

Factors Contributing to the Implementation of Situational Leadership in Hospitals

Heryyanoor Heryyanoor^{1,3}, Nursalam Nursalam^{1*}, Abdul Aziz Alimul Hidayat², Raziansyah Raziansyah³, Rusdiana Rusdiana³, Asni Hasaini³

Abstract--- An organization's success in achieving its goals is influenced by the leader. But in carrying out its leadership, leaders often experience obstacles from various factors. This study aimed to consider factors that influence the application of situational leadership in hospitals. A cross-sectional quantitative research design was used with a population of 162 nurses and a sample of 115 nurses. The independent variables were leader internal factors, nurse factors, job characteristics; and the independent variable was situational leadership. The instrument was in the form of a questionnaire related to the internal factor variables of the leader: 25 questions, the factor of nurses: 13 questions, job characteristics: 10 questions, and situational leadership: 32 questions. Multivariate analysis with multiple linear regression tests was used. There was a joint effect of internal leader factors, nurse factors and job characteristics on the application of situational leadership with a value of $p = 0.000$ ($p < 0.00$) and R Square 0.437 (43.7%) where the dominant factor was the nurse factor. The results of the analysis of multiple linear regression tests obtained a significance value of internal factors leader of $p = 0.000$ ($p < 0.05$); nurse factor $p = 0.000$ ($p < 0.05$); and job characteristics $p = 0.601$ ($p > 0.05$). Internal leadership factors and nurse factors influence the application of situational leadership while job characteristics do not affect it. Influential factors are used as the basis for implementing situational leadership in hospitals referring to aspects of increasing nurses' knowledge and expectations.

Keywords--- Leader's Internal Factors; Nurse Factors; Job Characteristics, Situational Leadership

I. INTRODUCTION

Leadership is an important factor in determining the success of an organization. The role of the leader in improving employee performance is very important, including in providing health and nursing services in hospitals. So it can be assumed that the success and failure of an organization are determined by leadership in the organization [1]. Problems related to performance in hospitals become an evaluation in assessing the quality of health services, especially those related to nursing performance. This is because nurses are the largest human resource element in health organizations [2].

A preliminary study at X hospital on 26-29 October 2019 on 15 nurses related to nursing performance and nurse job satisfaction results obtained good nursing performance based on caring aspects (93%), collaboration (100%),

¹ Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia

² Faculty of Health Sciences, Muhammadiyah University, Surabaya, Indonesia

³ STIKES Intan Martapura, South Borneo, Indonesia

Corresponding author:
Nursalam Nursalam
Email: nursalam@fkip.unair.ac.id

empathy (100%), response speed (87%), courtesy (100%) and sincerity (93%). Meanwhile, nurse job satisfaction was also included in the category of satisfaction at only 53%. Service quality survey coverage related to community satisfaction in 2016 with an average value of 80.33 with good service quality, in 2017 an average of 78.5 with good service quality and in 2018 an average of 79.65 with good service quality, despite having experienced average decreases of 1.83 and 0.68 meaning they need to be maintained and increased again. Hospital X, in general, has implemented situational leadership although it is not yet optimal. The results of interviews and the results of the dominant questionnaire applied by the leader (head of the room) represent consultation. Another thing that is done in certain conditions is instruction and participation while the delegation process is carried out by the team leader for the implementing nurse. Consultative or participative leaders who are more committed to the organization can influence employee satisfaction and performance at work [3]. Study results from 46 hospitals in the UK show patients' perceptions of satisfaction with services are strongly related to nurse performance [4].

Nursing performance problems are influenced by various factors including leadership factors. The declining performance of nurses can cause various problems in hospitals, especially the quality of health services. Other impacts can also increase hospital operating expenses or annual costs by more than 5% [5], and declining quality of health services can affect patient satisfaction. Also, other negative impacts can occur, namely a decrease in customer loyalty influenced by customer perceptions about service quality [6].

Situational leadership style can be a solution in improving the performance of nurses to be able to work and achieve organizational goals. Leaders must pay attention to the maturity or maturity of subordinates to be able to determine the direction of leadership style, both in terms of the ability to say (instructions), sell (consultation), participate (participation) and delegate (delegation). But the application of situational leadership styles is also not easy to implement. Factors that influence the application of situational leadership are factors originating from internal leaders, subordinate factors and situations including job characteristics that refer to Kopelman's theory (1986).

Based on the explanation above, this study analyzed the influence of internal leader factors, nurse factors and job characteristics on the application of situational leadership in hospitals.

I. METHODS

This study used a cross-sectional quantitative design. The population in this study amounted to 162 with a sample of 115 nurses, taken based on the inclusion criteria of nurses who had worked for at least one year and had an educational level of associate's degree with proportion techniques. The independent variable consisted of the leader's internal factors (personality, motivation, and self-concept), subordinate/nurse factors (knowledge and expectations), and job characteristics (objective performance, feedback, correction, job dimensions, and work schedule); The dependent variable was situational leadership (instruction, consultation, participation, delegation). The instrument was in the form of a questionnaire related to the independent variables of the leader internal factors with a total of 25 questions, nurse factors with a total of 13 questions, job characteristics with a total of 10 questions, and situational leadership with a total of 32 questions. All questions were based on related theories, Eysenck Personality Inventory (EPI) personality questionnaire; Motivational questionnaire from Mathis, Robert and Jackson (2002) in the Journal of Stephen, Ybarra and Morrison (2014), the Indonesian National Nurses Association (PPNI), the Association of Indonesian Nursing Education Institutions (AIPNI) and the Indonesian Nursing Diploma Three Educational Institutions Association (AIPDiKI) (2012) and Budiono (2016), the self-concept questionnaire from Calhoun and

Acocella, the knowledge and expectations questionnaire from Mathis, Robert L. and Jackson, John H, (2002); Stephen, Ybarra & Morrison (2014); Budiono (2016) and Nursalam (2017), Hersey and Blanchard, questionnaire work characteristics from Hackman and Oldham (1980); the Journal of Lumbanraja & Nizma (2010) Nursalam (2017), and the situational leadership questionnaire of the Hersey and Blanchard leadership style models. The questionnaire was then modified and a validity and reliability test was carried out before data collection. The procedure for data collection applied ethical principles starting from explanation and informed consent as approval. Analysis of the data used bivariate and multivariate tests using multiple linear regression. This study had previously been passed as ethical with ethical test number: 1872-KEPK.

II. RESULTS

The results of the study were based on the responses of 115 nurses to the questionnaire about the factors that influence the application of situational leadership in hospitals. These results included respondent characteristic data, variable categories based on sub-variables and multivariate analysis. Data on the characteristics of nurses who were predominantly female were 61.7%, ages ranged from 26-45 years for 80.9%, those who were married totaled 74.8%, final education was D3 Nursing in 57.4%, the status of staff as contract workers was 48.7%, and length of work spanned 1-5 years for 70.4%.

The result's category of internal factors of leaders in the form of personality owned by leaders of the majority of 115 respondents rated extrovert leadership personality at 95.7%, a leader who possessed high motivation at 84.3% and had a positive self-concept at 96.5%. Factors of nurses who have good knowledge of situational leadership were rated at 45.2% and have high expectations were 89.6%. Job characteristics related to majority leadership choose "Yes" with the assumption of choosing or appropriate to the objective performance of 100%, 96.3% feedback, 95.7% correction, and job design and 97.4% work schedule. Situational leadership applied by the majority of leaders was considered good in participatory style by 97.4%, consultation by 90.4%, delegation by 47%, and instruction by 40%.

The F test results were 28,719 with a significance level of $p = 0.000$ ($p < 0.05$). This means that simultaneously the leader's internal factors, nurse factors, and job characteristics influence situational leadership. The R Square's result was 0.437, which means that these three factors have an effect of 43.7% on the application of situational leadership. Meanwhile, 52.3% is influenced by other factors not analyzed in this study. The coefficient of the most influencing factor was based on the nurse factor of 1,220 and the internal factor of the leader of 0.515; whereas job characteristics were only 0.39. T-test results for internal factors gave a leader t-count of 4.837 ($t_{count} > t_{table}$ (1.9816)) with a significance level of 0.000 ($p < 0.05$); the nurse factor had a value of 5.004 ($t_{count} > t_{table}$ (1.9816)) with a significance level of 0.000 ($p < 0.05$); while the characteristics of work had a value for t-count of 0.524 ($t_{count} < t_{table}$ (1.9816)) with a significance level of 0.601 ($p > 0.05$). So specifically these results can be interpreted as meaning that the internal factors of the leader and nurse factors influence the application of situational leadership. Meanwhile, the characteristics of work do not affect the application of situational leadership.

The following table shows respondent characteristics, sub-variable categories:

Table 1. Characteristics of Respondents (n = 115)

No.	Characteristics of Respondents	N	%
1.	Gender		
	Male	44	38.3 %
	Female	71	61.7 %
2.	Age		

No.	Characteristics of Respondents	N	%
	17-25 years	17	14.8 %
	26-45 years	93	80.9 %
	46-65 years	5	4.3 %
3.	Marriage status		
	Single	29	25.2%
	Married	86	74.8 %
4.	Last education		
	Associate's degree	66	57.4%
	Bachelor of nursing	7	6.1%
	Nurse profession	42	36.5%
5.	Employment status		
	Government employee	50	43.5 %
	Contract employee	56	48.7 %
	Honorary Employee	9	7.8 %
6.	Length of working		
	1-5 years	81	70.4 %
	6-10 years	13	11.3 %
	11-15 years	12	11.4%
	16-20 years	6	5.2%
	>20 years	3	2.6%

Table 2. Variable frequency distribution of Factors influencing the application of situational leadership in hospitals (n = 115)

No.	Variable		n	%
1	Internal Factors of Leaders	Personality		
		Extrovert	110	95.7%
		Introverted	5	4.3%
		Motivation		
		High	97	84.3%
		Moderate	16	13.9%
		Low	2	1.7%
		Self-concept		
	Positive	111	96.5.7%	
	Negative	4	3.5%	
2	Nurse Factor	Knowledge		
		Well	52	45.2%
		Enough	59	51.3%
		Less	4	3.5%
		Hope		
		High	103	89.6%
	Moderate	12	10.4%	
	Low	0	0%	
3	Job Characteristics	Objective Performance		
		Selected	115	100%
		Not Selected	0	0%
		Feedback		
		Selected	113	96.3%
		Not Selected	2	1.7%
		Evaluation		
		Selected	110	95.7%
		Not Selected	5	4.3%
		Job Design		
	Selected	110	95.7%	
	Not Selected	5	4.3%	
	Work schedule			
	Selected	112	97.4%	
	Not Selected	3	2.6%	
4	Situational Leadership	Instruction		
		Well	46	40%
		Enough	68	59.1%
		Less	1	0.9%
		Consultation		
		Well	104	90.4%
		Enough	11	9.6%
		Less	0	0%
		Participation		
		Well	112	97.4%

No.	Variable	n	%
	Enough	3	2.6%
	Less	0	0%
	Delegation		
	Well	54	47%
	Enough	61	53%
	Less	0	0%

Table 3. Multiple linear regression analysis

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Anova Regression		Model Summary	
	B	Std. Error	Beta			F	Sig.	R	R Square
(Constant)	38.214	14.906		2.564	0.012	28.719	0.000	0.661	0.437
Leader's Internal Factors	.515	.106	.397	4.837	0.000				
Nurse Factors	1.220	.224	.387	5.004	0.000				
Job Characteristics	.39	.745	.04	0.524	0.601				

a. Predictors: (Constant), Job Characteristics, Nurse Factors, Leader's Internal Factors

b. Dependent Variable: Situational Leadership

IV. DISCUSSION

- Internal factors of leaders in implementing situational leadership

Organizational characteristics in the form of internal leadership factors consist of personality, motivation and self-concept sub-variables owned by the leader. The results of the statistical tests of leaders' internal factors significantly influence situational leadership. These three sub-variables need to be possessed well for competence by a leader in carrying out their duties to achieve an organizational goal in this case related to nursing. Leader competence is a permanent personality factor that can affect a person's performance [7]. Other competency characteristics can be in the form of motives, self-concept, knowledge, and skills [8].

Personality refers to innate physical characteristics and consistent responses to various situations or information. Leadership owned by the leaders based on this research is extrovert. This is good in producing leadership that is more effective when compared to people with an introverted personality [9]. By carrying out extrovert leadership, the leader will always be familiar and sociable, think of better changes, be active in carrying out work according to duties and functions, both in maintaining communication and other things that are positive to create a comfortable working atmosphere between leaders in carrying out their leadership and employees to achieve common goals. The right leadership style, according to individual personality and company conditions, is needed by a leader to increase work productivity and company effectiveness [9].

A person's personality can also influence the leadership style used [10]. This is according to the theory of talent that mentions one of the characteristics of leadership that reflects a good personality in terms of adaptation, creativity, cooperation, responsiveness, confidence, self-integrity, emotional balance, control and taking risks [11]. In the theory of Power position (Power Position) this dimension explains the power possessed by the leader, such as expertise or personality, which can load subordinates to follow the will of the leader. Leaders who have power from a clear and large position can obtain greater subordinate compliance.

The motivation of the leader based on this research is high. This is good and must be owned by a leader in carrying out leadership. Leader motivation is reflected onto employees, because it reflects a strong desire to devote themselves to the job profession, enjoy work, provide compensation and facilities through management, encourage and praise the performance achieved, as well as other things for the benefit of employees and the organization. Motivation

is also an important subject for leaders because, by definition, the leader must work with and through other people. Leaders need to understand certain people's behavior to influence them to work according to what the company wants. Nurses need to be nurtured with high motivation in a form of devotion and altruism in terms of the patient's need for healing.

This is a theory which states that motives are something that are always thought or desired by someone, which can direct, encourage, or cause people to take an action which in this case is a leader. Motivation can lead someone to take actions that ensure that they achieve the expected goals. This is also in line with the theory of talent which states that one of the characteristics of leadership is having positive attitudes and behaviors because they can cooperate, can foster cooperation, are wise, can be diplomatic, have authority, are socially participant, and have charisma [11].

The self-concept owned by the leader based on this research is positive. This is because the leader has implemented an honest and responsible attitude, understands the work done, is always prejudiced towards employees, perseveres and always evaluates something that becomes a problem and other positive things. Positive self-concepts reflect self-acceptance and that people know themselves well. Positive self-concepts tend to be humble and have realistic expectations and high self-esteem. Individuals who imagine themselves successful tend to describe themselves with a positive self-image [12]. It can facilitate a person in achieving success and vice versa, individuals who imagine the experience of failure to portray themselves more negatively can hinder a person in achieving success.

Factors that influence one's self-concept are physical and psychological changes. Apart from changes in self, self-concept is also influenced by experiences from the surrounding environment or develops through social interaction.

- Nurse factors for implementing situational leadership

The individual characteristics of nurses consist of the knowledge and expectation sub-variables that nurses have regarding leaders and situational leadership. Nurse factor statistical test results have a significant effect on situational leadership.

Knowledge of the basic concepts of leadership is important for everyone to know, including employees. This refers to talent theory which emphasizes that everyone is a leader (leaders are born from birth rather than obtained) and they have certain characteristics that make them better than others [11]. The knowledge that nurses have about situational leadership based on this research is highly related to understanding, leadership characteristics and styles, and factors that influence situational leadership. This is important because, by knowing these things, nurses can assess the extent of the application that has been carried out by leaders and how they can adjust to achieve organizational goals well. This is according to the theory that knowledge can be interpreted as actionable information or information that can be followed up or information that can be used as a basis for action, to make decisions and to take certain directions or strategies.

Knowledge can be interpreted as actionable information or information that can be used as a basis for acting, making decisions and taking certain directions or strategies [13]. There is a relationship between nurses' knowledge and motivation of nurses' work [14] and a positive correlation between knowledge and education [15]. Knowledge is indicated by a high education level so that the higher the nurse's education is expected to have better knowledge compared to the education below.

The expectation that nurses have about situational leadership based on this research is high. These expectations are related to careers, awards from leaders, education and training, and the spirit to improve performance. The high

expectations of nurses of a leader and organization can provide comfort in carrying out a job. This is good for encouraging the implementation of situational leadership well.

A good leader develops the competence and commitment of followers so that they motivate themselves rather than depending on others to be directed or guided. According to Hersey, the high performance of leaders creates realistic expectations of high performance from followers. Conversely, low expectations of leaders lead to low performance of followers [16].

- Job Characteristics in Implementing Situational Leadership

Job characteristics consist of objective performance sub-variables, feedback, evaluation, job dimensions, and job schedules that nurses assess regarding the application of situational leadership. Based on the results of statistical tests, it is known that the variable job characteristics do not significantly influence situational leadership.

Performance objectives are important for managing performance, knowing how effective and efficient an organization is, helping to determine organizational decisions related to organizational performance, the performance of each section in the organization, and individual performance, increasing organizational capability and encouraging employees to work according to procedures, with enthusiasm, and productively [17]. Feedback is important in improving nurse performance. This is because it involves correcting (correcting) mistakes: one of the leader's tasks [10]. Job design is a function of determining the work activities of one or a group of employees on an organizational basis aimed at regulating work assignments to meet organizational needs. In the process of running an organization that can exist in its field, it needs effective time management so that it gets results according to the expected goals.

Performance goals are the goals of performance management and involve managing performance, knowing how effective and efficient an organization's performance is, helping in determining organizational decisions, and individual performance, increasing organizational capability and encouraging employees to work according to procedures with enthusiasm and productivity so that optimal work results. The performance process taking place requires the involvement of all elements in the organization. Performance results can be measured individually, in groups or organizations. High or low performance can be seen from the quantity and quality and achievement of the assigned tasks. Performance goals can build work motivation in employees [18].

There is a correlation on performance goals with the motivation of employees who work at the company [18]. In addition to the performance goals, it is important to do a performance review. Performance appraisal is useful for determining awards, promotions, sequences in terminating employees, identifying training needs and assisting employees in improving their work by providing feedback. Feedback is important in improving nurse performance. This can fix existing errors. Job design is a function of determining organizational work activities of a person or group of employees. The aim is to arrange work assignments so that they can meet the needs of the organization. Job design is positively correlated with nurse motivation and performance [19]. A clear design can make nurses work at the nurse's desk. An organization can exist in its field and requires effective time management so that it gets results according to the expected goals. Shift scheduling for nurses can affect nurse performance [20]. There is no influence of job characteristics on situational leadership because the pattern of work done is the same, namely providing health care or nursing care.

V. CONCLUSION

This study concludes that the internal factors of leaders, nurse factors and job characteristics generally affect the application of situational leadership. The most dominant factor is the nurse factor followed by the leader's internal factor. This research implies that influential factors can be used by leaders as a basis for implementing situational leadership in hospitals referring to aspects of increasing nurses' knowledge and expectations as well as strengthening internal factors such as personality, motivation, and self-concept.

CONFLICT OF INTEREST

The authors declare no potential conflicts of interest.

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REFERENCES

- [1] T. Miftah, *Leadership and Management*. Jakarta: PT. Raja Grafindo Persada, 2010.
- [2] Indonesian Ministry of Health Data and Information Center, "InfoDATIN Situation of Indonesian Nurses." pp. 1–12, 2017.
- [3] D. A. Yousef, "Organizational commitment: A mediator of the relationships of leadership behavior with job satisfaction and performance in a non-western country," *J. Manag. Psychol.*, vol. 15, no. 1, pp. 6–24, 2000.
- [4] L. H. Aiken, D. M. Sloane, J. Ball, L. Bruyneel, A. M. Rafferty, and P. Griffiths, "Patient satisfaction with hospital care and nurses in England: an observational study," *BMJ Open*, vol. 8, no. 1, p. e019189, Jan. 2018.
- [5] Y. Yang, Y. H. Liu, J. Y. Liu, and H. F. Zhang, "The impact of work support and organizational career growth on nurse turnover intention in China," *Int. J. Nurs. Sci.*, vol. 2, no. 2, pp. 134–139, 2015.
- [6] A. Baumann, C. international des infirmières, F. I. F. Nightingale, and C. international des ressources humaines pour les soins infirmiers, *The impact of turnover and the benefit of stability in the nursing workforce*. International Council of Nurses, 2010.
- [7] M. Zwell, *Creating a Culture of Competence*. New York: John Wiley & Sons Inc, 2000.
- [8] S. Spencer, Lyle M. and Signe M, *Competence at Work: Models for Superior Performance*. New York: John Wiley & Sons, Inc, 1993.
- [9] G. Sieff and L. Carstens, "The Relationship Between Personality Type And Leadership Focus," *SA J. Hum. Resour. Manag.*, vol. 4, no. 1, pp. 52–62, 2006.
- [10] Nursalam, *Nursing Management Application in Professional Nursing Practices*. Jakarta: Salemba Medika, 2018.
- [11] C. J. H. Bessie L. Marquis, *Management Decision Making for Nurses: 124 Case Studies*, 3rd ed. New York: Gulf Publishing, 1998.
- [12] H. Nurius, P. S., & Markus, "Situational variability in the self-concept: Appraisals, expectancies, and asymmetries," *J. Soc. Clin. Psychol.*, vol. 9(3), pp. 316–333, 1990.
- [13] R. E. Kopelman, *Managing productivity in organizations : a practical, people-oriented perspective*. New York: McGraw-Hill, 1986.
- [14] L. Nuramalia and K. Kuntarti, "Nurse Knowledge and Motivation Play Important Roles in Overcoming Sleep Problems in Hospitals," *J. Keperawatan Indones.*, vol. 20, no. 3, pp. 176–184, 2017.
- [15] E. Ivoryanto, B. Sidharta, and R. K. Illahi, "The Relationship between Formal Education Level of Society to Knowledge in the Use of Oral Antibiotics in the Pharmacy District of Klojen," *Pharm. J. Indones.*, vol. 2, no. 2, pp. 31–36, 2017.

- [16] G. Thompson and L. Glasø, "Situational leadership theory: a test from a leader-follower congruence approach," *Leadersh. Organ. Dev. J.*, vol. 39, no. 5, pp. 574–591, 2018.
- [17] M. Armstrong and A. Baron, *Managing Performance; Performance. Management in Action*. United Kingdom: CIPD Publishing, 2005.
- [18] N. Putu, A. Novita, I. Bagus, and K. Surya, "The Role of Work Motivation Mediation on the Effects of the Faculty of Economics and Business, Udayana University (Unud), Bali, Indonesia Introduction The Growth of the Growing Business World," vol. 8, no. 10, pp. 6059–6078, 2019.
- [19] R. P. Kiting, B. Ilmi, and S. Arifin, "Factors That Are Related to the Posbindu Cadre Performance of Non-Communicable Diseases," *J. Berk. Kesehatan.*, vol. 1, no. 2, p. 106, 2017.
- [20] K. Sagherian, M. E. Clinton, H. Abu-Saad Huijjer, and J. Geiger-Brown, "Fatigue, Work Schedules, and Perceived Performance in Bedside Care Nurses," *Work. Heal. Saf.*, vol. 65, no. 7, pp. 304–312, 2017.