for hospitals to promote the active change of medical staff, and to open up new ideas for hospital management. Methods: A total of 420 medical workers from 5 public hospitals in Henan Province were selected by convenience sampling method. The inclusive leadership scale, leader-member exchange scale and active change behavior scale were used. Results: Inclusive leadership has a significant positive impact on medical staff's proactive change behavior. Leader-member exchange relationship plays an intermediary role between inclusive leadership and medical staff's proactive change behavior. Perceived insider status can not only positively regulate the relationship between inclusive leadership and leader-member exchange, but also strengthen the intermediary role of leader-member exchange between inclusive leadership and medical staff's proactive change behavior. Conclusion: This study enriches the research of inclusive leadership in the field of hospital organization, and has certain enlightenment and practical significance for hospital managers to improve medical staff's proactive change behavior.
Keywords: Inclusive leadership; Active change behavior; Leader-member exchange relationship; Insider identity perception

1 INTRODUCTION

In recent years, the reform of public hospitals in China has entered the deep water area of " high-quality development, " and public hospitals are facing unprecedented challenges and opportunities. In order to better adapt to the current era background, hospitals must keep up with the pace of development of the times and constantly seek organizational change and innovation, so as to enhance the adaptability, competitive vitality and sustainable development of hospitals. As the backbone of the hospital organizational system, the reform and development of hospitals cannot be separated from the active participation and active change behavior of medical staff[1]. How to effectively stimulate and guide the active change behavior of medical staff is an urgent problem to be solved by organizational managers. Existing research shows that leadership style has an important impact on employees' active change behavior. Among them, inclusive leadership style, as a positive new leadership style, has a positive and positive impact on employees' behavior, so it has attracted the attention of the current academic community. Inclusive leadership has the characteristics of openness, availability and accessibility, which can create an inclusive and supportive working atmosphere, stimulate employees' intrinsic motivation and innovative spirit. It is more adaptable to the uncertain medical environment in the medical and health field. The existing research on the impact of inclusive leadership on active change focuses on the enterprise scene, and there is a lack of discussion on the mechanism of' leadership style-active change behavior' in the public medical field. Therefore, it is of great significance to explore how inclusive leadership affects the active change behavior of medical staff in the organizational context of public hospitals.

According to social exchange theory, individuals are more willing to give positive feedback to the organization when they are recognized, cared for, helped and respected by the organization[2]. This also makes inclusive leadership based on the interdependence between leaders and employees stand out from various leadership styles. Studies have shown that inclusive leadership can effectively promote the exchange relationship between leaders and employees and improve job satisfaction. In the organization, the relationship between leaders and employees plays a crucial role in shaping the behavior of employees. Edmondson's research shows that in an organization, the closer the exchange relationship between leaders and members is, the more active the organization's innovative behavior is. The better the employee-leader exchange relationship is maintained, the higher the work engagement will be performed at work, and the more proactively innovative behavior will be carried out[3,4]. Therefore, it is speculated that the leader-member exchange relationship plays an intermediary role between inclusive leadership and proactive change behavior.

In the organization, the individual works by self-will, and the stronger the employee's sense of organizational identity, the stronger the influence of leadership style. Yu Mingchuan et al. think that employees feel that they are insiders of the organization, which is a reflection of high-quality employee-organization relationship. Employees will regard themselves as internal citizens of the organization, not only responsible for their own work, but also actively undertake

some extra-role tasks, and have the courage to innovate[5]. Therefore, it is speculated that insider identity perception plays a regulatory role between inclusive leadership and leader-member exchange relationship.
Based on this, based on the social exchange theory, this paper introduces the leader-member exchange relationship as an intermediary variable and the perceived insider status as a moderator variable to explore the internal mechanism of the influence of inclusive leadership on the active change behavior of medical staff in the organizational context of public hospitals, and broadens the theoretical research horizon of the active change behavior of medical staff. At the same time, it provides new ideas and new measures for the management of public hospitals, and provides some suggestions for helping the high-quality development of public hospitals.

2 THEORETICAL BASIS AND RESEARCH HYPOTHESIS

2.1 Inclusive Leadership and Medical Staff's Proactive Change Behavior

The style of inclusive leadership is supportive, interactive, fair and fault-tolerant, which can have an important impact on the behavior of subordinates in the organization[6]. Inclusive leadership can accommodate employees' opinions and mistakes, pay attention to employees' emotional needs, give employees enough respect and care, so as to promote employees to actively show their true thoughts, and further stimulate employees to make proactive behaviors[7] Employees' proactive change behavior is that employees exert their own subjective initiative to make changes to work processes, procedures and policies independently. As a kind of spontaneous extra-role behavior, the risk of proactive change behavior is higher. Due to the particularity of hospital organization, the risk and uncertainty of medical staff's proactive change behavior are greater, so medical staff are more inclined to carry out in-role behavior in the work situation. Whether employees implement proactive change behavior depends largely on whether the leadership supports and understands it. According to the social exchange theory, interpersonal communication follows the principle of reciprocity and mutual benefit. In the hospital organization, inclusive leadership has an impact on the active change behavior of medical staff from the following aspects: First, there is an exchange relationship between inclusive leadership and medical staff. Leaders can bring opportunities and resources to medical staff in medical work, so that employees have greater confidence to make active change behavior to give back the support of leadership. Second, inclusive leadership style emphasizes paying attention to and supporting the needs, opinions and contributions of medical staff, and establishing a good atmosphere for leaders to communicate, so that medical staff can more recognize the organization and leadership. In turn, they will make proactive change behaviors that are conducive to the development of the hospital to reward the hospital. Third, medical staff's proactive change behaviors face challenges and need to be responsible for their behaviors, while inclusive leadership allows employees to make mistakes and gives them enough respect and recognition, thus prompting medical staff to take the initiative to initiate challenges and innovative behaviors. Based on this, this paper proposes hypotheses:
H1: Inclusive leadership has a positive impact on medical staff's proactive change behavior.

2.2 The Mediating Role of Leader-Member Exchange Relationship

Graen & Uhl-Bien defined the connotation of leader-member exchange as LMX is a social exchange relationship based on mutual trust, respect and obligation between leaders and employees[8]. If the quality of LMX is high, employees realize that they are divided into insiders by leaders. Studies have shown that leadership style can affect the exchange relationship between leaders and employees in terms of the interaction between leaders and employees. Inclusive leadership has the dual characteristics of transformational leadership and service-oriented leadership, which can not only show the role of transformational leadership in organizational innovation. It can also show the dedication of servant leadership to employees. Zhang Ruiying et al.conducted a field survey of two companies and found that inclusive leadership can positively affect the exchange relationship between leaders and employees and improve job satisfaction. Studies have shown that inclusive leadership can enhance nurses' perception of high-quality leader-member exchange relationships in work scenarios and promote the establishment of a good exchange relationship between nurses and managers[9]. In addition, inclusive leaders respect and recognize medical staff and often give work guidance. According to social exchange theory, when individuals gain organizational recognition, care, support and respect. They are more willing to give positive feedback to the organization[2]. Therefore, when medical staff feel the tolerance and support of inclusive leadership in their work, they will be more inclined to think that they are regarded as' insiders', which is more conducive to building a high-quality leader-member relationship.
H2: Inclusive leadership has a positive impact on leader-member relationship.
Previous studies have shown that leader-member exchange plays an important role in influencing employees' proactive behavior, organizational citizenship behavior and extra-role behavior. On the one hand, high-level leader-member exchange, that is, leaders take the initiative to help employees, employees are highly supportive of leaders, so that employees are willing and can obtain more information resources, employees can better understand the nature of work, and can make appropriate judgments on the effectiveness of work processes that need to be changed[10]. Low-level leader-member exchange, that is, leaders do not take the initiative to help employees, while employees are negatively treating their leaders. There is a lack of sufficient information exchange between the two. This leads to the inability of employees to make reasonable judgments in the face of complex situations, so that unequal information makes

employees dare not easily make proactive change behavior. On the other hand, from the current organizational culture of the hospital, proactive change may touch the interests of leaders or others, resulting in interpersonal conflicts. High level of leadership-member exchange is conducive to the formation of inclusive and intimate superior-subordinate relationship, which helps to reduce the medical staff's concern about the failure of change, and the courage to use new knowledge and practice new ideas; on the contrary, a low level of leader-member exchange is not conducive to the establishment of a harmonious relationship between superiors and subordinates, and medical staff are not willing to take the risk of offending leadership authority and failure of change, thus reducing the occurrence of change behavior.

Social exchange theory is an important theoretical basis for inclusive leadership and employees' proactive change behavior, and it is also one of the key theories to explain the mechanism of action between the two. In hospital organizations, inclusive leadership encourages employees to actively participate in communication, value their value, pay attention to their needs, and affirm their contributions. Therefore, it is easier to obtain the trust of medical staff and establish a high-quality interactive relationship. Once a high-quality leader-member relationship is formed, the relationship between the two is more harmonious, and medical staff will generate more organizational citizenship behaviors for leadership and organization as feedback. According to the reciprocity principle of social exchange theory. When employees give back the support and help given by the organization and leadership, they will also involuntarily choose the proactive change behavior that is favored by the organization. Based on this, this paper puts forward the hypothesis:

H3: Leader-member relationship plays a mediating role between inclusive leadership and medical staff's proactive change behavior.

2.3 The Moderating Effect of Perceived Insider Status on Inclusive Leadership and Leader-Member Exchange Relationship

Perceived insider status emphasizes the relationship between employees and the organization in which they are located. Specifically, perceived insider status is the perception of how individuals, as members of the organization, can gain development space and acceptance in the organization, which is a manifestation of employees' recognition of whether they belong to' insider status'.According to social exchange theory, when employees feel a higher perceived insider status, they will give positive feedback to the organization. Studies have shown that when the perceived insider status is low, employees think that their value and ability recognition is low, and the sense of ownership is weakened. Therefore, they will resist extra-role behavior without reward feedback[11]; On the contrary, employees with higher perceived insider status will have a strong sense of ownership and regard their organization as a community of destiny, resulting in more innovative ideas conducive to organizational innovation and helping to enhance the competitive advantage of the organization. Schlosser mentioned in his research that a high level of perceived insider status will motivate employees' work enthusiasm and contribute to the organization sustainably[12]. Based on this, compared with employees with lower perceived insider status, medical staff with higher perceived insider status are more motivated to work and are more willing to interact with leaders frequently and closely. When such employees feel the help and concern from inclusive leadership, they are also more likely to build high-quality relationships with leaders because they trust the organization more. Based on this, this paper proposes the following hypothesis:

H4: Perceived insider status positively moderates the relationship between inclusive leadership and leader-member exchange.

On this basis, this study further proposes that perceived insider status moderates the indirect effect of inclusive leadership on medical staff's proactive change behavior through leader-member exchange. That is to say, medical staff with higher perceived insider status have more trust in leaders, so they are more inclined to establish high-quality superior-subordinate relationships with leaders. When employees establish high-quality leader-member relationships with their superiors, such medical staff will receive various resources and support to complete their tasks, which will make it easier for them to obtain opportunities for promotion and salary increase. Based on the principle of reciprocity, when medical staff give back the support and care given by leaders. Therefore, the mediating role of leader-member relationship between inclusive leadership and medical staff's proactive change behavior will be enhanced. Based on this, this paper puts forward the hypothesis:

H5: Perceived insider status positively moderates the mediating role of leader-member exchange between inclusive leadership and medical staff's proactive change behavior.

Based on the above discussion, a moderated mediation model can be constructed as shown in Figure 1.

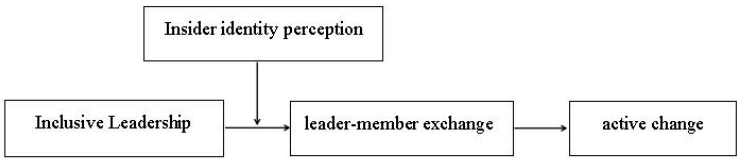

Figure 1 Theoretical Model

3 RESEARCH METHODS

3.1 Research Samples

From April to June 2025, the medical staff of five public hospitals in Henan Province (the First Affiliated Hospital of Xinxiang Medical University, the Second Affiliated Hospital of Xinxiang Medical University, the Third Affiliated Hospital of Xinxiang Medical University, Xinxiang Central Hospital, Xinxiang Second People's Hospital) were selected as the research objects. Inclusion criteria: (1) On-the-job registered medical staff; (2) working time ≥ 1 year; (3) Informed consent for this study, voluntary cooperation to complete the investigation and study Exclusion criteria: not on duty due to leave, retirement, etc.; a total of 420 samples were collected by electronic questionnaire star, and 388 valid questionnaires were finally obtained by screening samples and eliminating invalid questionnaires with incomplete answers, with an effective rate of 92.3 %.

3.2 Research Tools

In this study, all items were designed using a Likert-5 point design, ranging from 1 ('very disagree') to 5 ('very agree').
Inclusive Leadership: The three-dimensional Inclusive Leadership Scale developed by Carmeli et al. [13], a total of 9 items, such as' leaders are willing to listen to our new ideas'.In this study, the reliability coefficient of the scale was 0.853.
Proactive Change Behavior: A single-dimensional scale developed by Morrison and Phelps (1999) was used. The scale consisted of 10 items, including' I will introduce some new facilities, techniques and methods'. In this study, the reliability coefficient of the scale was 0.874.
Leader-member exchange relationship: Using the LMX scale compiled by Graen and Uhl-Bien in 1995, a total of 7 items, including " I have a harmonious relationship with my leaders and can work together efficiently. " The reliability coefficient of the scale is 0.835.
Insider Identity Perception: The Insider Identity Perception Scale is a scale developed by Stamper and Masterson (2002). It has 6 questions, including' I can strongly feel that I am a member of the organization' and so on. The reliability coefficient of the scale is 0.738.
In addition, according to previous studies, considering that demographic variables will affect employees' proactive change behavior, this study chooses gender, age, education, working years, job level and position as control variables.

4 ANALYSIS OF THE RESULTS

4.1 Confirmatory Factor Analysis

In this study, Mplus 8.3 software was used to conduct confirmatory factor analysis on the four variables of inclusive leadership, insider status perception, leader-member exchange relationship and active change behavior. The results are shown in Table 1. The fitting index of the four-factor model ($\chi2$ / df = 2.142, CFI = 0.962, TLI = 0.946, RMSEA = 0.048) is significantly better than the other three alternative models. Therefore, the four variables in this study have good discriminant validity.

Table 1 Confirmatory Factor Analysis Results

model	factor structure	$\chi2$	df	$\chi2$/df	CFI	TLI	RMSEA
Four-factor model	A; B; C; D	981.036	458	2.142	0.962	0.946	0.048
Three-factor model	A; B+C; D	2012.935	461	4.366	0.713	0.691	0.093
Two-factor model	A+D,B+C	3005.333	463	6.491	0.645	0.620	0.103
Single-factor model	A+B+C+D	4006.603	478	8.382	0.347	0.323	0.138

Note:the number of samples is 388; A is inclusive leadership, B is perceived insider status, C is leader-member exchange, D is proactive change behavior, and' +' is the merging factor.

4.2 Common method Bias Test

Harman's single factor test was used to analyze the common method bias of all the measurement items of inclusive leadership, perceived insider status, leader-member exchange relationship and active change. A total of 6 common factors with eigenvalues > 1 were extracted. The interpretation rate of the first common factor was 31.4 %, which was lower than the critical value of 40 %, indicating that there was no serious common method bias in the sample data of this study.

4.3 Descriptive Statistical Analysis and Correlation

The analysis results of the mean, standard deviation and correlation coefficient of each variable are as shown in table 2. Inclusive leadership is significantly positively correlated with active change behavior ($r = 0.579$, $p < 0.01$); inclusive leadership was significantly positively correlated with leader-member exchange ($r = 0.503$, $p < 0.01$). Leader-member exchange is significantly positively correlated with proactive change behavior ($r = 0.602$, $p < 0.01$). Therefore, the hypothesis 1, hypothesis 2 and hypothesis 3 of this study are preliminarily verified, which lays a good foundation for further hypothesis testing.

Table 2 Descriptive Statistics and Correlation Coefficient of Variables (N = 388).

Variable	Average value	standard deviation	1	2	3	4
1.Inclusive Leadership	3.6892	.54687	1			
2.active change	3.864	.5393	.579**	1		
3.Insider identity perception	3.4329	.73922	.385**	.594**	1	
4.leader-member exchange	3.6465	.59532	.503**	.602**	.478**	1

Note: * denotes p < 0.05, * * denotes p < 0.01.

4.4 Hypothesis Testing

4.4.1 Mediating effect test

This study used the Process4.0 plug-in and Bootstrapping to verify the mediating effect for 5000 samples. The results showed that the indirect effect value of inclusive leadership from leader-member exchange to active change behavior was 0.20, and the 95 % confidence interval was [0.15, 0.26], excluding 0, assuming that H1, H2, and H3 were supported.

4.4.2 Test of moderating effect

This study uses hierarchical regression to test the moderating effect of perceived insider status.. Firstly, the independent variable inclusive leadership, the interaction term of inclusive leadership and perceived insider status are centralized.. Then the leader-member exchange relationship is the dependent variable, the first step is to put in the control variable, the second step is to put in the inclusive leadership and perceived insider status, and the third step is to put in the interaction term of inclusive leadership and perceived insider status for regression.. As shown in Table 3, the interaction term of inclusive leadership and perceived insider status significantly positively affects the leader-member exchange relationship ($\beta = 0.33$, $p < 0.001$). Preliminary support H4.

Table 3 The Moderating Effect of Insider Identity Perception

Variables	leader-member exchange			
	Model 1	Model 2	Model 3	Model 4
Gender	0.117*	0.010	-0.026	-0.031
Age	-0.002	-0.023	-0.010	-0.035
Education	0.107	0.080	-0.082	0.096*
Years of work	-0.065**	-0.083	-0.047**	-0.023
Posts	-0.057	-0.092	0.110	0.122**
Level	0.131*	0.023	0.006	-0.003
Inclusive Leadership		0.511***	0.385***	0.403***
Leader-member exchange				
Insider identity perception			0.332***	0.363***
Inclusive leadership * Insider identity perception				0.330***
R2	0.034	0.273	0.364	0.394
△R2	0.034	0.239	0.091	0.030
F	2.253*	20.388***	27.065***	27.268***

Note: * denotes p < 0.05, * * denotes p < 0.01, * * * denotes p < 0.001.

4.4.3 A moderated mediating effect test

Using the Process procedure, 5000 samples were sampled for Bootstrapping test to analyze the mediating role of leader-member exchange relationship between inclusive leadership and proactive change behavior at different levels of perceived insider status. As shown in Table 4, when the perceived insider status is high, the indirect effect value of inclusive leadership on proactive change behavior through leader-member exchange relationship is 0.165, and the 95 % confidence interval is [0.015, 0.18], excluding 0, which is significantly positive; when the perceived level of insider status is low, the indirect effect value is 0.05, and the 95 % confidence interval is [-0.05, 0.12], including 0, which is not significant; the difference of indirect effect between high and low levels was 0.115, and the 95 % confidence interval was [0.06, 0.21], excluding 0, indicating that the difference of indirect effect was significant, and H5 was verified.

Table 4 The Results of Moderated Mediating Effect Analysis

Mediator variable	Task interdependence	Indirect effect	standard error	95% confidence interval
Leader-member Exchange	Low insider identity perception	0.05	0.039	-0.05 0.12
	High insider identity perception	0.165	0.026	0.015 0.18
	The difference of indirect effects between high and low conditions	0.115	0.037	0.06 0.21

Note: Low insider status perception is the mean minus 1 standard deviation, and high insider status perception is the mean plus 1 standard deviation.

5 CONCLUSIONS AND IMPLICATIONS

5.1 Conclusions

Based on the social exchange theory, this study empirically analyzes the influence mechanism of inclusive leadership on the active change behavior of medical staff. The conclusions are as follows: (1) Inclusive leadership has a positive impact on the active change behavior of medical staff; (2) Leader-member exchange relationship plays a mediating role between inclusive leadership and medical staff's proactive change behavior; (3) Perceived insider status has a positive moderating effect on the relationship between inclusive leadership and medical staff's proactive change behavior. (4) The mediating effect of inclusive leadership on medical staff's proactive change behavior through leader-member exchange relationship is also positively moderated by perceived insider status.

5.2 Theoretical Contributions

The theoretical contributions of this study are as follows: Firstly, the mechanism of inclusive leadership on the active change behavior of medical staff is discussed. It is found that inclusive leadership can not only have a direct positive impact on the active change behavior of medical staff, but also affect the active change behavior through indirect paths. It clarifies the boundary and channel of the positive effect of inclusive leadership on the active change behavior of medical staff, further enriches the localized human resource management theory, combines inclusive leadership with the active change behavior of medical staff, and is also a useful supplement to the previous research perspective. This study reveals the mediating role of leader-member exchange relationship between inclusive leadership and medical staff's proactive change behavior. Based on social exchange theory, this study proposes the mediating mechanism of inclusive leadership affecting medical staff's proactive change behavior through leader-member exchange relationship, and also enriches and expands the application scope of social exchange theory. Thirdly, this study clarifies how perceived insider status plays a moderating role between inclusive leadership and leader-member relationship. This study explores the important boundary conditions of how inclusive leadership affects medical staff's proactive change behavior in hospitals. This study confirms the moderating effect of perceived insider status. On the one hand, it enriches the context of the impact of inclusive leadership on employees' proactive change behavior. On the other hand, it provides a new perspective for the subsequent exploration of the impact of other types of leadership styles on employee behavior.。

5.3 Management Implications

The significance of this study for management practice lies in: first, in the process of selection and training of leading cadres at all levels in hospitals, attention should be paid to the consideration of leadership style. The study found that inclusive leadership can promote the active change behavior of medical staff. Therefore, when recruiting managers, hospital organizations can give priority to the selection of employees with inclusive leadership style. At the same time, when training managers at different levels, we should also pay attention to the training of inclusive leadership style, so that the positive effect of inclusive leadership can be integrated into the active change behavior of medical staff. Second, establish a high-quality leadership-member relationship. Leaders need to take the initiative to pay attention to the work progress and problems encountered by employees, and employees actively communicate with leaders to prevent information errors, so that the satisfaction of communication between the two sides has been greatly improved. In the process of communication, employees can truly feel the support and trust of leaders, realize the high-quality leader-member exchange relationship, enhance the sense of ownership in the work, and then be willing to take active change behavior for the organization. Organizational managers should also be aware of the role of perceived insider status in the process of improving medical staff's proactive change behavior. In order to maximize the positive effects of medical staff's proactive change behavior, medical staff's recognition of their own organization should be fully considered. In the process of selecting medical staff, hospitals should consciously screen individuals with high perceived insider status as the training objects of hospitals, and give these employees more development support, so as to effectively improve employees' proactive change behavior.

5.4 Deficiency and Prospect

This study only focuses on the medical staff of some tertiary general hospitals in Henan Province as the survey object, and the representativeness and universality of the sample may be affected. In the future, it can be considered to expand the sampling range and explore the medical staff groups in different levels and different regions. Secondly, this study is a cross-sectional study, which only analyzes the relationship and mechanism between variables at a certain time point, and can not fully explain the causal relationship and changes between variables. In the future, longitudinal follow-up survey can be carried out according to the characteristics of the research variables, further demonstrate the timeliness of the research, and improve and expand the research results.This study only focuses on the medical staff of some tertiary general hospitals in Henan Province as the survey object, and the representativeness and universality of the sample may be affected. In the future, it can be considered to expand the sampling range and explore the medical staff groups in different levels and different regions. Secondly, this study is a cross-sectional study, which only analyzes the relationship and mechanism between variables at a certain time point, and can not fully explain the causal relationship and changes between variables. In the future, longitudinal follow-up survey can be carried out according to the characteristics of the research variables, further demonstrate the timeliness of the research, and improve and expand the research results.

COMPETING INTERESTS

The authors have no relevant financial or non-financial interests to disclose.

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