

## Original Article

# Leadership Practices of Head Nurses as Expected and Perceived by Staff Nurses in Public Hospitals in Banda Aceh, Indonesia

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### Abstract

**Purposes:** This study aimed to identify the levels of leadership practices among head nurses as expected and perceived by staff nurses and to compare the differences between expectation and perception of staff nurses toward leadership practices of head nurses in public hospitals of Banda Aceh, Indonesia.

**Method:** This descriptive comparative study was conducted in three public hospitals in Banda Aceh, Indonesia. Proportional random sampling was used to recruit 290 staff nurses. The data collection instruments were: the Demographic Data Questionnaire (DDQ) and the Head Nurses' Leadership Practices Questionnaire (HNLPQ) developed by the researchers based on Kouzes and Posner's concept of leadership practices (2007).

**Results:** The data were analyzed using descriptive statistics and a Wilcoxon Signed Ranks test. The results showed that the mean score of staff nurses' expectation of head nurses' leadership practices was at a high level ( $M = 4.64$ ,  $S.D. = 0.34$ ). The mean score of staff nurses' perception of head nurses' leadership practices was at a moderate level ( $M = 3.16$ ,  $S.D. = 0.40$ ). The mean rank of staff nurses' expectation was statistically significant higher than the mean rank of perception (Mean rank = 7.93,  $Z = -14.83$ ,  $p \leq 0.001$ ).

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**Conclusion:** This study identified the gap between expectation and perception of staff nurses toward head nurses' leadership practices. The results of the study will serve as essential information for public hospitals in Indonesia to improve leadership practices of head nurses which may result in higher quality of nursing services to patients.

**Keywords:** leadership; leadership practices; head nurses

## Background

Leadership has been one of the most common areas being studied in the field of nursing administration (Huber, 2010). This is due to the constant changes in healthcare environment, expecting high quality nursing services. Nurse leaders are inevitably expected to lead their nurses, including those who are at the bottom level of patient care at bedside, to the top level of the organizational decision making. In many countries, nurse leaders are involved in decision making in areas of patient safety such as reducing medication errors, and improving quality of care, promoting health status, and expanding preventive care (Hassmiller, 2011). The International Council of Nurses (ICN) has highlighted the importance of training nurses to have leadership skills by offering a particular training program: The Leadership for Change (LFC) Programme. The ICN launched the LFC network since 2003 (ICN, 2010). This effort demonstrates that leadership has received attention from the international nurse leadership organization. Leadership can be defined as the ability to assess, develop, maintain, and change organization and strategic systems to optimally meet the needs and expectations of stake-

holders and the outside environment (Huber, 2010). It is a process of influencing staffs to understand and agree about what needs to be done and how it can be done effectively. Moreover, leadership is also the process of facilitating individuals and their collective efforts to accomplish their goals through their own actions (Daft, 2005; Yukl, 2002). Head nurses are at the middle level of a nursing management system. They work closely with staff nurses as well as carry out day-to-day operations. They are also involved in all kinds of planning and in establishing unit policies (Marquis & Huston, 2009). Their major roles include dealing with issues related to the delivery of care, shortages of staff, and staff's behavior in order to maintain and promote quality of care (Savage, 2003). They must have leadership ability so that any innovative changes for the quality of care can be effectively implemented. For example, Touveneau, Clack, Ginet, Stewardson, Schindler, & Bourrier et al., (2013) conducted a case study to understand the role of head nurses in the implementation of hand hygiene promotion involving a patient participation. They found that head nurses' leadership

style and their attitudes toward this intervention were the most important predictors for this success to lead both patients and their nurses for washing their hands. Thus, it is truly important that head nurses should have leadership, particularly the exemplary type of leadership, in which leaders serve as a model to their followers. Kouzes and Posner (2007) conducted a research to find out what people did when they were at their personal best in leading others. They finally proposed the leadership framework, namely, the "Five practices of exemplary leadership" (p.3). These five leadership practices include (1) challenging the process, (2) inspiring a shared vision, (3) enabling other to act, (4) modeling the way, and (5) encouraging the heart. Studies related to leadership practices in some countries were found and this framework has been used to guide several research studies across several disciplines. For example, Abu-Tineh, Khasawneh, and Omary (2009) used it to examine whether principals of Jordanian schools as perceived by their teachers practiced it. Moreover, two studies were conducted in Southern Thailand to compare the perceptions between head nurses and registered nurses toward leadership practices of head nurses (Wongwairatanakul, 2010) and to explore leadership practices of expert nurses as perceived by head nurses, expert nurses, and co-workers (Sripiman, 2009).

In Indonesia, the quality of care is variety due to several reasons such as the

patient safety guidelines are in the beginning step (Mugrditchan, 2009). The important one related to nursing is a suboptimal education of the majority of nurses. It was reported that 60% of Indonesian nurses are educated at high school level only, 39% have a diploma degree, and 1% are graduate holders. Therefore, the majority of direct clinical care is delivered by the least qualified nurses (Hennessy, Hicks, Hiland, & Kawonal, 2006). With this regard, it is highly challenging for the middle-level managers, in this case, head nurses are supposed to be a role model for staff nurses through exemplary leadership practices. Subsequently, staff nurses are motivated to improve their practices and quality of care can be enhanced. To date, there is no known study regarding this matter in Indonesia. Therefore, it is worth to investigate to what extent staff nurses expect and perceive their head nurses to perform leadership practices to support them on a day-to-day basis and to compare if there are any differences between staff nurses' expectation and their perception.

### **Objectives of the study**

1. To identify the levels of leadership practices among head nurses as expected by staff nurses in public hospitals of Banda Aceh, Indonesia.
2. To identify the levels of leadership practices among head nurses as perceived by staff nurses in public hospitals of Banda Aceh, Indonesia.

3. To compare the expectation and perception of staff nurses toward leadership practices of head nurses in public hospitals of Banda Aceh, Indonesia.

### Conceptual Framework

This study was guided by the Kouzes and Posner's (2007) leadership framework highlighting the five practices of exemplary leadership: (1) challenging the process, (2) inspiring a shared vision, (3) enabling others to act, (4) modeling the way, and (5) encouraging the heart. Each practice is described in more details as follows:

Challenging the process is the practice to search for opportunities to change difficult situations in an organization. Leaders search for opportunities to change at particular conditions and also to find innovative ways to improve situations. Leaders experiment and take risks in what they do.

Inspiring a shared vision is the activities leaders perform to make their followers believe passionately in their own spirits to make a difference in an organization. Leaders persuade and motivate followers through their vision and make them realize the exciting possibilities for the future of a better organization.

Enabling others to act includes activities leaders perform to foster collaboration and build spirited teams. They actively involve others in order to enable them to act. Leaders understand that mutual respect is what sustains extraordinary efforts. Therefore, leaders give strength to others;

make each person feel capable and powerful, as well as able to trust one another.

Modeling the way consists of activities that leaders perform to establish principles concerning the way people including constituents, peers, colleagues, and customers should be treated and the way goals should be followed by them. Leaders also create standards of excellence and provide examples for them to follow.

Encouraging the heart is the practice of acknowledging the contributions of others because accomplishing extraordinary work is usually a difficult task. Therefore, leaders recognize the efforts that individuals have made for an organization and give them rewards. Leaders value this contribution and celebrate their accomplishments.

This framework was used to guide the construction of the data collection tool within the present study in order to examine staff nurses' expectation and their perception towards the leadership practices of their head nurses. Staff nurses' expectation was defined as the ideal practices staff nurses expect their head nurses to perform; whereas staff nurses' perception referred to the actual practices staff nurses perceive their head nurses actually perform.

### Materials and Methods

This is a descriptive, comparative study. Approval to conduct the study was obtained from the Research Ethics Committee of the Faculty of Nursing, Prince of Songkla University, Thailand. Further approval was

also acquired from the Directors of Zainoel Abidin hospital and Meuraxa hospital, Ibu dan Anak hospital, Banda Aceh, Indonesia. The sample in this study, recruited by proportional sampling, consisted of staff nurses who had been working in one of these three public hospitals. The total sample was 290 which were calculated using Yamane Taro's formula and recruited from hospitals level A = 203 cases, hospitals level B = 52 cases, and hospitals level C = 35 cases. The inclusion criteria were nurses who: (1) had working experience as a nurse for at least 1 year, (2) completed a minimum degree of a diploma in nursing, and (3) were clinically involved in providing direct care to patients.

There were two instruments used in this study, the Demographic Data Questionnaire (DDQ) and the Head Nurses' Leadership Practices Questionnaire (HNLPQ). The DDQ consisted of 6 items including age, gender, marital status, highest level of education, duration of working experience, and continuing education such as seminar/workshop/conference related to the quality of nursing care, and leadership.

### **Data Collection Instruments**

The HNLPQ developed by the researcher based on Kouzes and Posner's concept of leadership practice (2007) which covered five practice domains and consisted of 58 items. There were two distinct responses to the given items. One was for responding to how nurses expected their

head nurses (ideal practices) and another was how they perceived their head nurses (actual practices). Each item was rated by using a 5-point Likert scale. The total scores and domain scores were computed as the average scores and they were further categorized into three levels: low (1.00-2.33), moderate (2.34-3.66), and high (3.67-5.00). This questionnaire was content validated by three experts and was translated from English version to Indonesian version by using three bilingual translators and yielded a CVI of 0.85, and the internal consistency reliability was examined, yielding the Cronbach's alpha coefficients of the staff nurses' expectation and nurses' perception of 0.89 and 0.96 respectively.

### **Data Collection**

After the approval from the local authorities was obtained, the staff nurses' name lists were sought and then proportional random sampling was performed. The primary researcher distributed the questionnaires to eligible subjects passing through their head nurses. They were informed verbally and in written of their rights in participating in this study. They were asked to return the completed questionnaires within 3 weeks. The total 290 completed questionnaires were returned.

### **Data Analysis**

Data were screened and cleaned to ensure accuracy prior to statistical analysis. Demographic data and studied variables

were analyzed using descriptive statistics relevant to the level of measurements. The comparison between staff nurses' expectation and staff nurses' perception was analyzed using Wilcoxon Signed Rank Test due to non-normal data. A significant level was set at 0.05 with a one-tailed test.

## Results

The majority of them were female (84.5%) and married (77.9%). Their age

was less than 30 years old (58.6%) with a mean age of 31 years old (S.D. = 5.85). Regarding working experience as staff nurses, 47.6% had experience more than 5 years with the average of 6.39 years (S.D. = 4.89), the majority of them earned diploma in nursing (71.4%). More than half of the subjects did not have direct experience in seminar/workshop/conference in quality of nursing (53.4%), leadership in nursing (75.9%), and nursing administration (71.7%).

**Table 1** Demographic and Experiences of Staff Nurses (N=290)

Variables	Frequency	Percentage
Gender		
Male	45	15.5
Female	245	84.5
Marital status		
Married	226	77.9
Single	61	21.1
Divorced	3	1.0
Age (years) (Min-Max = 22-49, M = 31.00, S.D. = 5.85)		
< 30	170	58.6
30-40	99	34.1
> 40	21	7.2
Highest level of nursing education		
Diploma	207	71.4
Bachelor	83	28.6
Working experience as staff nurses (year)		
(Min-Max = 1-30, M = 6.39, S.D. = 4.89)		
< 5 years	152	52.4
5-10 years	107	36.9
11-20 years	18	6.2
> 20 years	13	4.5
Experience in Seminar/Workshop/Conference in Quality of Nursing		
Yes	135	46.6
No	155	53.4

**Table 1** (to)

Variables	Frequency	Percentage
Experience in Seminar/Workshop/		
Conference in Leadership of Nursing		
Yes	70	24.1
No	220	75.9
Experience in Seminar/Workshop/		
Conference in Nursing Administration		
Yes	82	28.3
No	208	71.7

The result indicated that the staff nurses' expectation toward leadership practices of head nurses mean score was at a high level ( $M = 4.64$ ,  $S.D. = 0.34$ ). The staff nurses' perception toward leadership practices

of head nurses mean score was at a moderate level ( $M = 3.16$ ,  $S.D. = 0.40$ ). The head nurses' leadership practices domains classified by staff nurses' expectation and perception are shown in Table 2.

**Table 2** Mean, Standard Deviation, and the Level of Staff Nurses' Expectation and Perception toward Leadership Practices of Head Nurses (N= 290)

Head Nurses' Leadership Practices	Staff Nurses' Expectation		Staff Nurses' Perception	
	M (S.D.)	Level	M (S.D.)	Level
Challenging the process	4.73 (0.31)	High	3.05 (0.47)	Moderate
Inspiring a shared vision	4.56 (0.37)	High	3.26 (0.46)	Moderate
Enabling others to act	4.77 (0.34)	High	3.27 (0.48)	Moderate
Modeling the way	4.66 (0.37)	High	3.18 (0.42)	Moderate
Encouraging the heart	4.59 (0.40)	High	3.17 (0.43)	Moderate
Total scores	4.64 (0.34)	High	3.16 (0.40)	Moderate

A comparison between staff nurses' expectation and perception toward leadership practices of head nurses was conducted. The results revealed a significant difference between mean ranks of the total scores of staff nurses' expectation and perception. The

Wilcoxon signed ranks test showed that the mean rank of expectation was statistically significant higher than the mean rank of perception ( $M = 7.93$ ,  $Z = -14.83$ ,  $p < 0.001$ ) (Table 3).

**Table 3** Comparison between Staff Nurses' Expectation and Perception toward Leadership Practices of Head Nurses (N = 290)

Leadership Practices of Head Nurses	N	Mean Rank	Sum Rank	Z	P-value
Expectation > Perception	282	148.40	41,849.50	-14.83	0.001
Expectation < Perception	7	7.93	55.50		
Expectation = Perception	1				

## Discussion

The study results showed that staff nurses' rated high expectation due to their needs to have their head nurses lead them to achieve a high quality of care. According to Murphy (2009), leaders can provide direction, influence change and empower others. They must lead closely in the unit, give strength to the staff as well as be able to make each person feel capable and powerful. In addition, at present the patient is a stakeholder who needs to be given satisfactory service. To respond to the expectation of the patients, staff nurses need to provide high quality care to them. Therefore, staff nurses may expect leadership of their head nurses to support them (Reck, 2013). This expectation is a part of leader and follower interaction (Kelly, 2008).

The study results showed that staff nurses' rated moderate perception toward head nurses' leadership practice because head nurses must be actively give strength to staff nurses, making each staff feel capable and powerful, and also build trust to each other (Kouzes & Posner, 2007), but in reality head nurses spend more time to complete their daily management jobs

(Wongwairaitanakul, 2010) rather than to guide and inspire staff nurses to provide better nursing care.

Furthermore, the study results showed that staff nurses' rated higher expectation than perception significantly ( $p = 0.001$ ). This is similar to a study conducted in Bangladesh examining the level of transformational leadership of nurse supervisors expected and perceived by nurses and to compare the differences between nurses' expectation and their perception. The result shows that nurses' expectation score was significantly higher than that of nurses' perception with regard to transformational leadership of their nurse supervisors (Akter, 2010). As a majority of staff nurses in the current study had only a diploma degree in nursing (71.4%) and half of them (53.4%) got training about quality of nursing (Table 1). All sciences are changing day by day including nursing, new treatment and nursing care updating continuously. To provide advanced nursing care to the patients, staff nurses need higher education, advanced knowledge and competence (Melnik, Gallagher-Ford, & Fineout-Overholt, 2014). Staff nurses must be knowledgeable and

skilled to cope with these changes. Staff nurses may need more coaching, role model to be able to taking risk and looking forward for new ways to improve their competencies. (Donner & Wheeler, 2009). Thus staff nurses may realize that they need leaders who will be able to guide them properly, encourage them to update their knowledge, and lead them to provide quality of care to the patients (Thompson & Fairchild, 2013). Moreover, If the nurse leaders spend their much time to provide direct nursing care (Savage, 2003), they might ignore to perform leadership.

## Conclusion

These findings are beneficial for nurse administrators in public hospitals to develop strategies to enhance head nurses' leadership practices which will result in organizational success. Staff nurses might

expect better leadership practices from head nurses and need leaders who will be able to lead them towards better quality of nursing services to improve the situation. It offers implication for nurse administrators to improve head nurses' leadership practices in the future.

## Recommendation

There are some recommendations for further research and clinical implication. First, the result of this study may provide the description of head nurses' leadership practices during they lead for their staff nurses. Therefore, head nurses could improve their leadership roles. Second, nurse administrators conduct the training program related to leadership practices for head nurses to improve their skill in leadership practices.

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