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THE RELATIONSHIP BETWEEN WARD HEAD LEADERSHIP STYLE AND NURSE PERFORMANCE IN INPATIENT CARE AT NAHDLATUL ULAMA HOSPITAL IN JOMBANG

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ABSTRACT

Insufficient motivation and supervisory support, together with an unfavorable organizational climate, may adversely affect nurses' performance. Leadership style is a central component of nursing management because it directly influences service quality and staff productivity. The head nurse therefore plays an important role in shaping nurses' performance in patient care. This study aimed to examine the relationship between head nurses' leadership styles and nurses' performance in the inpatient units of Nahdlatul Ulama Hospital, Jombang. An analytic correlational design with a cross-sectional approach was employed. A total of 47 respondents were selected from a population of 53 using purposive sampling. Data were collected using a leadership-style questionnaire and a nurse performance assessment form and analyzed using the Chi-square test at a significance level of 0.05. The findings showed that the majority of head nurses applied a democratic leadership style (66.0%), while almost all nurses demonstrated fairly good performance (89.4%). The statistical analysis yielded a value of rho = 0.000 (rho < 0.05), indicating a statistically significant and strong relationship between head nurses' leadership styles and nurses' performance. A leadership approach that is appropriately aligned with staff characteristics can positively influence nurses' performance in delivering patient care. Accordingly, the leadership style adopted by head nurses is an important determinant of improved nurse performance.

Keywords: Leadership Style, Head Nurse,Nurse Performance, Inpatient Care

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Introduction

Several persistent performance-related problems have been identified. First, ineffective communication is reflected in a lack of friendliness, indifference to patient complaints, and failure to engage in empathetic therapeutic communication. Second, nurses may be slow to provide assistance when patients require it or may fail to perform interventions at the promised time. Third, discriminatory practices may occur, such as differences in the treatment of patients covered by the national health insurance scheme (BPJS) and self-paying patients. Fourth, inappropriate language may be used, or patient confidentiality may not be adequately maintained. Fifth, digital-system challenges, particularly electronic medical record (EMR) platforms with complex interfaces or frequent technical disruptions, may hinder rather than improve nursing efficiency.

Several factors may contribute to suboptimal nurse performance. The first is a high workload; an imbalanced nurse-to-patient ratio can cause occupational burnout, which directly reduces the quality of care and nurses' patience. The second is inadequate motivation and support, including low incentives, insufficient support from supervisors, and an unfavorable organizational climate.

The third factor is a competency gap. Not all nurses participate in continuing professional development; consequently, their knowledge and professional attitudes may not reflect the most recent standards.

Optimal nurse performance is also influenced by several factors, one of which is leadership style. The head nurse's leadership style is a key factor in nursing management because it directly affects service quality and staff productivity. Head nurses are responsible for performing management functions, including planning, organizing, directing, and controlling, to ensure the quality of nursing services. Effective leadership, particularly democratic and transformational leadership, has been shown to improve motivation, job satisfaction, and team communication, which subsequently enhances nurses' performance in delivering nursing care.

Democratic leadership is commonly observed in inpatient units and is effective in improving nurse participation and performance. Authoritarian leadership is generally applied in critical settings, such as emergency departments or intensive care units, where rapid decision-

making is required. By contrast, insufficient supervision under laissez-faire leadership may create disorder among staff and prevent optimal performance.

The success of a hospital in achieving its vision and mission depends substantially on human resource performance. Nurses constitute the largest group of service providers, and their performance is influenced by the manner in which they are led. Although leadership is influential, several studies indicate that nurses' commitment and understanding of their professional responsibilities are also important in maintaining consistent performance. Gannika and Buanasasi (2019) reported that democratic leadership was the most common style (55.7%) and that 52.5% of nurses demonstrated good performance. Putra et al. (2019), in a study conducted at RAA Soewondo Regional General Hospital, Pati, found that 47.1% of head nurses used a democratic leadership style and that 20 staff nurses (29.4%) demonstrated good performance.

These findings suggest that institutions apply different leadership styles according to their respective work environments. The leadership styles most commonly applied by head nurses are transformational and democratic leadership, both of which have a significant influence on nurse performance.

Interviews conducted by the researcher at Nahdlatul Ulama Hospital, Jombang, showed that four nurses perceived their head nurses as consistently listening to nurses' input and providing opportunities for staff to participate in problem-solving, indicating the application of democratic leadership. Three other nurses reported that their head nurses led firmly, maintained discipline, and worked meticulously, thereby encouraging staff to minimize errors; these characteristics reflect authoritarian leadership. The researcher's observations also indicated that supervision of staff nurses' performance was occasionally insufficient, suggesting elements of laissez-faire leadership.

The researcher's observations of staff-nurse performance at Nahdlatul Ulama Hospital showed that several nurses took the initiative to perform their assigned duties and assist colleagues, indicating good performance. In contrast, some nurses waited for instructions from their supervisors before working or assisting other nurses, indicating less satisfactory performance.

Based on this background and the phenomena identified at Nahdlatul Ulama Hospital, Jombang, the researcher conducted a study entitled 'The Relationship between Head Nurses'

Leadership Styles and Nurses' Performance in the Inpatient Units of Nahdlatul Ulama Hospital, Jombang.'

Methods

This study employed an analytic correlational design with a cross-sectional approach. A total of 47 respondents were selected from a population of 53 using purposive sampling. Data were collected using a leadership-style questionnaire and a nurse performance assessment form. The data were analyzed using the Chi-square test at a significance level of 0.05.

Results and Discussions

Table 4.1 Frequency Distribution of Respondent Characteristics by Sex, Educational Level, and Age

No.	Characteristics	f	%
1	**Sex**		
	Male	10	21.3%
	Female	37	78.7%
2	**Education**		
	Diploma Nursing	7	14.9%
	B.Nurs. + Ners	40	85.1%
3	**Age**		
	26-35 years (early adult)	39	83.0%
	36-45 years (late adult)	7	14.9%
	46-60 years (pre-elderly)	1	2.1%
	Total	47	100%

As shown in Table 4.1, 37 respondents (78.7%) were female, 40 respondents (85.1%) held a Bachelor of Nursing degree and the professional nurse qualification, and 39 respondents (83.0%) were 26-35 years of age.

Table 4.2 Respondent Characteristics Based on Head Nurses' Leadership Styles in the Inpatient Units of RSNU Jombang

Leadership Style	Frequency (f)	Percentage (%)
Authoritarian	6	12.8 %
Democratic	31	66 %
Laissez-faire	2	4.3 %
Transformational	3	6.4 %
Transactional	2	4.3 %
Servant Leadership	1	2.1 %
Situational	2	4.3 %

Leadership Style	Frequency (f)	Percentage (%)
Total	47	100%

Table 4.4 shows that most respondents, comprising 31 nurses (66.0%), perceived the head nurses in the inpatient units of RSNU Jombang as applying a democratic leadership style.

Table 4.3 Respondent Characteristics Based on Nurse Performance in the Inpatient Units of RSNU Jombang

Criterion	Frequency (f)	Percentage (%)
61-70 Adequate	2	4.3 %
71-80 Fairly Good	42	89.4 %
81-90 Good	3	6.4 %
Total	47	100%

Table 4.5 shows that almost all nurses in the inpatient units of RSNU Jombang, comprising 42 respondents (89.4%), demonstrated fairly good performance. A small proportion demonstrated adequate performance (2 respondents; 4.3%), while another small proportion demonstrated good performance (3 respondents; 6.4%).

Table 4.6 Relationship between Head Nurses' Leadership Styles and Nurse Performance in the Inpatient Units of RSNU Jombang

Leadership Style	Nurse Performance					
	Adeq.		Fairly Good		Good	
	f	*%*	*f*	*%*	*f*	*%*
Authoritarian	2	4.3	4	8.5	0	0
Democratic	0	0	31	66	0	0
Laissez-faire	0	0	2	4.3	0	0
Transformational	0	0	3	6.4	0	0
Transactional	0	0	2	4.3	0	0
Servant Leadership	0	0	0	0	1	2.1
Situational	0	0	0	0	2	4.3
Chi-square statistical test value: 0.000 (rho < 0.05)						

Table 4.6 shows that the largest proportion of nurses (66.0%) had fairly good performance under democratic leadership. Under authoritarian leadership, 8.5% had fairly good performance and 4.3% had adequate performance. In addition, 6.4% had fairly good performance under transformational leadership, while 4.3% had fairly good performance under laissez-faire leadership and another 4.3% under transactional leadership. Good performance was reported among 4.3% of nurses under situational leadership and 2.1% under servant leadership.

The Chi-square test yielded a rho-value of 0.000, which was lower than alpha = 0.05 (rho < 0.05). This result indicates a strong and statistically significant relationship between head nurses' leadership styles and nurse performance in the inpatient units of RSNU Jombang.

Head Nurse Leadership Style

The findings showed that most respondents (66.0%) perceived their head nurses as applying a democratic leadership style in the inpatient units. This finding indicates that the head nurses prioritized staff participation in decision-making, two-way communication, and opportunities for nurses to express their opinions and contribute to problem-solving within the service unit.

Democratic leadership is considered capable of creating a conducive work environment through openness, mutual trust, and respect for the abilities of each team member. In nursing services, this leadership style is important because it can strengthen teamwork, job satisfaction, motivation, and the quality of patient care.

The respondent characteristics showed that most participants were female (78.7%), held a Bachelor of Nursing degree and the professional nurse qualification (85.1%), and were in early adulthood, aged 26-35 years (83.0%). These characteristics indicate that the inpatient nursing workforce was predominantly composed of professional nurses with academic and professional competencies who were in their productive years. Individuals in this age group generally demonstrate mature reasoning, adaptability, and readiness to work collaboratively, enabling them to assess head nurses' leadership styles more objectively.

The predominance of female respondents is consistent with the demographic profile of nursing in Indonesia, where women continue to comprise the majority of the profession. Female nurses generally demonstrate interpersonal communication, empathy, and collaborative abilities and may therefore be receptive to leadership approaches characterized by open communication and shared participation. Furthermore, the high proportion of respondents with the professional nurse qualification indicates that most had acquired competencies in leadership, nursing management, therapeutic communication, and decision-making during their professional education, enabling them to assess head nurses' leadership behavior more effectively.

According to the democratic leadership theory proposed by Kurt Lewin, Lippitt, and White (1939), democratic leaders involve group members in decision-making, encourage discussion, provide opportunities to express ideas, and establish shared responsibility for achieving organizational goals. In hospital settings, democratic leadership can enhance organizational commitment, job satisfaction, and service quality because each team member feels valued and recognizes their role in decision-making.

House's (1996) Path-Goal Theory explains that effective leaders adapt their leadership behavior to followers' needs in order to achieve organizational goals. In inpatient units dominated by professional nurses of productive age, democratic leadership is an appropriate approach because it enables staff to participate, engage in discussion, and propose solutions to service-related problems. Such involvement can enhance work motivation, organizational ownership, and commitment to delivering high-quality care.

The findings can also be interpreted through Bass and Avolio's (1994) transformational leadership theory, which proposes that effective leaders inspire and motivate followers and support their development through effective communication and involvement in work processes. Although democratic and transformational leadership are distinct constructs, both emphasize positive interpersonal relationships, staff empowerment, and improved organizational performance. Head nurses who communicate openly and value staff input are more likely to gain their subordinates' trust and create a harmonious work environment.

The findings are consistent with Specchia et al. (2021), who reported that participatory or democratic leadership was positively associated with job satisfaction, nurse engagement, and service quality in hospitals. Their study concluded that staff involvement in decision-making strengthens organizational commitment and the quality of health services.

Wei et al. (2022) similarly showed that head nurses who applied participatory leadership improved the health of the work environment, strengthened interprofessional communication, and increased nurse retention. These findings indicate that democratic leadership affects not only staff satisfaction but also the organizational sustainability of hospitals.

Furthermore, the World Health Organization (WHO, 2022), in the Global Strategic Directions for Nursing and Midwifery, emphasized that effective nursing leadership should

prioritize collaboration, communication, health-workforce empowerment, and participation in decision-making. These approaches have been shown to improve service quality, patient safety, and health-worker satisfaction.

The Ministry of Health of the Republic of Indonesia (2023) also emphasized that head nurses have a strategic role in developing a collaborative work culture through effective communication, supervision, and staff empowerment. Leadership that involves nurses in problem-solving has been shown to enhance work motivation and the quality of nursing services.

Accordingly, the predominance of democratic leadership assessments in this study was associated with respondent characteristics, as most participants were professional nurses of productive age and the majority were female. These conditions supported collaborative working relationships, open communication, and active involvement in decision-making. Head nurses are therefore expected to maintain and further strengthen democratic leadership through staff empowerment, constructive supervision, effective communication, and the involvement of all team members in efforts to improve the quality of nursing services.

Nurse Performance

The findings showed that almost all respondents (89.4%) demonstrated nurse performance in the fairly good category. This result indicates that most nurses were able to perform their duties and responsibilities in accordance with nursing-service standards, although several aspects still required improvement to achieve good or very good performance. Nurse performance is an important indicator of health-service quality because it is directly associated with patient safety, patient satisfaction, and the effectiveness of services delivered in hospitals and community health centers.

According to Gibson, Ivancevich, and Donnelly (2019), performance is an individual's work outcome and is influenced by three groups of factors: individual factors, including age, education, ability, and experience; psychological factors, including motivation, perception, and attitude; and organizational factors, including leadership, workload, work environment, rewards, and supervision. Based on this theory, the high proportion of nurses with fairly good performance may be associated with the characteristics of respondents, most of whom were of productive age

and had adequate professional education, thereby supporting their competence in delivering nursing services.

Most respondents were female (78.7%), which is consistent with the historical demographic profile of nursing, a profession that has been predominantly chosen by women and is often associated with empathy, caring, interpersonal communication, and the ability to provide holistic nursing care. Nevertheless, Robbins and Judge (2022) argued that sex is not a primary determinant of individual performance. Performance is more strongly influenced by competence, work motivation, the organizational environment, work culture, and opportunities for professional development. Thus, the predominance of female respondents did not directly determine performance levels but reflected the general characteristics of the nursing workforce in healthcare facilities.

Regarding education, almost all respondents (85.1%) held a Bachelor of Nursing degree and the Ners professional qualification. Higher education provides clinical knowledge, evidence-based practice skills, critical-thinking ability, and decision-making competence in nursing care. Benner's (1984) From Novice to Expert model, which remains influential in nursing competency development, proposes that competence develops through a combination of formal education and clinical experience, thereby improving the quality of practice and performance. Nurses with the Ners professional qualification possess stronger competencies in implementing the nursing process in accordance with professional standards than nursing personnel who have not completed professional education.

The age characteristics showed that most respondents (83.0%) were 26-35 years old, representing early adulthood and a productive stage of life. According to Erikson's (1963) theory of adult development, individuals in this age group are in a productive phase of developing professional abilities, assuming occupational responsibilities, and strengthening competence. During productive age, physical capacity, reasoning, adaptability to change, and work motivation are generally optimal and can support better performance.

The findings can also be explained using Campbell's (2012) Performance Theory, which states that performance is influenced by declarative knowledge, procedural knowledge and skills, and work motivation. Nurses with the Ners professional qualification possess stronger knowledge

of the nursing process, while productive age supports technical ability and adaptation in the workplace. The combination of these factors may have contributed to the high proportion of nurses with fairly good performance in this study.

In addition, Donabedian's (1988) model of healthcare quality explains that service quality is influenced by three principal components: structure, process, and outcome. In this study, nurses' educational and age characteristics constituted part of the structural component, particularly human resources, while the implementation of nursing care represented the process component that ultimately influenced service quality as an outcome. Consequently, strengthening human-resource competence through continuing education and training is expected to improve the quality of nursing services.

The findings are consistent with previous studies. Yuliana et al. (2022) reported that educational level and work experience were significantly associated with nurse performance in hospitals. Nurses with the Ners professional qualification demonstrated a stronger ability to provide care in accordance with nursing-practice standards.

Kurniawati and Hidayat (2023) also found that productive age and professional competence were positively associated with improved nurse performance. Nurses in early adulthood demonstrated greater adaptability, productivity, and work motivation than nurses in older age groups.

Rahmawati et al. (2021) found that educational level was one of the dominant factors influencing the quality of nursing services. Professionally qualified nurses demonstrated stronger critical-thinking, therapeutic-communication, and clinical decision-making abilities, thereby improving the quality of patient care.

Aiken et al. (2021) further showed that a higher proportion of nurses with bachelor's degrees was associated with better service quality and patient safety and with fewer adverse events in hospitals. This finding reinforces the importance of investment in nursing education as a strategy for improving the quality of health services.

Based on the study findings and the supporting theories and previous research, the predominance of fairly good nurse performance may be associated with a nursing workforce characterized by productive age and the Ners professional qualification. Nevertheless, efforts

remain necessary to strengthen competence through continuing education, clinical training, supervision, periodic performance evaluation, motivation, and appropriate recognition. These measures may help nurses achieve good and optimal performance and further improve the quality of nursing services.

Relationship between Head Nurses' Leadership Styles and Nurse Performance

Correlational analysis demonstrated a significant relationship between head nurses' leadership styles and nurse performance. At RSNU Jombang, the predominant style was democratic leadership, a participatory approach in which leaders involve all team members in decision-making and problem-solving. Head nurses encourage staff to provide feedback and participate actively in determining work methods and goals, thereby fostering transparent and equitable communication. They also demonstrate trust by delegating duties and authority while establishing clear accountability, which contributes to fairly good performance.

The findings are consistent with the study by Merdu and Hapiza (2023) on the relationship between head nurses' leadership styles and staff-nurse performance in the intensive inpatient unit of Dr. Rasidin Regional General Hospital, Padang. Their study identified a significant relationship between head nurses' leadership styles and staff-nurse performance (rho-value = 0.002).

Ahmad et al. (2021) similarly reported a significant correlation between head nurses' leadership styles and staff-nurse performance in a private hospital, with a p-value of 0.000 (< 0.05). This finding is also consistent with Efkelin et al. (2023), who identified a significant relationship between leadership and nurse performance (rho-value = 0.001 < alpha = 0.05), indicating that effective leadership influences nurse performance.

The findings indicate that nurses demonstrated fairly good performance because the head nurses primarily applied a democratic leadership style. Head nurses involved their subordinates in decision-making and valued their opinions.

In the researcher's view, the relationship between head nurses' leadership styles and nurse performance at RSNU Jombang may be influenced by a sense of solidarity and collegiality between head nurses and staff nurses, as well as teamwork and concern for the quality of patient care. These conditions fostered positive relationships between head nurses and staff nurses and contributed to better patient services.

In conclusion, the democratic leadership style applied by head nurses positively affected nurse performance. Head nurses in the inpatient units of RSNU Jombang are therefore expected to continue strengthening their democratic leadership skills so that nurse performance and the quality of patient care can improve and patient satisfaction can be enhanced.

Conclusion

Based on the findings regarding the relationship between head nurses' leadership styles and nurse performance in the inpatient units of Nahdlatul Ulama Hospital, Jombang, most head nurses applied a democratic leadership style (66.0%), and almost all nurses demonstrated fairly good performance (89.4%). A statistically significant relationship was identified between head nurses' leadership styles and nurse performance in the inpatient units of Nahdlatul Ulama Hospital, Jombang. The findings indicate that head nurses' leadership styles play an important role in improving nurse performance, thereby enhancing the quality of patient care and patient satisfaction.

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