

Analysis Of the Effect of Nursing Head Leadership Style on Nurse Performance in The Inpatient Room of Royal Prima Hospital

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Abstract- *Nursing Service is a unique service held for 24 hours and continuous is an advantage over other services. Therefore, the hospital should continue to monitor the performance of nurses. The aim of the study was to analyse the influence of the leadership style of the nursing room head towards the performance of executive nurses in the hospitalisation. This research is an analytical study with the design of cross-sectional studies. The population in this study is all nurses in classroom I and III inpatient rooms of Royal Prima Medan Hospital as much as 191 people and samples are the total population of 191 respondents. The methods of analysis used are univariate analysis, bivariate analysis and multivariate analysis. The results showed: 1) There is influence of Democratic leadership force on the performance of implementing nurses in the hospitalization, 2) there is an authoritarian leadership style influence on the performance of the executive nurse in the hospitalisation, 3) there is a influence of the leadership style laissez faire towards Performance of implementing nurses in the Living room, 4) There is a paternalistic leadership style influence on the performance of implementing nurses in the living room, 5) There is a charismatic leadership style influence on the performance of the executive nurse in the inpatient room, 6) The dominant factor affecting the performance of nurses is the paternalistic leadership style. Based on the results of the study is expected that the head of nursing room can pay attention to the implementation of its leadership style by observing each of the properties of the implementing nurse, because not everyone can receive from existing leadership style.*

I. INTRODUCTION

The hospital is one form of organization whose activities provide services in the form of promotive, preventive, curative and rehabilitative, where to achieve this requires subjective performance of employees, especially good nurses. Nurses are the most dominant in number and have the most direct contact with patients and their families, so that their role greatly determines the quality and image of the hospital. Nursing services determine the value of a health service so that nurses are one of the vital elements in hospitals (Januarti, 2017).

Nursing service is a unique service that is carried out for 24 hours and continuously is a distinct advantage compared to other services. Therefore, the hospital must continue to monitor the performance of nurses (Danim, 2014). The role of nurses in the inpatient room of a hospital is very important because they are the spearhead and are the staff who provide the longest service, so the good or bad service of a hospital inpatient room will be determined by the good and bad work of nurses. Nurses' dissatisfaction can have a negative effect on the services provided to patients, the level of patient complaints and may prolong the length of the patient's stay (Wang et al., 2016).

Nurse performance is measured by the services provided to patients so that patients feel satisfied or dissatisfied (Kurniadi, 2013). Nurse performance can be assessed in several components. The components of the nurse's performance appraisal are stipulated in Government Regulation Number 46 of 2011 concerning the Assessment of Civil Servant Work Achievement (PNS) covering Employee Work Targets (SKP), work behavior and work achievement. Assessment of the achievement of the Employee Work

Target (SKP) can be seen in two aspects, namely: 1) The quantity aspect is the achievement of the Employee Work Target (SKP) from the planned output target, 2) The quality aspect is the assessment of work behavior. From these two aspects, the work performance value will be obtained which is the sum of $60\% \times$ Employee Work Target (SKP) and $40\% \times$ work behavior. This work performance assessment is expected to improve the performance of nurses. One of the efforts to maintain the performance of nurses remains good by implementing a career path system at the hospital.

In order for the nurse's role to be maximized, leadership is needed in the inpatient room. The effect of good ward head leadership will increase nurse job satisfaction, so that if the leadership is not good it will reduce the level of nurse job satisfaction (Kleinman, 2014). This is due to the factors that influence job satisfaction, including the style of the leader in his leadership (Hasibuan, 2014). However, there are several variables that affect the performance of nurses, namely: 1) individual variables consist of abilities and skills, psychological variables consist of perceptions, attitudes, personality, learning and motivation while organizational variables consist of resources, leadership, rewards, structure and job design (Gibson, 2013).

The leadership style can be identified based on the leader's behavior and experiences in his life. Therefore, leadership styles tend to vary from one leader to another (Nursalam, 2014). According to Khuong and Hoang (2015) who cite several opinions stating that the type of leadership style consists of: task-oriented leadership, relationship, change, participatory, charismatic, autocratic, ethical while Lewin (1939) (in Marquis and Huston, 2010) divides leadership styles into three main categories, namely autocratic, democratic and laissez-faire leadership.

In understanding the meaning of leadership is easier than in practice. Leadership is closely related to the behavior of a leader compared to the expertise he has. Leadership is the ability to influence others to make a cooperative effort in achieving the goals that have been planned so that the leader must be able to carry out his leadership if he wants to be successful in carrying out his duties (Kartono, 2014).

Leadership in nursing is the application of influence and guidance aimed at all nursing staff to create trust and obedience so that there is a willingness to carry out tasks in order to achieve common goals effectively and efficiently. The head of the room is a nursing leader who uses the management process to achieve organizational/institutional goals that have been determined through other people (Nursalam, 2014).

The most tangible and easily analyzed nursing leadership is in the appearance or conduct of the nursing first-line manager, head nurse or clinical supervisor. The first line manager (head of the room) has two responsibilities. The first and most severe responsibility is the provision of effective and safe care to all patients, so that first-line managers can carry out these responsibilities only through the efforts of their subordinates (executive nurses). In order to ensure the delivery of good quality care to patients, the ward head should direct staff members (executive nurses) to carry out their duties according to institutional policies and standards and should supervise the performance of workers' duties. The second and slightly lighter responsibility is to provide physical, emotional and occupational well-being for a predetermined group of workers (Gillies, 1989; Bangun, 2013).

The head of the room as a leader needs to provide guidance or direction to implementing nurses and develop motivation, initiative and skills in order to carry out their duties properly, in this case the leader must be able to inform, explain, cooperate and monitor the behavior of nurses in accordance with the existing situation to be able to improve nurses work motivation so that they can carry out their duties properly and in accordance with the agreed goals (Hasibuan, 2014).

Based on the results of research on the relationship of the head of the room leadership according to the nurse's perception of the work motivation of the implementing nurse in the inpatient installation room F BLU RSUP Prof. Dr. R.D. Kandau, Manado, the results showed that most of them stated good leadership (Muhammad et al., 2015).

The head of the room applies his leadership in a way that the leader is able to increase work enthusiasm and foster productive nurse behavior, the leader tells the

nurses what to do and how to do it, the leader faces task challenges by being able to maintain a sense of security and a pleasant atmosphere. Irina F Isolation Room has good leadership implementation where the head of the Irina F Isolation room has carried out his leadership role as developed by Sunyoto (2012), namely by means of the leader being able to communicate well and fluently in providing information, the leader motivates the employees. nurses, there is firmness of leadership in making decisions based on facts, leaders are able to maintain a sense of security and a pleasant atmosphere. Irina F room isolation, the application of leadership is the best leadership in Irina F room BLU Prof. RSUP. Dr. R.D. Kandou Manado.

From the description above, it can be seen that the leadership style shown by the head of the nursing room can affect the performance of nurses in a hospital so that by reviewing the opinions mentioned above, it encourages the author to conduct a study entitled "Analysis of the Effect of the Nursing Head's Leadership Style on the Performance of Nurses in the Room. Hospitalization at Royal Prima Hospital, Medan".

II. RESEARCH METHODS

This research is an analytic study with a cross-sectional study design. The study was conducted in class I and III inpatient rooms at Royal Prima Hospital, Medan. The population in this study were all nurses in class I and III inpatient rooms at Royal Prima Hospital Medan as many as 191 people and the sample was the total population of 191 respondents and the sample using the Slovin formula was obtained as many as 66 respondents. Primary data in this study is data that is directly obtained from respondents using a questionnaire in the form of a written statement taken from previous research that is relevant in this study and then modified according to research needs. Secondary data in this study is data in the form of the number of nurses obtained by the management of RSU Royal Prima Medan. The data analysis technique consisted of bivariate analysis using Chi Square test and multivariate analysis.

III. RESULT AND DISCUSSION

A. Bivariate Analysis

1. Cross Tabulation Between Democratic Leadership Style and Nurse Performance

Democratic Leadership Style	Performance				p= 0,041
	Tall		Low		
	n	%	n	%	
Strong	29	90,6	3	9,4	
Weak	24	70,6	10	29,4	

Based on the table above, 32 nurses stated that they had a strong democratic leadership style, the majority with high performance, namely 90.6% and low performance, 9.4%. Furthermore, from 34 nurses stated that the democratic leadership style was weak, the majority with high performance was 70.6% and 29.4% had low performance. Furthermore, from the statistical test results obtained p value = 0.041 ($p < = 0.05$) which indicates that there is a relationship between democratic leadership style and the performance of nurses at the Royal Prima General Hospital, Medan.

A person's ability to carry out various managerial functions is evidence of his effectiveness as a leader so that many leadership styles are used to identify the types of leadership which in this case is the democratic leadership style of the head nurse. The democratic leadership style referred to by Prima (2013) is the style of a leader who respects the characteristics and abilities possessed by each member of the organization.

The head nurse of the room has the duties and responsibilities of each nursing activity in her room. The head of the nursing room is a professional nursing staff who is given the responsibility and authority to manage nursing service activities in one ward (Depkes RI, 2014). The head of the nursing field, technically, operationally medical, is responsible to the doctor in charge or the doctor in charge.

2. Cross Tabulation of Authoritarian Leadership Style with Nurse Performance

Authoritarian Leadership	Performance		p= 0,03
	Tall	Low	

Style	n	%	n	%
Strong	11	12.5	11	12.5
Weak	21	23.9	45	51.1

Based on the table above, 23 nurses stated that they had a strong authoritarian leadership style, the majority with a high performance of 65.2% and a low one with 34.8%. Furthermore, from 43 nurses stated that the authoritarian leadership style was weak, the majority with high performance were 88.4% and the low ones were 11.6%. Furthermore, from the statistical test results obtained p value = 0.024 ($p < = 0.05$) which indicates that there is a relationship between authoritarian leadership style and the performance of nurses at the Royal Prima General Hospital, Medan.

The results of this study are in line with the opinion of Mangkunegara (2014) which states that performance is influenced by 2 (two) factors, namely internal factors and external factors. These external factors are factors that affect a person's performance originating from the environment, such as behavior, attitudes, actions of co-workers, subordinates or leaders, work facilities and organizational climate. The leader referred to in this study is the head of the nursing room which has members, namely the implementing nurse. Kartono (2014) argues that leadership is the ability to influence others to make a cooperative effort in achieving the goals that have been planned so that the leader must be able to carry out his leadership if he wants to be successful in carrying out his duties. Based on this opinion, it can be seen that as a nursing leader in the nursing room, the head of the nursing room is responsible for every nursing activity. Therefore, the head of the nursing room has various ways of leadership.

One way of leadership that can be done by the head of the nursing room is an authoritarian leadership style. According to Thoha (2013), the authoritarian leadership style is if the power or authority, most of the absolute remains with the leader or if the leader adheres to a centralized system of authority. Decision-making and policy are only determined by the leader himself, subordinates are not included to provide suggestions, ideas and considerations in the decision-making process. His leadership orientation is focused

only on increasing employee work productivity with less attention to the feelings and welfare of subordinates.

3. Cross Tabulation of Laissez Faire Leadership Style with Nurse Performance

Laissez Faire Leadership Style	Performance				p= 0,003
	Tall		Low		
	n	%	n	%	
Strong	17	63,0	10	37,0	
Weak	36	92,3	3	7,7	

Based on the table above, 27 nurses stated that they had a strong laissez-faire leadership style, the majority with high performance of 25.8% and low of 37%. Furthermore, from 39 nurses stated that the laissez faire leadership style was weak, the majority with high performance were 92.3% and the lowest was 7.7%. Furthermore, from the statistical test results obtained p value = 0.003 ($p < = 0.05$) which indicates that there is a relationship between laissez faire leadership style and the performance of nurses at the Royal Prima General Hospital, Medan.

According to Sutikno (2013), this type of leadership usually shows passive behavior and often avoids responsibility. A leader who is free of control tends to choose a passive role and let the organization run at its own pace. Here a leader has free confidence by giving the widest possible freedom to his subordinates then all his efforts will quickly succeed.

Based on Sutikno's opinion and related to the results of the study, it can be seen that the head of the nursing room submits the decision to the wishes of its members and is responsible for the implementation of the work to the implementing nurse. The head of the nursing room does not make regulations regarding the implementation of work and only has little contact or relationship with the implementing nurses so that its members are required to have high abilities and expertise. The laissez faire leadership style can work well in only a small area, or if the members (administrator nurses) of the group have the same level of education as the leader and the leader performs the same tasks as the members. In some situations, this

laissez-faire leadership style can leave members feeling lost and frustrated by the lack of guidance from the leader. This can be seen from the data showing the existence of implementing nurses who stated that the head of the nursing room required each subordinate to be responsible for their respective work. In other words, according to Siagian (2014) that this type of leader is not happy to take risks and is more inclined to efforts to maintain the status quo.

However, in their duties, the majority of nurses gave the opinion that the application of the laissez-faire leadership style from the head of the nursing room was weak at 59.1% and 40.9% of the nurses gave the opinion that the head of the nursing room applied the laissez-faire leadership style. strong fairies. The head of the room only determines policy and general goals.

Based on the data obtained, it shows that the laissez-faire leadership style affects the performance of the implementing nurse. The results showed that there were 54.5% of the implementing nurses who thought the head of the nursing room applied a weak laissez-faire leadership style with high performance from the implementing nurse. This also shows that the implementing nurse does not want a laissez-faire leadership style from the head of the nursing room. The implementing nurse wants the head of the nursing room as a leader to be responsible for every activity in the nursing room and not delegate this responsibility to its members. If the head of the nursing room applies a high laissez-faire leadership style, it will affect the performance of the implementing nurse to be low. This can be seen from the data showing that there are 25.8% of nurses with low performance as a result of the application of the laissez-faire leadership style. Based on this, it can be seen that the laissez-faire leadership style can affect the performance of an implementing nurse.

4. Cross Tabulation of Paternalistic Leadership Style with Nurse Performance

Paternalistic Leadership Style	Performance				p = 0,000
	Tall		Low		
	n	%	n	%	
Strong	48	88,9	6	11,1	
Weak	5	41,7	7	58,3	

Based on the table above, 54 nurses stated that they had a strong paternalistic leadership style, the majority with high performance, namely 88.9% and low 11.1%. Furthermore, of the 12 nurses stated that the paternalistic leadership style was weak, the majority with low performance were 58.3% and the lowest was 41.7%. Furthermore, from the results of statistical tests obtained p value = 0.000 ($p \leq 0.05$) which indicates that there is a relationship between paternalistic leadership style and the performance of nurses at the Royal Prima General Hospital, Medan.

The results of this study are in line with the opinion of Gibson (2013) which states that the variables that influence behavior and performance are organizations which include resources, leadership. Suarli and Bahtiar (2013) suggest that leadership is the ability to inspire others to work together as a group in order to achieve a common goal. Leadership style is a pattern of behavior designed to integrate organizational goals with individual goals to achieve a goal. Cheng et al (2004) suggested that the paternalistic leadership style is a leadership style that combines high discipline and authority, with the virtue of a father figure and moral integrity in a personal setting.

The data showed that the nurses were of the opinion that the paternalistic leadership style of the head of the nursing room was mostly strong with a high performance of the nurses, namely 72.7%. This shows that the implementing nurse is in accordance with the paternalistic leadership style. The characteristics of the paternalistic leadership style used by the head of the nursing room are: 1) require nurses to comply with work procedures and standards, 2) involve nurses in decision-making, 3) can accept criticism and suggestions, 4) care about nurses' personal lives, and 5) provide attention and guidance to nurses who have poor performance based on indicators of paternalistic leadership style, namely: 1) consider subordinates who are immature, 2) be too protective, 3) rarely give subordinates the opportunity to make their own decisions, 4) almost never give subordinates the opportunity to take the initiative.

The data also shows that paternalistic leadership style is most related to nurse performance. This indicates that hospital policy applies to the head of the nursing room to use a paternalistic leadership style. On the one

hand, the policy of using a paternalistic leadership style can be understood because nurses are the ones who interact the most with patients or their families and have the responsibility to treat patients to recover quickly and have a high risk of patient safety in their nursing care.

5. Cross Tabulation of Charismatic Leadership Style with Nurse Performance

Charismatic Leadership Style	Performance				p =
	Tall		Low		
	n	%	n	%	
Strong	42	87,5	6	12,5	0,016
Weak	11	61,1	7	38,9	

Based on the table above, 48 nurses stated that they had a strong charismatic leadership style, the majority with high performance, namely 87.5% and low performance, 12.5%. Furthermore, from 18 nurses stated that the charismatic leadership style was weak, the majority with high performance were 61.1% and the lowest was 38.9%. Based on the results of statistical tests, p value = 0.016 ($p < = 0.05$) which indicates there is a relationship between charismatic leadership style and the performance of nurses at the Royal Prima General Hospital, Medan.

The results of this study are in line with the opinion of the Conger-Kanungo model (2000) (in Marginingsih, 2016) which states that charismatic leaders are able to directly influence group performance through the leader's sensitivity to the environment and a small part is influenced by the leader's efforts in formulating a vision and strategy that it has.

Gibson (2013) also states that the variables that influence behavior and performance are organizations which include resources, leadership. Leadership according to Kartono (2014) is stated as the ability to influence others to make a cooperative effort in achieving the goals that have been planned so that the leader must be able to carry out his leadership, if he wants to be successful in carrying out his duties.

To have an influence on the implementing nurse, the head of the nursing room requires an appropriate leadership style so that the implementing nurse can carry out the leadership policy of the head of the

nursing room. One of the leadership styles is the charismatic leadership style. Mirtoff (2004) suggests that charismatic leadership is a leadership style that makes the members he leads follow the innovations proposed by this leader. Visionary charismatic leaders express a shared vision of the future. Meanwhile, charismatic leaders in times of crisis will show their influence when the system has to deal with situations where the existing knowledge, information and procedures are insufficient. Charismatic and visionary leadership styles are considered important because charismatic leaders have their own charm so that they can make their subordinates follow them, while visionary leadership can always present ideas both in times of crisis or flexible ideas that can keep up with the times.

Delbecq et al (2013) also stated that the charismatic leadership style is one type of leadership that is considered to have a major influence on its members. The results of his research stated that charismatic leadership has a positive effect on employee motivation, performance and teamwork. Likewise in the research of Achua and Lussier (2010) stated that charismatic or transformational leadership is a leadership style that has a tremendous influence on its members. The great influence of charismatic leadership is being able to change the focus of members from a personal focus to a collective focus.

From the description above, it can be stated that nursing management in hospitals basically focuses on human behavior. To achieve the highest level of nurse productivity, patients need nurse managers who are educated in the knowledge and skills of human behavior to manage professional nurses. Every human being is an individual life as a whole which always interacts with the lives of other individuals. What happens to that person is a result of the behavior of others. The attitudes and emotions of other people affect that person. Implementing nurses are very dependent on leaders with their leadership and want to be treated fairly. A relationship will be successful if desired by both parties, namely between the head of the nursing room and the implementing nurse. To be able to do this, the head of the nursing room as a leader in the nursing room and the implementing nurse as a member need to understand about leadership management properly, which in turn will form

motivation and attitude of leadership and professional nurses.

B. Multivariate Analysis

Multivariate analysis was carried out to see which dependent variable had the most influence on the dependent variable using multiple logistic regression analysis with the following results:

Variabel	B	S.E.	Wald	d f	P Valu e
LaissezFair e	- 2.16 6	.887	5.958	1	.015
Paternalisti k	3.16 0	.900	12.32 8	1	.000
Constant	- 2.02 3	1.41 5	2.045	1	.153

From the table results in the fourth multivariate modeling, it is known that the laissez faire leadership style variable with a value of $p = 0.015$ {Exp (B) = 0.115}, the variable paternalistic leadership style with a value of $p = 0.000$ {Exp (B) = 23,575} so that the most dominant variable is related with nurse performance is a paternalistic variable with a value of $p = 0, 000$ {Exp (B) = 23,575} because it has a p value <0.05 and an Exp value (B) with the highest being the laissez faire leadership style variable.

CONCLUSION

From the results of data processing and analysis, it can be concluded that in order to obtain high performance of the implementing nurse, the head of the nursing room can pay attention to the application of his leadership style by paying attention to the individual characteristics of the implementing nurse, because not everyone can accept the existing leadership style.

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