

Advances in Healthcare Research

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The Correlation Between the Leadership Style of the Head Nurse and Staff Nurses' Performance in a Hospital



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	ABSTRACT
Keywords: leadership style, head nurse, nurse performance, nursing documentation, hospital management, autocratic leadership, cross-sectional study	Purpose: To examine the correlation between the leadership style of head nurses and the performance of staff nurses at Labuang Baji Regional Hospital.
Conflict of Interest Statement: The author(s) declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.	Research Design and Methodology: This study used a quantitative cross-sectional design involving 48 nurses selected through purposive sampling at Labuang Baji Regional Hospital, Makassar. Data were collected using a leadership style questionnaire and an observation checklist for nurse performance in documenting care. The independent variable was leadership style, and the dependent variable was nurse performance. Data were analyzed using linear regression with a significance level of $p \leq 0.005$.
Copyright © 2024 AHR. All rights reserved.	Findings and Discussion: The dominant leadership style was autocratic (77.08%), and nurse performance in documentation was moderate primarily (81.25%). A moderate positive correlation was found between leadership style and nurse performance ($r = 0.399$). This suggests that leadership style has an impact on nurse performance. Improving leadership through training may enhance documentation quality.
	Implications: Improving head nurses' leadership skills may enhance nurse performance and documentation quality. Leadership training is recommended.

Introduction

The development of healthcare services in the era of the Industrial Revolution 4.0 has brought various ongoing changes in technology, socioeconomics, lifestyle, and the environment. These shifts have increased public awareness of the need for high-quality healthcare services. Health is a fundamental human right, and the government is obligated to provide healthcare services to its citizens (Ministry of Health Regulation No. 949 of 2007). According to the Central Bureau of Statistics (BPS), as of 2022, Indonesia had a total of 2,423 general hospitals and 536 specialized hospitals. The provinces with the highest number of hospitals are located on the island of Java, with West Java having 329, East Java 318, and Central Java 275 hospitals. South Sulawesi ranks sixth among the top ten provinces with the most hospitals, with a total of 114 hospitals, comprising 86 general hospitals and 28 specialized hospitals.

Nurse performance refers to the execution of responsibilities and duties to the best of a nurse's ability to achieve the goals and objectives of an organization in delivering nursing care. The success of nursing services is primarily determined by the performance of nurses (Royani & Pakpahan, 2021).

Leadership style essentially reflects a leader's behavior and ability to lead. Several studies have demonstrated that leadership style influences nurses' performance in delivering 24-hour care to patients. The quality of a nurse's performance is often influenced by the leadership style implemented by the head nurse (Royani & Pakpahan, 2021).

Given the critical role of leaders in managing subordinates and addressing organizational challenges, leadership is a key factor that significantly influences success. Leadership style, in particular, is a key factor that determines a leader's effectiveness. Therefore, leaders must continuously develop their leadership styles to effectively guide their teams and achieve organizational goals efficiently and effectively.

Literature Review

Leadership style is defined as the behavior or approach adopted by a leader to influence subordinates and achieve organizational goals (Robbins, 2003). In the healthcare setting, particularly in nursing, leadership plays a pivotal role in shaping work culture, enhancing team coordination, and improving service delivery. According to Hersey and Blanchard's situational leadership theory, effective leadership must adapt to the maturity and readiness of the team members. Autocratic leadership—marked by high task orientation and low relational support—is considered appropriate when subordinates have limited skills or experience (Robbins, 2003). Royani and Pakpahan (2021) emphasized that the head nurse's leadership style has a significant impact on the performance of nursing staff in delivering 24-hour care. The clarity of instructions, authority, and decision-making structure under autocratic leadership can support nurses in environments requiring strong direction and efficiency.

Performance refers to the outcome of an individual's work in completing tasks according to set goals, standards, and responsibilities (Mangkunegara, 2009). In nursing, performance is closely tied to the quality of nursing care provided and the documentation of that care. Proper nursing documentation ensures continuity of care, legal accountability, and serves as a source for audits and research (Nursalam, 2013). Nursing performance can be measured based on punctuality, accuracy of documentation, and compliance with care standards. Factors affecting performance include job satisfaction, supervision, workload, education level, and leadership style.

Numerous studies have confirmed a significant relationship between leadership style and employee performance in the healthcare sector. Leaders who provide both direction and support are more likely to inspire high-quality performance and accountability among staff (Wahadi, 2008). In nursing, such leadership influences not only job satisfaction but also compliance with professional standards, including documentation. A study by Handayani, Andriyani, and Astuti (2019) found a positive correlation between leadership style and the thoroughness of nursing care documentation. Nurses working under supportive leadership tended to perform better in documentation and adhered more closely to established standards. Age and educational level also influence nurses' performance. Mature nurses, typically aged 36-45 years, tend to show greater emotional stability, psychological maturity, and professionalism, which positively affects their performance, especially in documentation (Notoatmodjo, 2005). Higher educational qualifications, such as a bachelor's degree in nursing, are associated with a better understanding of legal and ethical aspects of documentation and greater compliance with professional standards (Nursalam, 2013).

Research Design and Methodology

This study employed a descriptive-analytic design with a cross-sectional approach. The aim was to examine the relationship between the leadership style of head nurses and the performance of staff nurses in documenting nursing care. The cross-sectional design enabled the researchers to collect and analyze data from the study variables simultaneously at a single point in time (Notoatmodjo, 2005).

The study was conducted at Labuang Baji Regional General Hospital (RSUD Labuang Baji) in Makassar, Indonesia. The target population consisted of staff nurses working in inpatient units who were actively involved in nursing care documentation.

Inclusion and Exclusion Criteria. Inclusion criteria: Staff nurses who had worked for at least six months in the inpatient unit and were willing to participate. Exclusion criteria: Nurses who were on leave, not on duty during data collection, or unable to complete the questionnaire.

- Independent Variable: The leadership style of head nurses, assessed based on staff nurses' perceptions, categorized into autocratic, democratic, or laissez-faire leadership.
- Dependent Variable: The performance of nurses in documenting nursing care, measured by indicators such as accuracy, completeness, and timeliness.

Primary data were collected using a structured questionnaire comprising closed-ended questions on leadership style and performance indicators in nursing documentation. Secondary data were gathered from hospital records, including nurse staffing lists and other organizational data relevant to the research context. Data collection was conducted after obtaining approval from institutional authorities and ethical clearance. Questionnaires were distributed directly to eligible respondents, and assistance was provided as needed to ensure clarity and completeness of responses. Participation was voluntary, and informed consent was obtained from all respondents prior to participation.

The data collected were processed and analyzed using SPSS (Statistical Product and Service Solutions) software through the following steps:

- Editing: Ensuring completeness and consistency of questionnaire responses.
- Coding: Assigning numerical values to qualitative responses for statistical analysis.
- Entry: Inputting data into SPSS.
- Cleaning: Checking for missing data and eliminating outliers.

Descriptive statistics are used to present demographic characteristics and the distribution of leadership styles. Inferential statistics, specifically linear regression analysis, will be used to determine the relationship between leadership style and nurse performance. Statistical significance was determined at $p < 0.05$. The study received ethical approval from the Faculty of Health Sciences, Patria Artha University. Permission to conduct the research was also obtained from the management of RSUD Labuang Baji Makassar. Ethical principles adhered to included:

Informed consent: Participants were fully informed and gave written consent.

- Anonymity and confidentiality: Respondents' identities were kept confidential, with data coded to maintain anonymity.
- Voluntary participation: Participants could withdraw from the study at any time.
- Privacy and safety: The study was conducted with respect for respondents' privacy and ensured no harm—physical or psychological—was inflicted during the research process.

Findings and Discussion

Findings

Characteristics of Respondents

The majority of respondents were in the 36-45 age group, indicating that most nurses were in their mature adult phase, which is typically associated with higher psychological stability, better emotional regulation, and stronger decision-making abilities. These characteristics are crucial in influencing the quality and consistency of nursing documentation. Regarding education level, most respondents held a Bachelor of Nursing degree, suggesting a relatively high academic background. This supports the assumption that higher education contributes to a better understanding of nursing procedures and the importance of accurate documentation.

Leadership Style Distribution

Analysis of leadership style revealed that autocratic leadership was the most prevalent, accounting for 77.08% of the responses. This leadership style is characterized by a high focus on efficiency and control, with limited participation from subordinates in the decision-making process. It was noted that this leadership approach was commonly applied when staff were perceived to have lower levels of independence or clinical reasoning.

Nurse Performance in Documenting Nursing Care

Performance in nursing care documentation was predominantly at a moderate level (81.25%), while 14.58% of respondents showed high performance, and only 4.17% were categorized as having low performance. This distribution indicates that while most nurses fulfill their documentation responsibilities adequately, there remains a need for improvement to reach optimal standards across the board.

Correlation Between Leadership Style and Nurse Performance

Linear regression analysis revealed a statistically significant relationship between leadership style and nurse performance in documentation, with a p-value of 0.028 and a correlation coefficient (r) of 0.399, indicating a moderate positive correlation. This finding suggests that leadership style, particularly that of the head nurse, has a meaningful impact on how well nurses perform documentation of nursing care.

Table 1. Distribution

Variable	Measurement	n	%
Age (Years)	>26-30	14	29,17
	>31-35	16	33,33
	>36-45	18	37,50
Gender	Man	28	66.66
	Woman	14	33.33
Education Level	Bachelor	19	39,58
	Associate Degree	29	60,42
Leadership Style	Autocratic	37	77,08
	Democratic	5	10,42
	Participatory	3	6,25
	Free to act	3	6,25

Source: Data Primer

Table 2. Result

Variable	r-calculated	Cronbach Alpha	Result
Leadership Style vs. Nurse Performance	0,399	0.028	Valid dan reliable

Source: Data Primer

Discussion

The results of this study emphasize the important role of leadership style—particularly autocratic leadership—in influencing nurse performance in documentation practices. The prevalence of autocratic leadership among head nurses suggests a managerial approach that prioritizes structure, control, and direct supervision, which can be effective in settings where nursing staff have varied competencies or are less confident in making independent decisions.

This aligns with Robbins' (2003) theory, which posits that autocratic leadership is suitable when subordinates require close supervision and decision-making must remain centralized. In such settings, head nurses often provide detailed instructions and maintain one-way communication, which can support nurses who are still developing their professional autonomy.

The moderate correlation ($r = 0.399$) found in this study is consistent with prior research by Royani & Pakpahan (2021), which concluded that leadership style significantly affects nurse performance in delivering quality care. Moreover, Wahadi (2008) noted that the leader's behavior directly influences motivation and the execution of nursing duties, including care documentation.

The demographic findings also offer relevant insight. The dominance of respondents aged 36-45 years—an age typically associated with professional maturity—may contribute positively to documentation performance. In addition, the majority holding bachelor's degrees suggests that educational background also plays a key role in influencing how well nurses adhere to documentation standards.

Despite these strengths, the finding that most nurses are only performing at a moderate level indicates room for growth. It implies that even under autocratic leadership, nurse performance may plateau if not complemented with ongoing training, participative management opportunities, or improved work conditions. Therefore, a more adaptive or transformational leadership style might yield higher performance in specific contexts, particularly among highly educated and experienced nursing staff.

These findings underscore the importance of nursing leaders to critically evaluate and adapt their leadership styles in response to the professional maturity, educational background, and autonomy of their teams. Enhancing leadership effectiveness could serve as a strategic pathway to improving the quality and completeness of nursing care documentation.

Conclusion

This study found a statistically significant relationship between the leadership style of head nurses and the performance of staff nurses in documenting nursing care at RSUD Labuang Baji Makassar. The autocratic leadership style was the most commonly perceived, applied in 77.08% of cases. It was associated with a moderate level of nurse performance in documentation, reported by 81.25% of the respondents.

A moderate positive correlation ($r = 0.399$) was found between leadership style and documentation performance, with a p-value of 0.028, suggesting that leadership style has a significant impact on influencing nursing documentation practices. This suggests that the way head nurses lead their teams can directly affect the accuracy, completeness, and timeliness of nursing documentation.

Given the dominance of the autocratic style and its effectiveness among less independent or junior nurses, it is recommended that leadership development programs be implemented to help nurse managers adopt adaptive leadership styles that suit the maturity level and educational background of their staff. Furthermore, improving nurse performance requires not only appropriate leadership approaches but also continuous education, supervision, and motivation. Ultimately, enhancing leadership quality at the unit level is a strategic effort to improve documentation practices, ensure legal accountability, and uphold the quality of patient care in hospital settings.

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