

Develop Leadership Style Model for Nurse in Indonesian Hospital

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ABSTRACT

The purpose of this study was to analyze the influence of Nurse's leadership style on hospital performance, to make models of the influence of Transactional, Transformational, Democratic, Autocratic, Bureaucratic and Charismatic leadership styles on hospital performance. This research method is a quantitative method and data collection is done by distributing electronic questionnaires online with simple random sampling technique to nurses in hospitals in Banten Province, Indonesia. Data processing with PLS and using SmartPLS version 3.0 software. Respondents in this study were 222 nurses from 10 (ten) hospitals in Banten. The results of this study can be concluded that the Transactional, Transformational, Democratic, Autocratic, Bureaucratic and Charismatic leadership style has a positive and significant effect on hospital performance. Transactional leadership style has a positive and significant effect on hospital performance, transformational leadership style has a positive and significant effect on hospital performance, democratic leadership style has a positive and significant effect on the performance of autocratic leadership style has a positive and significant effect on hospital performance, bureaucratic leadership style has a positive and significant effect on hospital performance. performance, bureaucratic leadership style has a positive and significant effect on hospital performance.

Keywords: Leadership style, Transactional, Transformational, Democratic, Autocratic, Bureaucratic, Charismatic, Hospital performance

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INTRODUCTION

In the industrial era 4.0 and the Covid 19 pandemic, the hospital played an important role and was required to improve performance and service to its patients. Hospital leadership is very important because a hospital is a large institution. Many people are involved in these agencies. To be successful, it requires cooperation from all elements. Starting from leaders, employees, to consumers. A leader must be able to control superiors, sides, and subordinates. This means that as a leader, you must be able and master the theory and practice. Let's say you are the head of an inpatient ward. Meaning you have to know when it is time to support and hold back in front of the head of the hospital. The leadership of the hospital organization plays a very important role. It can even be said to be a determining factor in the management of health service activities. The hospital is one of the organizations through which professional medical personnel, organized as well as permanent medical facilities, provides continuous medical services and nursing care and meets the needs of fostered community health services. (Trisnantoro; 2005) Leadership is a relationship problem between the leader and the members being led. Leadership generally functions on the basis of the leader's power to persuade (persuade) and move other people together to do something,

in order to achieve a certain goal. With the presence of a leader, an automatic interaction will be realized between the leader and the individuals who are led, in other words, interpersonal relationships are realized (Kartono, 2002). An effective leader is able to influence his followers to have greater optimism, self-confidence, and commitment to the goals and mission of the organization (Gary Yukl, 2004). This has the consequence that every leader is obliged to pay serious attention to fostering, mobilizing and directing all potential employees in their environment in order to achieve organizational stability and increase productivity oriented towards organizational goals. According to Lodge and Derek (2003), leader behavior has an impact. significant towards employee attitudes, behavior and performance. The effectiveness of a leader is influenced by the characteristics of his subordinates and is related to the communication process that occurs between the leader and subordinates. Leaders are said to be unsuccessful if they are unable to motivate, mobilize and satisfy employees in a particular job and environment. A capable leader can certainly monitor directly and direct and provide positive input for employees, this will generate employee interest to work harder and produce maximum performance results.

The hospital is a large organization, to carry out leadership

in a large organization requires great thought and action as well as mature policies and decisions, it is not an easy matter to do this. It requires extraordinary skills and abilities and theories and methods in implementing good leadership from the organization. The need for leadership today is much greater than in the past, because today's organizations are very complex and face very strong challenges from both internal and external pressure. Leadership is a major and very important social resource. Many people think that leadership in a hospital can only be concentrated on the hospital director. Whereas in fact there must be leadership in everyone who leads the unit both on the structural and functional lines, or in every line in the hospital. We are aware that the leadership of the hospital director will have a considerable influence, because of the paternalistic nature of our society. Top leadership must be what its employees envision. In this regard, the top leaders must have the courage to make fundamental changes to actively create leaders at the middle and lower levels. As an illustration, clinical leaders are needed among doctors and other leaders at different levels throughout the hospital organizational unit. The main leadership task of a hospital director is to provide learning to other leaders to change and act strategically. Creating a conducive organizational culture, mutually supporting each other, mutually reinforcing which will generate organizational energy in the face of free competition. Leadership is synonymous with influencing others to be willing to carry out their duties in accordance with organizational goals. Because it affects other people who also have the same desire to influence others, the problem lies in how to give the right understanding so that the person being led understands exactly who he is, where is his position, what is his role, what is his vision, what is the purpose, how does it work, what the standards and targets are, and ultimately what they will get. There were many complaints from hospital directors that they had trouble dealing with doctors who were arrogant, not disciplined about procedures, not disciplined in time, or unwilling to fill in patient status. This complaint was actually the result of a lack of understanding from all parties in the hospital. At the heart of leadership in the hospital is the ability to control emotions wisely. How can we survive in any worst condition, we must remain calm in the face of various hidden insults, ridicule and even humiliation? But that's the risk we have to bear because we are leaders.

The hospital is needed by many people every day because the hospital is a place for treatment, and it is only one of the most legal places or the one place that is most visited by people who are not healthy, almost every day people can fall sick and they will immediately go to find a hospital. Therefore, in a hospital, an organization is needed so that everything runs smoothly, quickly and efficiently. Because every day the hospital is visited by many patients so an organization is needed so that patients can be served quickly. And also, an organization in the hospital is functioning so that every member in it knows what their purpose there is. So, in general, the organization at the hospital is very much needed for the

smooth running of the hospital because if we see from the many visitors every day, an organization is very much needed for the smooth running of the hospital. We can imagine if a hospital does not have an organization, there will definitely be a chaos or it can be called a chaos within the hospital because there is no organization. Because it is certain that if there is no organization, everything will feel troublesome and there are no rules that regulate patients or institutions in the hospital's work environment. The performance of nurses is reflected in the duties of nurses who are carried out daily at work, namely providing nursing care services to patients starting from carrying out nursing assessments, formulating nursing diagnoses, compiling nursing action plans, carrying out nursing processes to evaluating the results of actions and finally documenting nursing results as listed in standard operational procedures. In addition, nursing service is a form of professional service that is an integral part of health services based on nursing science and tips in the form of comprehensive biological, psychological, sociological, spiritual services aimed at individuals, families and communities both in a healthy and sick condition which includes the entire process. human life, therefore nurses are required to have an adequate level of knowledge and skills, so that they can provide optimal health services for the community (Soeroso, 2002). Nursing care in a hospital is generally low or less qualified, meaning that a very significant question is what is the leadership pattern, then the extent to which the leadership intervenes in managing and managing nursing care, so that the quality and quality of service is very satisfying which ultimately does not cause complaints to community in terms of nursing service and care.

Community. The purpose of this study was to analyze the effect of leadership style on hospital performance with the following research questions:

1. Does the transactional leadership style affect hospital performance?
2. Does the transformational leadership style affect hospital performance?
3. Does democratic leadership style affect hospital performance?
4. Does autocratic leadership style hospital performance?
5. Does the bureaucratic leadership style affect hospital performance?
6. Does charismatic leadership style hospital performance?

LITERATURE REVIEW AND HYPOTHESES

TRANSFORMATIONAL LEADERSHIP STYLE

According to Ismail (2009) it focuses on developing employee value systems, their level of motivation, developing their skills. According to Bass (1994) encouraging followers to achieve their goals of working in the organization. According to Avolio (2009) Behaviors that change and inspire followers to work beyond expectations for the good of the organization, Mneurut Dansereau (2010) suggested to increase intellectual

development, self-confidence, team spirit and enthusiasm among followers to achieve organizational goals. Bass (1988) focuses on improving employee development, process-oriented, motivating employees to work beyond expectations. According to Behery (2008), employees can easily share knowledge between them and Chu and Lai (2011) bring about change and innovation in organizations.

Hypothesis 1 (H1) Transactional leadership style affects performance

TRANSACTIONAL LEADERSHIP STYLE

According to Howell & Avolio, (1993) exchange of rewards and targets between employees and management, Bass (1990) Transactional leaders fulfill employees' need for rewards when targets are met. Avolio (2009) Based on performance-dependent reward exchanges. According to Hakim, & Hasham (2009) Leaders of followers through punishment and rewards. According to Afshari & Gibson (2016) Rewards, punishments and targets between employees and management. According to Robbins & Hakim (2017) guiding and motivating their followers to achieve their goals by clarifying roles and job requirements. According to Podsakoff *et al.* (2006) reward exchange for positive outcomes in organizations and Robbins *et al.* (2009) lead followers through punishment and rewards.

Hypothesis 2 (H2) transformational leadership style affects performance

DEMOCRATIC LEADERSHIP STYLE

According to Tannenbaum and Schmidt (1958) decision making is decentralized and shared by subordinates. According to Parker (2003) it is used when group participation is involved and according to Clark R (2009) it involves subordinates in the decision-making process. Mullins (2005) Consultation with subordinates and evaluate their opinions and suggestions before making a decision. Lewis (1939) Acts to reward input and commitment through participation, listening to bad news and good news. Anderson (1991) Share decision making with other members. Daft (2014) delegates authority to others to encourage decision making. Mullins (2007) Group members have greater rights in decision making, policy making, implementing systems and procedures. Jooste and Fourie (2009) contributions from group members, and the improvement of group morale.

Hypothesis 3 (H3) democratic leadership style on performance

AUTOCRATIC LEADERSHIP STYLE

Mneueur Michael, (2010) "Do what I say", there is no shared vision and little motivation beyond force. Commitment, creativity and innovation are usually omitted. Richard and Robert (2009) Power is given to employees to set goals; managers provide little or no direction to employees. Bass & Riggio (2006) Leaders avoid responsibility, pay no attention to followers' needs, do not provide feedback, and delay decision making.

Swarup (2013) a manager is the most powerful entity and it is the main decision maker. DurBrin (2006) monitors and exercises power with little trust or confidence in followers. Jooste & Fourie (2009) Because of this attitude, followers in the system fear and distrust their leader. Maxwell (2015) They make plans for each achievement and their followers are bound to work or follow the rules.

Hypothesis 4 (H4) autocratic leadership style on performance

BIROCRATIC LEADERSHIP STYLE

According to Michael (2012), he is usually very committed to procedures. According to Santrock (2007) it follows a close set of standards. Everything is done in a precise and specific manner to ensure safety and / or accuracy. According to Shaefer (2005) Follow procedures, useful in organizations where employees perform routine tasks. Michael (2010) motivates and develops people neglected by bureaucratic leaders, they follow problem solving procedures. Bass (2008) Behavior of leaders is characterized by the application of strict procedures that apply to leaders and their subordinates. Avilio (2003) makes decisions based on rigid rules without any flexibility. Bruce (2018) All activities cannot be separated from existing procedures.

Hypothesis 5 (H5) bureaucratic leadership style on performance

CHARISMATIC LEADERSHIP STYLE

According to Michael (2010) having a very strong vision or clear goals, being able to communicate the vision effectively and showing consistency and focus. Able to encourage all team members to achieve goals. According to Bell (2013) Inspire others and encourage them to become Weber (1947) Not from formal authority but from followers' perceptions of leaders who are endowed with extraordinary qualities. According to Snow *et al.*, (1986) Motivating followers to embrace social change. Bass (1985) is more likely to be in a transformational culture and They transform, not just nurture. They revive failed companies, develop new products and revolutionize processes (Bass, 1981; Bass, 1985; Burns, 1978; Maslow, 1970). They can propose a good vision for the future in the best interests of their organization. (Dubrin and Danglish, 2003) Placing responsibility for decisions and management on management come along and their team. Marjosala and Takala (2000) develop a good leader image among their followers and also to develop the organization.

Hypothesis 6 (H6) charismatic leadership style on performance

METHODS

This research method is a quantitative method and data collection was done by distributing electronic questionnaires online to nurses in hospitals in Banten Province, Indonesia. Each closed question / statement item is given five answer options, namely: strongly agree (SS) score 5, agree (S) score 4, neutral / doubt (N) score 3, disagree (TS) score 2, and strongly

disagree, agree (STS) score 1. The method for data processing is by PLS and using SmartPLS version 3.0 software. Respondents in this study were 222 nurses from 10 (ten)

hospitals in Banten. Online electronic questionnaires were distributed using simple random sampling technique.

Table 1. Respondents Profile

Criteria		Jumlah
Age	< 30 Years	52
	30 – 40 Years	80
	> 40 Years	90
Work Periode	< 5 Years	102
	5-10 Years	50
	> 10 Years	70
Gender	Male	164
	Female	158

Based on the results of the questionnaire, the respondents' profiles for Age under 30 years were 52 nurses, 80 nurses between 30 - 40 years old and 90 nurses over 40 years old. For work periods under 5 years, there are 102 nurses. Age 5-10 years for 50 nurses, age above 10 years is 70 nurses. Gender is Male, there are 164 nurses and Female, there are 158 nurses.

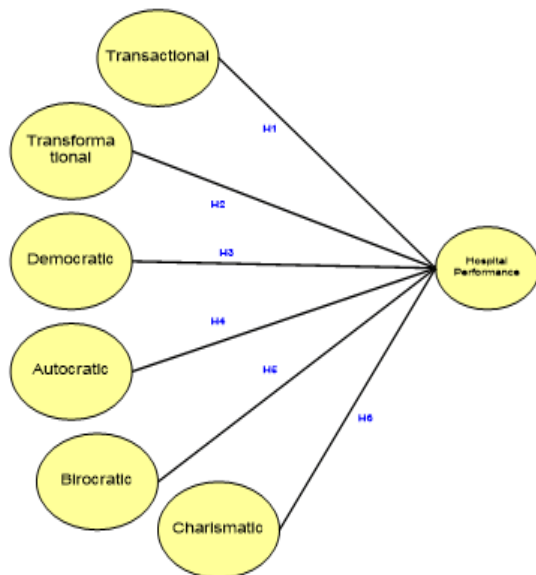


Figure 1. Research Model

Based on the study of existing theories and previous research, the following hypotheses were made:
 Hypothesis 1 (H1) Transactional leadership style affects hospital performance
 Hypothesis 2 (H2) Transformational leadership style affects hospital performance
 Hypothesis 3 (H3) Democratic leadership style affects hospital performance
 Hypothesis 4 (H4) Autocratic leadership style affects hospital performance
 Hypothesis 5 (H5) The bureaucratic leadership style affects hospital performance
 Hypothesis 6 (H6) Charismatic leadership style affects hospital performance

RESULT AND DISCUSSION

The first stage of analysis in this research is model testing

which includes testing for convergent validity, discriminant validity. Meanwhile, to test construct reliability, cronbach's alpha and composite reliability values were used. Convergent validity tests are carried out by looking at the loading factor value of each indicator against the construct. A factor weight of 0.5 or more is considered to have sufficiently strong validation to explain latent constructs (Chin, 1998; Ghazali, 2014; Hair *et al.*, 2010). In this study, the minimum limit for the accepted loading factor is 0.5, provided that the AVE value of each construct is > 0.5 (Ghozali, 2014).

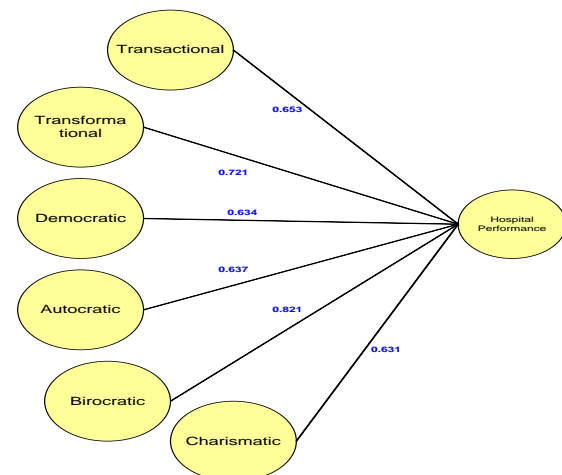


Figure 2. Research Model Validity Result

Reliability Test for Variables

The reliability of variables can be assessed from the Cronbach's alpha value and the composite reliability of each variables. The recommended composite reliability and cronbach's alpha value is greater than 0.7 (Ghozali, 2014). The results of the variable reliability test showed that all constructs had composite reliability and Cronbach's alpha values were greater than 0.7 (> 0.7). In conclusion, all variables have met the required reliability requirements

Table 2. Loadings, Cronbach's Alpha, Composite Reliability, and Average Variance Extracted (AVE) Testing Result

Variables	Items	Loadings	Cronbach's Alpha	Composite Reliability	AVE
Transactional	L11	0.623	0.812	0.821	0.743
	L12	0.654			
	L13	0.721			
Transformational	L21	0.713	0.823	0.876	0.622
	L22	0.623			
	L23	0.612			
Democratic	L31	0.613	0.821	0.821	0.613
	L32	0.734			
	L33	0.721			
Autocratic	L41	0.721	0.721	0.821	0.631
	L42	0.823			
	L43	0.612			
Bureaucratic	L51	0.621	0.612	0.792	0.622
	L52	0.812			
	L53	0.721			
Charismatic	L61	0.512	0.723	0.811	0.615
	L62	0.723			
	L63	0.621			

The results of the discriminant validity test in Table 3 show that all indicators have a square root value of AVE above the correlation value with other latent indicators (through the Fornell-Larcker criteria). Likewise, the loading value of all items from an indicator is greater than the other indicator items in Table 3, so it can be concluded that the indicator model has met discriminant validity (Fornell & Larcker, 1981).

Table 3. Discriminant Validity Testing

Variables	L1	L2	L3	L1	L2	L3
Transactional	0.932					
Trans-formational	0.532	0.808				
Democratic	0.536	0.365	0.824			
Autocratic	0.534	0.534	0.534	0.971		
Bureaucratic	0.631	0.631	0.631	0.625	0.972	
Charismatic	0.567	0.567	0.567	0.521	0.565	0.971

Hypothesis Testing

Hypothesis testing in this study was carried out using the t-statistical test on partial least squared (PLS) analysis using the SmartPLS 3.0 software tool. With the

bootstrapping technique, based on the calculation results, the R Square value and the significance test value are obtained as follows:

Table 4. R Square Value Result

	R Square	R Square Adjusted
Hospital Performance (P)	0.921	0.562

Based on Table 4 above, the R Square hospital performance (P) value is 0.921, which means that the hospital performance (P) variable can be explained by the Transactional, Transformational, Democratic, Autocratic, Bureaucratic and Charismatic leadership variables of 92.1%, while the rest is 7.9. % explained by other variables that have not been discussed in this study.

Table 5. Hypothesis Testing Result

Hypotheses	Relationship	Beta	SE	T Statistics	P-Values	Decision
H1	L1 -> P	0.642	0.104	3.212	0.001	Supported
H2	L2 -> P	0.531	0.032	6.432	0.000	Supported
H3	L3 -> P	0.526	0.076	7.234	0.002	Supported
H4	L4 -> P	0.575	0.086	4.213	0.000	Supported
H5	L3 -> P	0.623	0.062	5.213	0.001	Supported
H6	L4 -> P	0.512	0.058	6.235	0.000	Supported

Table 5 shows the value of t-statistics and p-values that show the influence of the hospital performance (P) variable which can be explained by the leadership variables Transactional, Transformational, Democratic, Autocratic, Bureaucratic and Charismatic.

DISCUSSION

Relationship of Transactional Leadership and Hospital Performance

Based on the results of statistical calculations using SEMPLS detailed in Table 5 above, it is concluded that transactional leadership has a positive and significant effect on hospital performance. Evidenced by the value of t-statistics 3.212 is greater than 1.96 and the p-value of 0.001 is smaller than 0.05. That is, the first hypothesis (H1) is accepted. These findings are in line and in accordance with the results of previous studies (Asbari, 2019; Purwanto, et al., 2019; Basuki, et al., 2020; Goestjahjanti, et al., 2020; Budi Santoso, et al., 2020; Prameswari, et al., 2020) that transactional leadership has a positive and significant effect on hospital performance, meaning that if the transactional leadership style is carried out properly it will encourage an increase in hospital performance and if the transactional leadership style is not implemented properly it will encourage a decrease in hospital performance.

Relationship of Transformational Leadership and Hospital Performance

Based on the results of statistical calculations using SEMPLS detailed in Table 5 above, it is concluded that transformational leadership has a positive and significant effect on hospital performance. Evidenced by the t-statistics value of 6.432 is greater than 1.96 and the p-value of 0.000 is smaller than 0.05. That is, the second hypothesis (H2) is accepted. These findings are in line with and in accordance with the results of previous studies (Wijayanti, 2019; Peni, et al., 2019; Firdaus, et al., 2020; Ruby, et al., 2020; Budi Santoso, et al., 2020; Purnamasari, et al., 2020) that transformational leadership has a positive and significant effect on hospital performance, meaning that if the transformational leadership style is well executed it will encourage an increase in hospital performance, if the transactional leadership style is not implemented properly it will encourage a decrease in hospital performance.

Relationship Democratic Leadership and Hospital Performance

Based on the results of statistical calculations using SEMPLS which are detailed in Table 5 above, it is concluded that democratic leadership has a positive and significant effect on hospital performance. It is evident from the t-statistics value of 7.234 which is greater than 1.96 and the p-value of 0.002 is smaller than 0.05. That is, the third hypothesis (H3) is accepted. These findings are in line with and in accordance with the results of previous studies (Firdaus, 2019; Wijayanti, et al., 2019; Basuki, et al., 2020; Goestjahjanti, et al., 2020; Budi Santoso, et al., 2020; Prameswari, et al., 2020) that democratic leadership has a positive and significant effect on hospital performance, meaning that if the democratic leadership style is carried out well it will encourage an increase in hospital performance and if the democratic leadership style is not implemented properly it will encourage a decrease in hospital performance.

Relationship Autocratic Leadership and Hospital Performance

Based on the results of statistical calculations using SEMPLS detailed in Table 5 above, it is concluded that autocratic leadership has a positive and significant effect on hospital performance. It is proven by the t-statistics value of 5.213 which is greater than 1.96 and the p-value of 0.000 is smaller than 0.05. That is, the fourth hypothesis (H4) is accepted. These findings are in line with and in accordance with the results of previous studies (Mirayani, 2020; Wijayanti, et al., 2019; Basuki, et al., 2020; Goestjahjanti, et al., 2020; Budi Santoso, et al., 2020; Prameswari, et al., 2020) that autocratic leadership has a positive and significant effect on hospital performance, meaning that if the autocratic leadership style is well executed it will encourage an increase in hospital performance and if the autocratic leadership style is not executed properly it will encourage a decrease in hospital performance.

Relationship Bureaucratic Leadership and Hospital Performance

Based on the results of statistical calculations using SEMPLS detailed in Table 5 above, it is concluded that bureaucratic leadership has a positive and significant effect on hospital performance. It is proven from the t-statistics value of 4.213 which is greater than 1.96 and the p-value of 0.001 is smaller than 0.05. That is, the fifth hypothesis (H5) is accepted. These findings are in line with and in accordance with the results of previous studies (Purwanto, 2020; Wijayanti, et al., 2019; Basuki, et al., 2020; Goestjahjanti, et al., 2020; Budi Santoso, et al., 2020; Prameswari, et al., 2020) that bureaucratic leadership has a positive and significant effect on hospital performance, meaning that if the bureaucratic leadership style is properly executed it will encourage an increase in hospital performance and if the bureaucratic leadership style is not implemented properly it will encourage a decrease in hospital performance.

Relationship Charismatic Leadership and Hospital Performance

Based on the results of statistical calculations using SEMPLS detailed in Table 5 above, it is concluded that bureaucratic leadership has a positive and significant effect on hospital performance. It is evident from the t-statistics value of 6.235 which is greater than 1.96 and the p-value of 0.001 is smaller than 0.05. That is, the sixth hypothesis (H6) is accepted. These findings are in line with and in accordance with the results of previous studies (Wijayanti, 2020; Mirayani, et al., 2019; Basuki, et al., 2020; Goestjahjanti, et al., 2020; Budi Santoso, et al., 2020; Prameswari, et al., 2020) that bureaucratic leadership has a positive and significant effect on hospital performance, meaning that if the bureaucratic leadership style is properly executed it will encourage an increase in hospital performance and if the bureaucratic leadership style is not implemented properly it will encourage a decrease in hospital performance.

CONCLUSION

Based on the results of this study, it is concluded that the results of this study can be concluded that the leadership style of Transactional, Transformational, Democratic, Autocratic, Bureaucratic and Charismatic has a positive and significant effect on hospital performance. Transactional leadership style has a positive and significant effect on hospital performance, transformational leadership style has a positive and significant effect on hospital performance, democratic leadership style has a positive and significant effect on the performance of autocratic leadership style has a positive and significant effect on hospital performance, bureaucratic leadership style has a positive and significant effect on hospital performance. performance, the bureaucratic leadership style has a positive and significant effect on hospital performance, meaning that if the leadership style is carried out properly, it will encourage an increase in hospital performance and if the leadership style is not executed properly it will encourage a decrease in hospital performance. The results of this study can be used as a reference and input for hospital management to use leadership styles to improve hospital performance. The limitation of this study is that the number of respondents is still small and the research subjects are only limited to the nurse and hospital and not all leadership variables have been analyzed. For further research, it is necessary to add other variables, increase the number of respondents and examine other health sectors.

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