

Relationship of Transformational Leadership Style of Head Room and Performance of Implementing Nurse in the Inpatient Room at Bandung General Hospital and Prof. Dr. Boloni Medan General Hospital

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Abstract

This study aims to analyze relationship of transformational leadership style of head room and performance of implementing nurse in the Inpatient Room at Bandung General Hospital and Prof. Dr. Boloni Medan General Hospital. This research is a quantitative research with associative correlative research design. The population in this study are head room of the Inpatient Room at General Hospital as many as 31 people consisting of 17 people at Bandung General Hospital and 14 people at Prof. Dr. Boloni Medan General Hospital. The sample in this study is the entire population as the research sample (total population) as many as 31 head room of the Inpatient Room at Bandung and Prof. Dr. Boloni Medan General Hospital. The data analysis method used bivariate analysis. The results show that there is relationship of transformational leadership style of head room and performance of implementing nurse in the Inpatient Room at Bandung General Hospital and Prof. Dr. Boloni Medan General Hospital.

Keywords

transformational leadership;
head room; performance;
implementing nurse



I. Introduction

Nurses have an important role as implementing medical actions, supervising or controlling the condition and development of patients who are being treated. A nurse is a person who cares for and cares for other people who experience patient health problems for 24 hours continuously or provide the longest service to patients than other health workers.

Nurses are professionals who have the ability, responsibility and authority to carry out nursing care related to hospital management and patient satisfaction. Therefore, nursing services contribute in determining the quality of service. Efforts to improve the quality of hospital services must also be accompanied by efforts to improve the quality of nursing services, one of which is through leadership that supports improving nurse performance (Darus et al., 2018).

In a hospital organization, the head of the room is the leader who directly supervises the implementing nurse and the implementation of the nurse's duties is an element of the process in hospital management. The head of the room acts as a manager as well as a leader. The head of the nursing room has the responsibility of moving the implementing nurse. Therefore, the head of the room also has a duty to evaluate the performance of nurses. The activities of the head of the room will show leadership styles with their respective patterns (Mugianti, 2016).

The success of leadership is partly determined by the ability of leaders to develop their organizational culture. (Arif, 2019). The leadership style is included in the elements of organizational variables that can affect performance. The organization as a gathering

place for employees to change their performance is very much determined by a leadership model. Without an effective leadership model, it is difficult to unite commitment, perception and improvement of human resources to advance the expected goals (Gibson et al., 2011). Each leader in work has its own style to show character in realizing organizational goals. The leader itself is identical to the power that has the authority to regulate, foster, direct and account for all activities that take place in an organization so that a leader who applies various styles of work is a crucial factor to determine whether an organization is successful or not achieving its goals.

According to Gannika and Buanasari (2019), leadership style is a way used by a leader in influencing the behavior of others. A leader should have characteristics, namely by understanding the characteristics of leadership which have three components of leadership, namely leader, follower, and situation. A leader must be able to direct his subordinates to have competence at work because it can encourage increased quality of performance. This means that leaders who are less skilled at adjusting to the surrounding situation and conditions can hinder the performance of nurses.

The leadership style according to Gillies (1996) is divided into 4 types, namely democratic leadership style, participatory leadership style, authoritarian leadership style and action-free leadership style that can affect employee performance. Bass (1985) offers a leadership style consisting of transformational and transactional. Currently, the assessment of leadership style that is often used is the transformational leadership style which has 4 dimensions (idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration) and transactional consists of 3 dimensions (contingent reward, management by-exception, and laissez faire). Transformational leadership is more likely to appear in organizations that have high warmth and trust and are also highly educated, it is hoped that with higher education they can become creative people.

Given global trends, such as an aging population and the rapid adoption of new technologies, the way healthcare is delivered has changed substantially in the last 10 years, which in turn has brought about the need for new ways to lead healthcare teams. For this reason, it takes a leadership style that contains values in itself to create a positive relationship associated with higher patient satisfaction, and reduced patient mortality, medication errors, use of controls and hospital-acquired infections (Sudiarto, 2019).

Leadership style will have a positive or negative impact on subordinates. The positive impacts include a positive way of thinking between leaders and subordinates, awareness not to violate commitments, comfort between leaders and their subordinates, motivation and satisfaction to continue working if they have transformational and transactional leadership models. The negative impacts of leadership such as giving birth to arrogant, authoritarian attitudes, poor communication between leaders and their subordinates, as well as discomfort and dissatisfaction in the work environment, resulting in failure to lead known as laissez faire so it is very significant to analyze the leadership style carried out by the head of the room (Bass and Avolio, 2012).

Factors that can influence a person's leadership style include many aspects. Research by Ako et al. (2018) with the findings that contextual factors such as institutional rules and regulations and funding limit the power of managers, and influence leadership styles and responses to the needs of frontline workers and clients. Contextual constraints on manager responses are a source of demotivation for managers and frontline workers as they hinder the provision of quality healthcare. Effective hospital management and leadership is influenced by contextual factors and not just the knowledge and skills of managers.

Based on the author's observations while working at the Bandung General Hospital that the head of the room does not carry out his role in supervision, tends to give freedom to the implementing nurse in carrying out nursing care and evaluating the implementation of nursing services, which results in the relationship between the head of the room as a leader in the hospital and the implementing nurse does not reflect a relationship between leaders and subordinates. As a result of these conditions, implementing nurses are less disciplined and less motivated to carry out nursing services as they should. The impact of an inappropriate leadership style can affect the performance of nurses. One of the nurses' performance regarding filling out medical records, out of 200 files that were filled in, only reached 86 complete files (43%) in January 2020. The low performance of nurses in filling out medical records is one of the causes of a less than optimal leadership style. According to Bass (1990) that the leadership style that lacks supervision and coordination is included in the type of leadership style that is free of action.

Based on the results of interviews through the distribution of questionnaires at the Bandung General Hospital Medan on June 6, 2020 to 10 nurses of whom 6 people (60%) said that the leadership style of the existing head of the room paid less attention to new nurses, was not satisfied with the delivery of information about the organization and parties. hospitals such as promotions, incentives, and opportunities to improve abilities and skills. The head of the room tends to give nurses the freedom to carry out nursing care. The nurse also said that the head of the room likes to get angry when something goes wrong, is less willing to take the time to provide direction and guidance when health services take place and pay less attention to nurses' complaints, which are participatory and authoritarian styles of application. 4 nurses (40%) stated that the head of the ward tends to apply a transformational leadership style in terms of carrying out the duties of nurses who are always involved and if there is a problem, the head of the ward always helps solve nursing service problems. Here the leader motivates subordinates to participate in understanding the problems in the hospital.

Furthermore, it can be explained that the head of the room also sometimes provides control through daily meetings and will evaluate their performance whether they deserve praise or not. The head of the room rarely applies discussions and new ways of completing tasks in improving nursing services, and shows power that his orders are non-negotiable so that there is a tendency to control the implementation of nursing actions and show an attitude of feeling important in advancing services so that when needed, they are not in place. The results of the interview explained that the leadership style applied by the head of the room in accordance with Bass's theory (1985) consisted of transformational and transactional leadership styles.

One of the achievements of the leadership style of the head of the room is the performance of nurses. The current performance of nurses can describe the quality of nursing care. Nursing care services are a process or series of activities in nursing practice that are directly given to patients with various health service arrangements consisting of assessment, diagnosis, planning, implementation and evaluation. Nursing practice prioritizes patient satisfaction (Astar et al., 2018).

Globally, the performance of nurses is still rarely studied at this time. The performance of nurses in several foreign hospitals has been studied by Aiken et al. (2018) regarding nursing services in the UK have not been maximized. Based on the patient's perception that nurses did not have time to complete pain management (7%), missed treatments and procedures (11%), lacked time to educate patients and families (52%) and were comfortable talking to patients (65%). More than a quarter of nurses (27%) did not have time to complete 3 or 4 types of patient care.

Robertson et al. (2018) examines the perception of the British public from the results of a national health service survey concluding that the performance of nurses in providing inpatient services is 5% (down by 5% in 2016), 52% for emergency services, and 23% for social care. The performance of nurses spending time in nursing services with the lowest proportion of 7.3% and the highest 54.2%, and the highest non-care services 59%. This condition indicates that the nurse's performance is not in line with the patient's expectations.

There are many trends in the assessment of nurse performance in Indonesia that have not been maximized. Handayani et al. (2018), explains that there are 57.8% of nurses who have poor performance because nurses do not tell their families how to care for patients, do not involve families in action plans, and are less skilled in evaluating the ability of patients' families in inpatient care Batusangkar Hospital, Tanah Datar Regency, West Sumatra Province.

This study aims to analyze relationship of transformational leadership style of head room and performance of implementing nurse in the Inpatient Room at Bandung General Hospital and Prof. Dr. Boloni Medan General Hospital.

II. Research Method

This research is a quantitative research with associative correlative research design. Associative correlative research is a study that aims to determine the relationship between two or more variables (Asyraini et al., 2022, Octiva, 2018; Pandiangan et al., 2022). The purpose of associative research is to analyze whether there is an influence and how big the influence is from cause and effect or from independent variables and research dependent variables (Octiva et al., 2018; Pandia et al., 2018; Pandiangan, 2015).

Population is a group of individuals with the same characteristics and living in the same place (Pandiangan, 2018; Pandiangan et al., 2021). The population in this study are head room of the Inpatient Room at General Hospital as many as 31 people consisting of 17 people at Bandung General Hospital and 14 people at Prof. Dr. Boloni Medan General Hospital. The sample is a part that is taken from the whole object of research and is considered to represent a true (representative) picture of the population (Octiva et al., 2021; Pandiangan et al., 2018). The sample in this study is the entire population as the research sample (total population) as many as 31 head room of the Inpatient Room at Bandung and Prof. Dr. Boloni Medan General Hospital. The data analysis method used bivariate analysis.

The data analysis method used bivariate analysis. Bivariate analysis is an analysis that is intended to analyze the relationship or condition of the independent variable (the leadership style of the head of the room) with the dependent variable (the performance of the implementing nurse) by using the product moment correlation statistic test with a 95% confidence level (Pandiangan, 2022; Tobing et al., 2018).

III. Results and Discussion

Overview of Research Sites

3.1 Bandung General Hospital

Bandung General Hospital is located at Jalan Mistar Number 39-43, Medan Petisah District, West Sei Putih Village, North Sumatra Province. The history of the establishment of the Bandung General Hospital began with the practice of certified midwives since 1970 which was founded by the late husband and wife Mr. Sepiran Sitepu and Mrs. Zainar Br. Ginting which provided health services for the people in the area around Medan Petisah, with very limited conditions at that time. In 1977 it developed from a certified midwife practice into a maternity clinic. In 1992 the maternity clinic began to develop itself into a general hospital which was named the Bandung General Hospital.

General medical services available are doctors on duty at the emergency department and doctor on duty, delivery room units, general surgery, internal medicine, children, anesthesia, in addition to medical services to support these services need clinical and non-clinical support facilities. Clinical support facilities include inpatient units with a capacity of 100 TT, outpatient units, operating room units, intensive care units, laboratory units, pharmacy units, medical record installations, and registration. Non-clinical supporting facilities include nutrition and kitchen units, sanitation units, linen and laundry units, ambulance units, mortuary units, security units, general affairs and finance.

In addition to the addition of facilities and infrastructure, the human resource development program at Bandung General Hospital is also carried out by providing education and training in the form of regular internal training for doctors, nurses/midwives, other health workers and non-health workers. The training program, namely internal training, is carried out with the aim of developing knowledge and skills of human resources in order to improve the quality of quality health services.

3.2 Prof. Dr. Boloni Medan General Hospital

This hospital is a private hospital founded on September 9, 1990 under the auspices of the Foundation Prof. Dr. Boloni Marpaung. The purpose of its establishment is to develop a modern, quality, and professional hospital that can serve all levels of society regardless of ethnicity, religion, race, and class. In addition, the hospital also aims to help government programs to expand and improve public health.

The values that underlie the establishment of the hospital are togetherness, fairness, honesty, integrity, responsibility, diligence, service, and focus on quality. Even though the hospital is now a public service agency, all policies will be determined internally by the hospital itself, so it needs to be rearranged and equipped with regulations that support hospital operations in public service agencies.

In line with the goals of developing the health sector in North Sumatra, especially in the city of Medan, in carrying out the function of maintaining and improving individual health through health services, the hospital has set a vision, namely to become a hospital that provides the best health services for the community in a professional manner.

The hospital has a program to improve health services with the following activities:

1. Professional and excellent service activities.
2. Excellent service.
3. Cooperating with other agencies.
4. Improved quality of old service.
5. Carry out maintenance of waste water management facilities.
6. Implementation of work safety.

7. Implementation of infection control.
8. Improved special services.
9. Improved administrative services.
10. Carry out maintenance of hospital equipment and other support.
11. Addition of hospital equipment.
12. Addition of a new building.
13. Service support activities and human resources.
14. Capacity building of human resources.
15. Inhouse/exhouse education and training.
16. Optimization of human resources and the addition of specialist doctors, nursing paramedics, non-nursing paramedics, and non-medical doctors.
17. Improving office administration service activities.
18. Improving the maintenance of facilities and infrastructure.
19. Improving services by maintaining and implementing service quality standards with accreditation certification.
20. Improving the quality of hospital strategic planning.
21. Development of hospital information system.
22. Improved services with regulatory support.
23. Procurement of special clothing for hospital employees.

3.3 Bivariate Analysis Results

The bivariate analysis aims to see whether there is a relationship of transformational leadership style of head room and performance of implementing nurse in the Inpatient Room at Bandung General Hospital and Prof. Dr. Boloni Medan General Hospital. Bivariate analysis is presented in the form of Table 1:

Table 1. Cross Tabulation between Transformational Leadership Style with Performance of Implementing Nurse

Transformational Leadership Style	Performance of Implementing Nurse				Total		Nilai p
	Good		Not Good		n	%	
	n	%	n	%			
Apply	9	69.2	4	30.8	13	100	0.003
Not Apply	2	11.1	16	88.9	18	100	

The results show that there is relationship of transformational leadership style of head room and performance of implementing nurse in the Inpatient Room at Bandung General Hospital and Prof. Dr. Boloni Medan General Hospital.

IV. Conclusion

The results show that there is relationship of transformational leadership style of head room and performance of implementing nurse in the Inpatient Room at Bandung General Hospital and Prof. Dr. Boloni Medan General Hospital.

Based on the conclusions above, it is recommended:

1. Hospitals should improve supervision of overall health services, especially nursing care services in inpatient rooms in order to provide opportunities for the head of the room and implementing nurses to increase knowledge through various seminars or training either by sending outside the hospital or in the hospital environment.
2. Implementing nurses should strive to improve the performance of nursing care services including assessment, diagnosis, intervention, implementation, and evaluation in the inpatient room through reading activities and discussions with colleagues and the head of the room.

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