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The Influence Of Head Nurses' Leadership Styles On Staff Nurses' Performance In Delivering Nursing Care At The Inpatient Wards Of Rsi Malahayati Medan

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ABSTRACT

Nurse performance is a series of activities of nurses in providing an action or nursing care to patients. Good performance is a reflection of the quality of nursing services provided by nurses. Data on the quality of nursing at RSI Malahayati Medan in 2024 is 75.8% of the performance of executive nurses in the good category, 15.9% of the performance of executive nurses in the sufficient category and 8.3% of the performance of executive nurses in the less assessment category including documentation of nursing care. The purpose of the study was to analyze the effect of the leadership style of the head of the room on the performance of the executive nurse in the implementation of nursing care in the inpatient room of RSI Malahayati Medan. The research design used Analytical Survey method with Cross Sectional approach. The population in this study were all executive nurses who served in the inpatient room as many as 70 people, all of whom were used as research samples with total population techniques. Data analysis used univariate analysis, bivariate with chi-square test and multivariate with logistic regression. The results of logistic regression research indicate that there is a democratic influence p = 0.003, laisses faire (free to act) p = 0.003, participatory p = 0.005 and transpormative p = 0.013. While the dominant factor influencing the performance of executive nurses is democratic p = 0.001 with Exp (B) 85.754, meaning that democracy has 85 times the risk compared to other variables. The conclusion of this study is that there is a democratic, free-action, participatory and transformative influence on the performance of implementing nurses in the implementation of nursing care in the inpatient room of RSI Malahayati Medan and variables that have no effect are authoritarian. It is recommended that the head of the room in carrying out the leadership function should be democratic, namely making decisions based on deliberations with other teams that are adjusted to the situation so that it will produce effective leadership so as to make subordinate performance better and of higher quality.

Keywords : Democratic, Authoritarian, Laisses Faire, Participative, Transformative, Nurse Performance

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INTRODUCTION

The success of a hospital as a health service organization is largely determined by the quality of its human resources. Among these, nursing staff play the most crucial role, accounting for nearly 40% of the total hospital workforce and representing the largest professional group directly involved in patient care (WHO, 2020; Al-Hamdan et al., 2022). Nurses provide continuous care, interact closely with patients and families, and directly influence patient satisfaction and safety outcomes. Consequently, the performance of nurses has a direct impact on the overall quality of health services delivered by hospitals (Aiken et al., 2021). One of the most influential factors shaping nurse performance is leadership at the ward level, particularly the leadership style of the head nurse. Leadership is defined as the process of influencing others to achieve organizational goals through motivation, direction, and support (Northouse, 2021). Effective nurse leaders foster discipline, loyalty, motivation, and work comfort among staff, which in turn positively affects service quality, patient safety, and organizational outcomes (Cummings et al., 2018; Wong et al., 2020).

Leadership styles may vary across contexts, with authoritarian, democratic, participative, laissez-faire, and transformational approaches being most frequently discussed in nursing leadership literature

(Bass & Riggio, 2019). Previous studies highlight that democratic and transformational leadership styles are generally associated with improved job satisfaction, better teamwork, and higher nurse performance (Boamah et al., 2018; Al-Dweik et al., 2020). Transformational leaders, for example, inspire staff to align personal goals with organizational vision, stimulate innovative thinking, and create a supportive climate (Ding et al., 2020). In contrast, authoritarian or laissez-faire styles are often linked with poor communication, increased stress, and decreased staff productivity (Iqbal et al., 2020).

However, empirical findings remain inconsistent. Some studies report strong positive associations between leadership style and nurse performance (Aunga & Masare, 2017; Kanwal et al., 2021), while others suggest no significant relationship, emphasizing instead the role of contextual factors such as organizational culture, workload, and staff characteristics (Al-Yami et al., 2018; Labrague et al., 2020). This suggests that the effectiveness of leadership is situational and requires adaptation to the needs of the organization and workforce. Local data further highlight this problem. At RSI Malahayati Medan in 2024, performance evaluations revealed that while most nurses demonstrated good performance (75.8%), approximately 24.2% fell into the moderate or poor categories. Preliminary observations and interviews indicated mismatches between head nurses' leadership styles and nurses' performance expectations. This gap resulted in inaccuracies in nursing care delivery, incomplete nursing documentation, and occasional lapses in patient safety protocols.

Given these findings, there is an urgent need to investigate the relationship between leadership style and nurse performance in Indonesian hospital settings. A deeper analysis can help identify the most effective leadership approaches for improving the quality of nursing care in inpatient wards. Ultimately, the study is expected to generate practical recommendations for hospital management regarding leadership development, tailored training for head nurses, and the implementation of leadership models that align with organizational culture and patient care goals.

LITERATURE REVIEW

This study is grounded in the fundamental concepts of performance, leadership, and the relationship between leadership style and the performance of staff nurses in hospitals. Within the healthcare system, nursing performance is regarded as a key indicator of hospital service quality, since nurses represent the largest professional group in the health sector and are most directly involved with patients on a daily basis. Their role in providing continuous care makes their performance central to the overall effectiveness of hospital services.

Performance is generally understood as the result of an individual's work in fulfilling tasks according to predetermined standards, authority, and responsibilities. It is shaped by both internal and external factors. Internal factors include motivation, age, education, and professional experience, while external factors encompass the work environment, availability of facilities, and the management systems applied within the organization. In the hospital context, nursing performance is commonly assessed through a structured process that covers patient assessment, nursing diagnosis, care planning, implementation, and evaluation. This approach is consistent with Law No. 38 of 2014 on Nursing, which emphasizes the strategic role of nurses in healthcare delivery and frames the quality of nursing care as a professional responsibility measurable by standardized indicators.

Leadership, as one of the most critical elements influencing performance, can be defined as the capacity to guide and influence the behavior of individuals or groups toward achieving shared goals. The way leaders enact their role, often referred to as leadership style, represents a distinctive pattern of behavior in directing and motivating subordinates. In the hospital setting, leadership style significantly shapes the work climate and the effectiveness of nursing teams. Authoritarian leadership, for instance, is often effective in urgent situations but may reduce staff motivation, whereas democratic and participative leadership approaches are associated with inclusiveness, shared responsibility, and improved job satisfaction. Laissez-faire leadership, characterized by minimal supervision, provides

autonomy but may lead to reduced accountability, while transformational leadership inspires trust, fosters motivation, and stimulates positive change within the team.

Previous studies have consistently shown that democratic and transformational leadership styles are positively correlated with higher levels of nurse performance. Leaders who emphasize participation, collaboration, and empathy tend to enhance staff commitment, satisfaction, and productivity. Empirical research by Putri et al. (2024), Fahmeeda and Dhamanti (2024), and Siti Aisyah et al. (2024) highlights the significant effect of democratic leadership styles on improving staff nurses' performance in various hospital settings. However, other studies, such as that conducted by Buanasari and Gannika (2019), report no significant association between leadership style and performance, indicating that the effectiveness of leadership must be understood as context-dependent and adapted to the unique conditions and characteristics of each organization.

On this basis, the present study is built upon established theories of performance and leadership while drawing on empirical evidence from previous research. It aims to explore more deeply the influence of head nurses' leadership styles on the performance of staff nurses in providing nursing care. The underlying assumption is that the application of an appropriate leadership style can contribute significantly to achieving optimal nursing performance, which is particularly crucial in the complex and dynamic environment of hospital care.

METHODS

This study employed a quantitative approach with an analytic design using a cross-sectional method. The purpose was to examine the influence of head nurses' leadership styles on the performance of staff nurses in delivering nursing care at the inpatient wards of RSI Malahayati Medan. This design allowed the researcher to assess the relationship between independent and dependent variables simultaneously at a single point of observation. The study population consisted of all staff nurses working in the inpatient wards of RSI Malahayati Medan in 2025, totaling 70 nurses. A total sampling technique was applied, thereby including the entire population as the study sample. The use of this technique was intended to minimize selection bias and enhance the external validity of the research findings.

Data were collected using a structured questionnaire developed based on indicators of leadership style and nurse performance. The questionnaire included a Likert scale to measure respondents' perceptions of their head nurses' leadership style and their own performance in implementing nursing care. Prior to data collection, the instrument underwent validity and reliability testing. The results indicated that all items were valid (r-value > r-table) and reliable (Cronbach's Alpha > 0.7), confirming that the questionnaire was appropriate for use in this study.

Data analysis was conducted in three stages. First, univariate analysis was used to describe the frequency distribution and proportion of respondent characteristics and research variables. Second, bivariate analysis using the Chi-Square (χ^2) test was performed to examine the association between leadership styles and nurse performance. Finally, multivariate analysis using logistic regression was employed to identify the most dominant leadership style influencing the performance of staff nurses. The findings revealed that democratic, participative, laissez-faire, and transformational leadership styles had a statistically significant influence on nurse performance, whereas the authoritarian style did not show a significant effect.

Among these, the democratic leadership style emerged as the most dominant factor, with a p-value of 0.001 and an Exp(B) of 85.754. This indicates that nurses working under democratic leadership were 85 times more likely to demonstrate optimal performance compared to those working under other leadership styles. The research model linked one dependent variable, namely staff nurse performance, with five independent variables: democratic leadership, authoritarian leadership, laissez-faire leadership,

participative leadership, and transformational leadership. The model was constructed to assess the extent to which each leadership style influenced nurse performance both partially and simultaneously in the context of nursing care delivery in inpatient wards.

RESULTS AND DISCUSSIONS

4.1 Data Collection Process

Data collection was carried out from April to May 2025 at RSI Malahayati Medan, located in the city of Medan. The study involved 70 staff nurses working in the inpatient wards. The research was conducted using a cross-sectional survey design, and data were collected through a structured questionnaire. Prior to its use, the instrument was tested for validity and reliability, and the results showed that all items were valid (r-value > r-table) and reliable (Cronbach's Alpha > 0.70). The data obtained were analyzed using chi-square tests and logistic regression.

4.2 Data Analysis Results

The characteristics of the respondents are presented in Table 4.1. The majority of the respondents were female (80%), with the remaining 20% male. In terms of educational background, 60% held a Diploma in Nursing (D3), while 40% held a Bachelor's degree in Nursing (S1). Regarding length of service, 61.4% had worked for five years or more, while 38.6% had less than five years of experience.

Table 4.1. The characteristics of the respondents

Characteristic	Category	Frequency	Percentage (%)
Gender	Female	56	80.0
	Male	14	20.0
Education	Diploma (D3)	42	60.0
	Bachelor (S1)	28	40.0
Length of Work	< 5 years	27	38.6
	≥ 5 years	43	61.4

The bivariate analysis revealed significant associations between democratic, laissez-faire, participative, and transformational leadership styles with nurse performance, while the authoritarian style did not show a significant relationship (Table 4.2).

Table 4.2.The bivariate analysis

Leadership Style	p-value	Description
Democratic	0.003	Significant
Authoritarian	0.087	Not significant
Laissez-faire	0.003	Significant
Participative	0.005	Significant
Transformational	0.013	Significant

Multivariate logistic regression analysis was then conducted to identify the dominant leadership style influencing nurse performance. The results, presented in Table 4.3, showed that democratic leadership had the strongest influence, with an Exp(B) of 85.754 and a p-value of 0.001, indicating that nurses working under democratic leadership were 85 times more likely to demonstrate optimal performance compared to other leadership styles.

4.3 Discussion

Variable	Exp(B)	p-value	Interpretation
Democratic	85.754	0.001	Most dominant
Transformational	6.982	0.013	Significant
Participative	5.421	0.005	Significant
Laissez-faire	4.587	0.003	Significant
Authoritarian	1.012	0.087	Not significant

The findings of this study confirm that democratic leadership has the most significant impact on staff nurse performance. Leaders

who adopt this style encourage nurse participation in decision-making, create space for open discussion, and value team input. This approach fosters a participative and respectful work environment conducive to professional growth. In hospital settings, democratic leadership enables nurses to feel recognized as valuable contributors to patient care, enhancing loyalty and service quality. This finding is consistent with Robbins (2003), who argued that democratic leadership strengthens job satisfaction and productivity. In this study, democratic leadership emerged as the dominant factor with a p-value of 0.001 and Exp(B) of 85.754.

Laissez-faire leadership, while often considered passive, demonstrated a significant positive influence in this study ($p = 0.003$). When applied in a controlled manner, it allows experienced nurses greater autonomy and responsibility, which fosters initiative and accountability. However, if left unchecked, it may lead to poor coordination and reduced teamwork.

The participative leadership style also showed a significant association with improved performance ($p = 0.005$). This style emphasizes collaboration and shared responsibility, promoting two-way communication and appreciation for team contributions. As a result, it nurtures a sense of belonging and motivation among nurses, which translates into better service delivery.

Transformational leadership was likewise found to significantly influence performance ($p = 0.013$). Transformational leaders inspire, motivate, and empower their teams by articulating a shared vision, fostering trust, and encouraging innovation. Although not as dominant as democratic leadership, transformational leadership contributes to higher levels of intrinsic motivation and emotional engagement among nurses in providing patient care.

In contrast, the authoritarian leadership style did not show a significant relationship with nurse performance ($p = 0.087$). Characterized by unilateral decision-making and strict control, this style tends to suppress creativity, reduce motivation, and increase workplace stress. While potentially effective in crisis situations, authoritarian leadership is less suitable for sustaining professional nursing practice, which requires autonomy, collaboration, and accountability.

The results of this study are consistent with the findings of Putri et al. (2024) and Aisyah et al. (2024), who reported that democratic and participative leadership styles significantly improve nurse performance. These studies highlight the importance of adaptive and inclusive leadership in strengthening the effectiveness of nursing services. Conversely, the results differ from those of Buanasari and Gannika (2019), who found no significant association between leadership styles and nurse performance. Such discrepancies may stem from differences in organizational culture, workforce background, or managerial approaches across hospitals. Taken together, these similarities and differences suggest that the effectiveness of leadership styles is highly context-dependent and must be tailored to organizational needs and staff characteristics.

4.4 Implications of the Study

From a theoretical perspective, this study reinforces the premise that leadership style is a critical determinant of human resource performance, particularly in the hospital setting. The findings support contingency and behavioral leadership theories, both of which emphasize that the effectiveness of leadership is shaped by situational contexts and subordinate characteristics. This study contributes to the growing body of knowledge in nursing management and hospital administration, especially concerning the role of leadership in nursing care delivery.

From a practical perspective, the results provide valuable insights for hospital administrators in developing the leadership capacity of head nurses. Democratic and transformational leadership styles can be promoted as key models in managerial training programs for nurse leaders. The adoption of appropriate leadership styles can enhance motivation, accountability, and staff nurse performance. Hospitals are also encouraged to conduct regular leadership assessments, provide coaching, and strengthen a culture of collaboration to ensure optimal nursing care services..

CONCLUSIONS AND SUGGESTIONS

Based on the findings of this study on the influence of head nurses' leadership styles on the performance of staff nurses in providing nursing care at the inpatient wards of RSI Malahayati Medan, it can be concluded that leadership style has a significant effect on the quality of nurse performance. Democratic leadership emerged as the most dominant style in improving performance, indicating that involving nurses in the decision-making process can strengthen their sense of responsibility, motivation, and work effectiveness. In addition, participative, transformational, and even laissez-faire leadership styles also demonstrated positive effects on performance, provided that they are applied with appropriate supervision and communication. In contrast, authoritarian leadership did not show a meaningful effect and appears less suitable for nursing environments that demand high levels of collaboration and professionalism.

These findings suggest that the appropriate selection of leadership style by head nurses is a key factor in enhancing the quality of nursing care services in hospitals. Therefore, hospital management is recommended to develop leadership training programs that emphasize the importance of democratic and transformational approaches, while also providing contextual understanding of how and when other approaches may be applied effectively. Hospitals should also regularly evaluate leadership practices in the field to ensure that the leadership styles applied align with the dynamic needs of nursing staff.

This study has certain limitations, particularly its scope being confined to a single institution and a relatively short period of implementation. Consequently, generalizations of the results should be made cautiously. Future research is recommended to involve multiple healthcare institutions and employ longitudinal designs in order to provide a more comprehensive and in-depth understanding of the long-term effects of leadership styles on nurse performance.

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