The Relationship Between Leadership Styles And Work Motivation With Nurses Performance In District General Hospital, Aceh, Indonesia

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Abstract:
Background: *Nursing is important in determining the quality of hospital health services. Improving the performance of nursing staff is one way to achieve this goal. Leadership and work motivation are important elements in determining the performance of nurses in providing services in hospitals. However, inappropriate leadership styles and low work motivation in problematic situations can affect individual and group performance in achieving quality health services in hospitals.*
Materials and Methods: *Type of quantitative research with a cross-sectional study design, determining the number of samples using the Cohen table with significance criterion = .05, effect size = .20, desired power = .60, the total sample of 183 nurses, to increase the response rate added 10% so that the sample size is 201 nurses and the medical record sample follows the number of nurses sampled, the sample is taken using a nonprobability sampling technique; purposive sampling that meets the criteria. The data collection tool used the Leadership Opinion Questionnaire (LOQ), Motivational Needs Questionnaire (MNQ), and evaluation sheets for standardized nursing documentation tested for content and construct validity and reliability tests. Data analysis using descriptive and inferential statistical tests, chi-square, and Multiple Logistic Regression.*
Results: *The results showed that leadership style (p=0.008) and work motivation (p=0.002) were related to nurse performance. Work motivation is the factor most related to the performance of nurses at the District General Hospital, Aceh, Indonesia, with a p=0.002 and odds ratio =2.522 (95% CI: 1.387-4.586).*
Key Words: *Leadership style, work motivation, performance, nurses.*

I. Introduction

A public hospital is a health service institution that provides comprehensive individual health services, including inpatient, outpatient, and emergency care [1]. Human resources involved in the health sector, including health workers, are important in supporting health services[2]. The hospital, as a health service center and a health facility that provides health services in an effort to improve health status, must be able to provide good quality service for its patients [3]. Nurses are part of human resources in hospital health services and are responsible for patient care [4]. Nursing an important role in determining the quality of services provided by hospitals, and therefore, every effort to improve the quality of services in hospitals must include measures to improve the quality of nursing services. Improving the performance of nurses is one way to achieve this goal [5].

Leadership is an important element and determines the smooth running of services in hospitals because leadership is the essence of institutional management. Leadership activities will show leadership styles with their respective patterns [6]. Every leader has different behavior in leading. This difference in behavior is called leadership style. Leadership style is very influential in the work climate. Working climate conditions will affect the condition of motivation and enthusiasm for work. A leadership style appropriate to the situation in the organization or work unit will create a conducive work climate and ultimately provide high motivation to improve nurse performance in achieving work targets [7].

Motivation or encouragement in doing a job contributes to nurses' work [8]. Good motivation in a nurse will make performance better and more effective in carrying out tasks and achieving a target or goal. The performance of nurses greatly influences the image of a hospital's services in the community. Poor nursing services will lead to a lack of public trust in the hospital's ability [8].

Research on the relationship between leadership style and motivation on performance is very important because it has significant implications for organizational success and achieving organizational goals. The right

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leadership style can affect employee motivation, which in turn can improve individual and group performance. Conversely, a lousy leadership style can negatively impact employee motivation and lead to decreased performance. Therefore, it is important to understand the relationship between leadership style and motivation on performance to develop an effective leadership strategy [10].

Nurse performance is the work performance of nurses in quantity and quality, which can be in the form of individual or group work performance in carrying out tasks by the responsibilities given. Nurse performance is nurse productivity in providing nursing care according to authority and responsibility, which can be assessed in quality and quantity [3]. Nurse performance can be measured through the completeness of the nursing process documentation in providing nursing care to patients [17]. Therefore, research on the relationship between leadership style and work motivation with nurse performance is important.

II. Material And Methods

Study Design: *Cross-sectional study*
Study Location: This research was conducted at the District General Hospital in Subulussalam City, Aceh, Indonesia
Study Duration: January 4 to May 29, 2023
Sample size: 201 Nurses
Sample size calculation: Determining the number of samples using the Cohen table with significance criterion = .05, effect size = .20, desired power = .60, the total sample of 183 nurses, to increase the response rate added 10% so that the sample size is 201 nurses, and the medical record sample follows the number of nurses sampled.
Subjects and selection method: The sampling technique for nurses and medical records in this study used a nonprobability sampling technique (purposive sampling) with reference to the sample criteria.
Inclusion criteria:
Nurse:
1. Nurses who work in the inpatient room.
2. Nurses with a working period of more than six months.
3. Nurses willing to participate in the study are proven by their willingness to sign an informed consent.
Medical record:
1. Medical records of patients treated for at least 3 X 24 hours.
2. Medical records are part of the inpatient room where the nurse is on duty.
Exclusion criteria:
Nurse:
1. Nurses on leave, sick, or continuing their education.
2. Nurses who are in the orientation period or working period of less than six months
3. Nurses unwilling to participate in the study are proven by their unwillingness to sign an informed consent.
Medical record:
1. Medical records of patients treated less than 3 X 24 hours.
2. Medical records of patients who have returned home but have not been returned to the medical record installation.

Procedure methodology

This research was carried out after passing the Ethical Clearance from the Ethics Commission at the Faculty of Nursing, Universitas Syiah Kuala, Banda Aceh, with research document code number 112007120423 and obtaining written permission from the Director of the District General Hospital, Aceh, Indonesia. Research data collection tools used the Leadership Opinion Questionnaire (LOQ), Motivational Needs Questionnaire (MNQ), and standard nursing documentation evaluation sheets tested for content and construct validity and reliability tests. Research data collection was carried out from 4 to 12 May 2023 directly by distributing questionnaires to respondents after the researchers first provided information in the form of an explanation of the purpose, benefits, confidentiality of data, and research procedures. Next, the researcher asked about the respondent's willingness to participate voluntarily or not in the study by signing an informed consent form without writing their name. Furthermore, respondents filled out the questionnaire directly for approximately 45 minutes. After filling out all the questionnaires, the researcher rechecked the completeness and correctness of the filling; then, the researcher terminated meet with the respondent. At the same time, data collection on nurses' performance is done by observing medical record documentation techniques carried out by nurses.

Statistical analysis

Data analysis used descriptive statistical tests to determine the description of the characteristics of the respondents, leadership style, work motivation, and performance of nurses. The inferential statistical test uses the Chi-Square Test to determine whether there is a relationship between the independent and dependent

variables with the condition that Hypothesis Null (H0) is accepted if the p-value > α (0.05). Multiple Logistic Regression Tests determine the independent variables most related to nurse performance, guided by the candidate selection requirements and the multivariate modeling stage.

III. Result

The results of the research based on descriptive and inferential statistical tests will be presented in the following table:

Table-1. Frequency Distribution of Nurses' Characteristics (n=201)

Characteristic	f	%
Gender:		
Male	29	14,4
Female	172	85,6
Age:		
21 – 35 Years	138	68,7
36 – 60 Years	63	31,3
Education:		
Diploma III in Nursing	169	48,8
Nurse Profession	100	49,7
Master of Nursing	3	1,5
Length of working:		
≤ 5 Years	92	45,8
> 5 Years	109	54,2
Employment status:		
Civil Servants (PNS)	68	33,8
Contract	133	66,2

Table-1 shows that of the 201 respondents, 172 female respondents (85.6%), early adult age (21-35 years), 138 respondents (68.7%), 100 respondents with recent education in the Nursing profession (49.7%), with a working period of more than five years totaling 109 respondents (54.2%), and 133 respondents (66.2%) with the status of contract employees at the District General Hospital, Aceh, Indonesia.

Table-2. Frequency Distribution of Leadership Style, Work Motivation, and Nurses' Performance (n=201)

Variable	f	%
Leadership Styles:		
Autocratic	67	33,3
Democratic	78	38,8
Laissez Faire	56	27,9
Work motivation:		
High	107	53,2
Low	94	46,8
Nurse Performance:		
Good	131	65,2
Poor	70	34,8

Table-2 shows that of the 201 respondents, 78 respondents (38.8%) have a leadership style in the democratic category, 107 respondents (53.2%) have work motivation in the high category, and 131 respondents (65.2%) nurse performance in the good category at the District General Hospital, Aceh, Indonesia.

Table-3. Relationship Between Leadership Style and Work Motivation with Nurses' Performance (n=201)

Variable	Nurse Performance						p-value
	Hight		Low		Total		
	f	%	f	%	f	%	
Leadership Styles:							
Autocratic	39	58,2	28	41,8	67	100	
Democratic	61	78,2	17	21,8	78	100	0,008
Laissez Faire	31	55,4	25	44,6	56	100	
Work motivation:							
High	80	74,8	27	25,2	107	100	
Low	51	54,3	43	45,7	94	100	0,002

Table-3 shows a relationship between leadership style and work motivation with the performance of nurses at the District General Hospital, Aceh, Indonesia (all p-values <0.05). Thus, it can be concluded that all null hypotheses (H0) of this study were rejected.

Table-4. The Independent Variable Most Related to Nurses' Performance (n=201)

Independent Variable	B	p	Odds Ratio (OD)	95 % CI
Leadership Styles	-0.076	0.095	1.079	0.739-1.574
Work motivation	-0.925	0.002	2.522	1.387-4.586

Table-4 shows that work motivation is the independent variable most related to nurse performance, with p-value = 0.002 and odds ratio = 2.522 (95% CI: 1.387-4.586). This means that nurses with high work motivation have a 2.5 times chance of performing well compared to nurses with low work motivation at the District General Hospital, Aceh, Indonesia.

IV. Discussion

The results of the research on the relationship between leadership style and nurse performance show that out of 201 respondents, 78 respondents with a Democratic leadership style, 61 respondents (78.2%) had a good performance, 67 respondents with an Autocratic leadership style, 39 respondents (58.2%) have good performance, while 56 respondents with the Laisse Faire leadership style who had good performance were 31 respondents (55.4%), with p-value = 0.008. This study's results indicate a relationship between leadership style and nurse performance at the District General Hospital, Aceh, Indonesia.

The results of this study indicate that although the leadership styles used are different, all of them show good nurse performance. Leaders with a democratic leadership style share leadership roles, plans, and important decisions made with the team. While this seems a less efficient way of getting things done, it is more flexible and usually increases motivation and creativity. Involving team members and giving opportunity and permission to "think, talk, and act" brings out the best in people and makes nurses more productive. Decisions may take longer to make, but once they are made, everyone supports them. However, this style is unsuitable for nursing care with critical conditions and emergencies requiring immediate decisions [18][21].

Autocratic Leadership Style, a leader gives orders and makes decisions for the group. When a decision needs to be made, while this is an efficient way of getting things done in certain situations, however, an autocratic leadership style, when applied persistently, stifles creativity and can reduce the motivation of team members. More control means less trust and can lower team morale [18][22].

While the leadership style is laissez-faire, a leader lets someone do something with little planning or decision-making and fails to encourage others. When decisions need to be made, a laissez-faire leader may delay or never make a decision. In most cases, laissez-faire leaders confuse and frustrate people with no purpose, guidance, or direction. Some self-motivated individuals thrive under laissez-faire leadership because they need a little direction. However, most people fail under this kind of leadership [18][21]

The right leadership style can affect work motivation, which in turn can improve individual and group performance. Conversely, a lousy leadership style can negatively impact employee motivation and decrease performance. Therefore, it is important to understand the relationship between leadership style and motivation on performance to develop an effective leadership strategy [10].

Nurses work in multidisciplinary science, so nurses need to study leadership to work well and effectively with others in achieving organizational and individual goals [21]. Leaders who are successful in their involvement are those who involve others through interpersonal skills to work together effectively in achieving common goals. Leadership is a much broader concept than management. Although managers need to be leaders, management itself is explicitly devoted to organizational goals based on the authority the organization gives it [21].

The primary key to improving the quality of health services is high-performance nurses. The success and care services are primarily determined by the performance of the nurses in providing nursing care [13]. The excellent performance of nurses is a bridge in answering the guarantee of the quality of health services provided to patients, both sick and healthy, in healthcare facilities, including hospitals [14].

This research aligns with related studies that have been done before, including research conducted at the Riyad City Hospital, Saudi Arabia. The leadership style studied is authoritarian and laissez-faire with performance (p-value = 0.027) and laissez-faire (p-value = 0.012) with performance [11]. The research results at other hospitals showed a relationship between leadership style and nurse performance with a ρ-value <0.05 [12].

The results of this study indicate the importance of an effective leadership style in improving nurse performance. However, it is important to remember that no single leadership style is right for all situations and all followers. In line with the results of this study, it shows that all leadership styles have a relationship with

nurse performance. That is, all leadership styles are available to the nurse, hoping to apply them to the right situation with the right followers. However, most people's laissez-faire leadership style fails and should not be used in healthcare settings.

The results of the research on the relationship between work motivation and nurse performance show that out of 201 respondents, 107 respondents with high motivation, 80 respondents (74.8%) performed well, while 94 respondents with low motivation, 51 respondents (54.3%) also performed well, with p-value = 0.002. These results indicate that there is a relationship between work motivation and nurse performance at the District General Hospital, Aceh, Indonesia, and work motivation is the variable most related to nurse performance with Odds Ratio (OR) = 2.522 (95% CI: 1.387-4.586).

Work motivation is a desire and encouragement within oneself to carry out duties and responsibilities properly. Motivation arises starting from the existence of needs and wishes. Both of these affect behaviors, which will shape behavior and achieve goals [19].

Individual motivation consists of three primary needs, namely, the need for achievement, the need for power, and the need for affiliation. The need for achievement is a person's desire to achieve a high-quality result and demand better achievement than what has been achieved before. The need for power is a person's desire to influence other people, and situations around him tend to be more oriented towards tasks that can give influence and power over other people. The need for affiliation is the desire to feel accepted and acknowledged by others, is more oriented to interpersonal relationships, works well in groups, and prefers a comfortable work environment [20].

Motivation is an important factor in improving nurse performance. Nurse motivation can decrease due to workload and other responsibilities that nurses must carry out during shifts [15]. Another study shows that good motivation can impact good behavior in nurses taking action. Hospitals need to improve and maintain work motivation to achieve the hospital's vision and mission [16].

Nurse performance is the productivity of nurses in providing nursing care according to authority and responsibility, which can be assessed in terms of quality and quantity [3], Nurse performance is the performance of the nurse's work in quantity and quality, which can be in the form of individual or group work performance in carrying out tasks per the responsibilities given. Nurse performance can be measured through the completeness of nursing process documentation in providing nursing care to patients [15].

The results of this study also show that work motivation is the variable most related to the performance of nurses at the Regional General Hospital, Aceh, Indonesia, with Odds Ratio (OR) = 2,522 (95% CI: 1.387-4.586). The results of this study were supported by a cross-sectional study conducted at eight tertiary class A hospitals in Harbin, China, which found that work motivation directly influences work performance, and organizational commitment partially mediates the direct effect of achievement motivation on work performance [9].

V. Conclusion

The results of this study conclude that there is a relationship between leadership style and work motivation in nurse performance. Work motivation is the variable most related to nurse performance. Nurses with high work motivation have a 2.5 times chance of performing well compared to nurses with low work motivation at the District General Hospital, Aceh, Indonesia.

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