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Thotowi Djauhari Nur Subekti, Merryana Andrian
Analysis of The Influence of Hersey-Blanchard Leadership and Nurse Maturity on Caring Behaviour Performance Based on Patient Perception

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ABSTRACT

The quality of nursing care services in Indonesia need to be improved particularly in caring behavior aspect. One cause for this factor is a lack of caring behaviour. Caring behavior as a form of nursing care toward the patient is described as an act that cares for or respects humanity in relation to those who are unable to meet their needs. This was an observational study with a cross-sectional design. Four inpatient rooms were utilized in this study, and each inpatient room was represented by the head nurse and associate nurse. The data obtained using the questionnaire instrument was analysed using Multinomial Logistic Regression (α = 0.05). The results showed that the majority of the Head nurses of the inpatient rooms (37.5%) applying the selling leadership style. The nurse associate’s maturity level was M3 (42.5%) and M2 (32.5%). Caring behaviour was mostly moderate (45%). The selling leadership style is the most applied leadership style conducted by the head nurse. The head nurses are less appropriate when it comes to applying the leadership style as it is related to the maturity level of the associate nurses, M3. A good level of caring behaviour is influenced by the leadership. The caring behaviour of the associate nurses can be improved by changing the style of the selling leadership into a participating leadership style, which is more appropriate when paired the maturity level of the nurse associate.

Keywords: leadership style, nurse maturity level, caring behavior, nurse.

INTRODUCTION

Quality of health services is the degree of perfection of health that fits with professional and service standards by using the available resources in the hospital in a reasonable, efficient, and effective manner. The services should also be safe and satisfactorily provided, based on norms, ethics, law and the local socio-culture with attention paid to the limitations and capabilities of the government, as well as society. The World Health Organisation (WHO) in 2006 launched Quality of Care: “a Process for Making Strategic Choices in the Health System”. The World Health Organisation states that there are six dimensions of health service quality that must be actualised by all countries, namely that health services must be effective, efficient, easily accessible, safe, timely and prioritise patients.

The quality of nursing care services in Indonesia is still unsatisfactory. This can be caused by several factors, among others being organisational factors and the nurse factors themselves in that they show less attention, less caring, are less responsive to the patient’s complaints, are less motivating and pay less attention to the therapeutic attitude that would be beneficial for the patients. Caring behaviour as a form of concern from nurses to patients is described as an action that pays attention to or respects fellow human beings who are unable to meet their needs. Caring behaviour is a universal phenomenon that affects the way that humans think, feel and have relationships with others.
Leadership style is important due to its role in the organisation because the leader's behaviour will strongly influence changes and maintain the culture within the organisation. Situational leadership style focuses on the relationship of leadership behaviour with the employees and was developed from a leadership concept that is oriented to focus on the leader and employee relationship. According to Hersey (1986), there are four styles: telling style, telling style, participating style and delegating style. Employees are a key factor in the organisation because their performance and behaviour will affect on the success or failure of the organisation itself. Low maturity level (M1) indicates that the person is unable, unwilling and also not confident. Maturity level M2 indicates being unable but there is a willingness and confidence. Maturity level M3 is being able but unwilling, and not confident. Maturity level M4 is being able, willing and confident.

Nurse’s caring behaviour is still widely studied because there is still a high level of patient dissatisfaction related to the services of nurses who work in hospitals. The following is a preliminary survey showing the number of nurses who have not yet applied caring behaviour at X Hospital. The results of the preliminary survey in X Hospital Surabaya in its ICU inpatient room, maternal inpatient room, 3rd Floor inpatient room, and 4th Floor inpatient room showed that the nurse’s caring behavior is still low.

METHOD

This study was an analytical observational study with a cross-sectional approach, using a questionnaire as the study tool. The variables studied were leadership style, employee maturity level and associate nurse caring behaviour while the respondents were all Head nurses, all associate nurses and all patients who had been hospitalised for 2 x 24 hours in 4 units of the ICU patient room, maternal hospitalisation, adult hospitalisation and children hospitalisation as well as being able communicate well. This study was conducted in 4 Units of the Inpatient Room at X Hospital in April 2018.

RESULTS

The age of the Head Nurses was all between the ages of 26 years - 30 years old (50%) and ≤25 years old (50%). The Head Nurses’ age was in early adulthood, meaning that their attitude and behaviour was in a warm, close and communicative relationship stage according to Erickson (Monk, 2001). This period is a period of transition related to physical, intellectual and social roles. The ages of the Associate Nurses was between 26 years - 30 years old (72.5%) and ≤25 years old (27.5%).

The education level of all Head Nurses (ICU room, adult hospitalisation, child hospitalisation and Head of Midwifery) was an associate degree or D3 (100%). Most of the Head Nurses at X Hospital had served as Heads for between 1-2 years (75%). All Head Nurses in the ICU, maternal hospitalisation, adult hospitalisation and child hospitalisation units of X Hospital were female (100%). The leadership style of the Head Nurses based on the Hersey-Blanchard approach showed that almost all of them had Selling (S2) as their leadership style (75%). The level of maturity of the Associate nurses in the four inpatient rooms of X Hospital showed a medium maturity level of M2 (75%). Most of the caring behaviour of the Associate nurses at X Hospital was at the level of moderate caring behaviour (45%). The influence of the Head nurses’ leadership style based on the Hersey-Blanchard approach consisted of leadership style (Telling-Directing, Selling-Coaching, Participating and Delegating) on the caring behaviour of the Associate nurses in the 4 inpatient rooms of X Hospital via the following: telling in the ‘less’ category (50%), the selling leadership style influences the caring behaviour in the ‘good’ category (70.37%) and the participating leadership style influences the caring behaviour of Associate Nurses in the ‘moderate’ category (42.86%). The leadership style of the Head Nurses based on the Hersey-Blanchard approach had a significant effect on the Associate Nurses’ caring behaviour with a ‘good’ category of 70.37% (p = 0.004), with particularly the selling leadership style having a significant effect on the Associate Nurses’ caring behaviour with a ‘good’ category 38.7 times greater than telling, selling and participating leadership style.

The medium maturity level of the associate Nurses (M2) had more of an impact on the Selling leadership style (40%), the high maturity level of the Associate Nurses (M3) had more of an impact on the Participating leadership style (61.54%) and the very high maturity level of the associate Nurses (M4) had more of an impact on the Delegating leadership style (66.67%). The Associate Nurse maturity level, which included M2, M3 and M4, significantly influenced the Hersey & Blanchard leadership styles by 48.7% (P=0.002). The maturity level
of the medium category for the Associate Nurses (M2) influenced Selling leadership style 8.8 times greater than the Participating and Telling leadership style. The high maturity level of the Associate Nurses (M3) had an influence that was 19.8 times greater than the Selling, Telling and Participating leadership styles.

**DISCUSSION**

The characteristics of the Head Nurses is closely related to their choice of leadership style and is one of the important aspects that plays a role in shaping the behaviour and personality of the Head Nurses leading the inpatient units at X Hospital in achieving their goals. The description of the characteristics of the Head Nurses in this study included age, gender, length of work period and education level. The majority of the Head Nurses in this study were in the age group of <30 years old. Head Nurses with an age <30 years old were the early adult age group, and the attitude and behaviour of the Head Nurses was in a warm, close and communicative relationship stage according to Erickson. The education level of the Head Nurses in the 4 inpatient rooms (ICU, maternal, adult and child hospitalisation) was that the majority had a D3 education level (100%). The level of education of a leader will affect their ability to lead a unit in the hospital. If the level of education, experiences, and skills of the Head Nurse exceed those of the associate Nurses, then it is hoped that she will be able to provide guidance and motivate the associate Nurses. The time serving as a Head Nurse in this study included the category of serving for 1-2 years as the majority. A Head Nurse who has served as a Head for a long time will certainly have more experience in leading her subordinates associate and her ability to manage an inpatient unit will be better compared with other who have not served as a Head Nurse for long. An experienced Head Nurse will certainly not experience difficulties leading an inpatient unit compared to nurses who have never previously served as a Head Nurses. The gender of the Head Nurses was all female (100%). Leaders of a different gender, male and female, will certainly have a different fundamental nature. Up to now, there is still a stereotype that a woman is considered to be less capable of being a leader. Female leaders will tend to use their feelings and act gently, while on the contrary, male leaders will tend to use their ability to think and act tougher. Female leaders can act as an agent who bring in changes.

Situational leadership style based on approach of Hersey & Blanchard leadership style theory can be seen from the perception of the associate Nurses and the Head Nurse. The interactions within the same environment between the associate Nurses and Head Nurse will create the perception of the Head Nurse’s leadership style on her behaviour. The majority of the Head Nurses in the 4 inpatient rooms of X Hospital use the Selling leadership style. The Selling leadership style applied by the Head Nurse is an appropriate leadership style when applied to employees who have lesser abilities but a high willingness to complete a task, which shows they are an employee with a medium maturity level (M2). The Selling leadership style influences individual performance, which will impact on organisational performance. In this study, leadership style based on Hersey & Blanchard significantly influences the caring behaviour of the Associate Nurses, but the effect is not as great as the influence of the Associate Nurses’ maturity level. Selling leadership style applied by the Head Nurse is in accordance with the maturity level of the nurses in the 4 inpatient rooms of X Hospital. This means that it is consistent with Hersey & Blanchard’s leadership style theory.

The high maturity level of the Associate Nurses (M3) is more related to the participating leadership style, and the medium maturity level of the Associate Nurses (M2) is more related to the Selling leadership style. There is a match between applied leadership style with the level of employee maturity, which will make it easier to achieve any organisational goals, which also supports Hersey & Blanchard’s leadership style theory. The Head Nurse, as an effective leader in this theory, must be able to understand the situational dynamics and adjust her capabilities to the existing situation. The adjustment of the leadership style is the ability to determine the leadership style and behaviour needed when leading her subordinates based on a certain situation. The Head Nurse, as a leader in her unit, must be able to identify the maturity level of her subordinate Associate Nurses and have a high level of adaptability when observing a situation.

Based on the results of this study, it is known that the maturity level of the associate Nurses in the 4 inpatient rooms of X Hospital was of the medium maturity level (M2). The employee maturity level in this study also influenced the leadership style, as based on Hersey & Blanchard. According to Hersey & Blanchard, a leader
needs to understand her employees’ level of maturity so then the leader will not apply the wrong leadership style in order to improve organisational performance”.

To maximise the relationship of the Head Nurse as the leader with her subordinate associate Nurses, the Head Nurse must clearly determine the outcome, objectives, sub-tasks, and other specific tasks that will be completed by the associate Nurse. Without this clarity, the Head Nurse will find there to be difficulties related to determining the Associate Nurse’s maturity level or the leadership style that must be applied to that maturity level. The caring behavior of the associate nurses in 4 inpatient rooms of X Hospital is more influenced by the leadership style rather than the maturity level of associate nurses. This explains the important meaning of head nurse’s role as a leader in her unit to be able to influence the performance of associate nurses based on the leadership style that is matching the maturity level of associate nurses. The leadership style of the Head Nurse influences the caring behaviour of the Associate Nurses which is in accordance with the previous research conducted by Sfantou et al. When leading subordinate associate Nurses, a Head Nurse must be able to distinguish the role between manager and actual leader because it is very contradictory.

CONCLUSIONS

Hersey & Blanchard’s leadership style has more of an influence on the caring behaviour of the associate Nurses than the maturity level of the Associate Nurses. The maturity level of the employee influences Hersey & Blanchard’s leadership style. The higher the employee’s maturity level, the more that the delegating leadership style becomes the most appropriate leadership style. Providing training on leadership style, supervising and evaluating performance periodically, providing guidance and support to the Head Nurse in relation to guiding and fostering the Associate Nurses in their role. Therefore, the skills and abilities, and the Associate Nurses’ maturity can be improved.

Ethical Clearance: This study had passed ethical clearance issued by Ethical Committee of the Faculty of Public Health, Universitas Airlangga, Surabaya, Indonesia.

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Conflict of Interest: None.

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