

## **Analysis of the Transformational Leadership of the Head of the Inpatient Room and its Relationship with Nurse Compliance in Implementing Nursing Care Standards at Labuang Baji Regional Hospital Makassar**

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### **Abstract**

The aim is to determine the relationship between the Transformational Leadership of the Head of the Inpatient Room and Nurse Compliance in Implementing Nursing Service Standards at Labuang Baji Regional Hospital, Makassar. This type of research is analytical descriptive and correlational with a quantitative approach. From the results of this research, it was found that there was a significant but weak relationship between the transformational leadership of the head of the inpatient room and nurses' compliance in implementing SAK.

**Keywords:** Transformational Leadership, Nurse Compliance, Implementation of Service Standards

### **Introduction**

Advances in knowledge and technology in the health sector have had a major impact on improving the quality of nursing services. Nursing as a form of professional service is an integral part that cannot be separated from overall health service efforts. In providing health services in hospitals, nursing service activities have an important role in determining the overall success of health services, because nursing services are provided 24 hours continuously, such as at the Labuang Baji Regional Hospital, Makassar.

RSUD Labuang Baji Makassar Hospital is a hospital owned by the regional government of Bengkulu province with a B non-educational classification based on the Decree. Minister of Health RI No. 1065/Men.Kes/SK/1992 and strengthened by Regional Regulation No.4 of 1993. based on Kepmendagri No. 445. 28. 366 dated 10 July 1995 Labuang Baji Makassar Regional Hospital became a regional, self-financing general hospital.

The vision of RSUD Labuang Baji Makassar is to become the best referral center hospital in Bengkulu province with excellent service. Labuang Baji Hospital Makassar has a staff of 239 nurses, 73 men and 166 women with a bed capacity of 250. Of the 239 nursing staff above, they are placed in several sections/units that are very closely related to nursing duties. The inpatient ward consists of 138 nurses (Care Division, 2004), who are spread across seven existing wards, namely; ICCU room 12 people, ICU room 14 people, room C1 rose/Midwifery 26 people, room C1 VIP 22 people, room Seruni/B2 25 people, room Melat/C2 24 people and room kemuning 15 people. Based on SK. Minister of Health. No. 436/Menkes/SK/VI/1993 concerning the implementation of nursing care standards in hospitals, strengthened by the Decree of the Director General of Yanmed No. 82/29/Bidper/1999 concerning technical instructions/guidelines for implementing nursing care standards in inpatient installations at the Labuang Baji Regional Hospital, Makassar, all nurses who carry out nursing are obliged to carry them out.

The results of hospital accreditation in 1999 showed that nursing services had been accredited with the results of the application of Instrument A (study of Nursing Care Standards Documentation) 85%, Instrument B (patient perception of the quality of nursing care) 78%,

Instrument C (Observation of implementation of nursing actions) 85% , so the average achievement is 81.67%. (Source: Data from the maintenance sector of the Labuang Baji Regional Hospital, Makassar, cit. Gurti 2002).

A research assessed the performance of nurses in the implementation of nursing care in three sub-IRNA rooms at Labuang Baji Regional Hospital, Makassar, namely room VIP 74.71% (good), room B2 58.53% (very poor), and room C2 51, 72 %. So we get an average of 61.65%. These results show a drastic decline from the accreditation results from the previous two years. According to the author, this is not representative, because the rooms studied were only three general treatment rooms, namely rooms B2, C2 and C1 VIP. Meanwhile, the other rooms were not examined. To assess the performance or compliance of nurses with nursing care standards, they must be examined in each room, or at least there must be more than half of the number of rooms available and the characteristics of the sample in each room are homogeneous. In the initial observations in his research found that several employees' performance, especially nurses on duty in inpatient installations, as professionals had not provided nursing services to patients in accordance with Nursing Care Standards, there were still many nursing care sheets that had not been filled in, those that had been filled in were not in accordance with existing standards, and there are still many patient complaints about nursing services.

Currently, the nursing care model applied at Labuang Baji Makassar Regional Hospital is a team model/method. This inpatient treatment room is led by someone called the head of the room. The head of the room directly supervises the team leader, and there are also several nurses in the team. Based on the author's observations while working at the Labuang Baji Regional Hospital, Makassar, the leadership style applied by the head of the inpatient room is Democratic with a situational approach, where the head of the room respects the characteristics and abilities of subordinates and involves the subordinate's thinking. However, this cannot be separated from existing weaknesses, with nurses still complaining about the leadership of the head of the room.

As a result of interviews with at least fifteen nurses from 2 February 2004 to 7 February 2004, information was obtained that they were interested in implementing nursing care in accordance with existing nursing care standards, and in the implementation of daily nursing care by nurses it turned out that there were still leaders / superiors who do not provide feedback. The leader closest to the nurse at the inpatient room level is the head of the room. If this continues for a long time, it will affect nurses' activities in carrying out nursing care, and to a greater or lesser extent will have an impact on the emergence of patient complaints about nursing care services.

In the patient satisfaction survey report at the Labuang Baji Regional Hospital, Makassar, the assessment of nurses in meeting patient needs (n=76), results showed that 17.1% said it was very good, 47.4% said it was good, 26.3% said it was fair and 6.6 % said it was bad (service sector, 2003). This means that there are still complaints about meeting the needs of patients during treatment, and the number of respondents who said it was good was not 50% of the existing respondents.

Apart from that, in the implementation of daily nursing care, there are often nurses who do not carry out documentation after they have carried out nursing actions and give the impression that they have no more burden after their work is completed, so many of the blanks for documentation that have been provided are empty. This is certainly worrying because it

could backfire if there is a patient/family case/lawsuit in the future because there is no evidence of the nurse's responsibility.

This is likely due to the lack of a feedback mechanism between the leader/head of the room and his subordinates, and as if the head of the room lacks charisma, individual sensitivity, and intellectual stimulation (elements of transformational leadership) towards his subordinates, thus affecting nurses' compliance in implementing nursing care standards. which exists. Other factors that may influence the implementation of nursing care are the nurse's resources, the recording system and the nurse's lack of motivation.

In formulating a process of change towards improvement, a humane, transformational approach is usually used, where a participatory work environment, opportunities to develop personality, and openness are considered as the conditions behind the process. But in practice, the change process is carried out based on a mechanistic and technical transactional approach, where humans tend to be seen as an economic entity that is ready to be manipulated using a system of rewards and negative feedback, in order to achieve maximum economic benefits. big.

This is very interesting to note because nursing services in a hospital's inpatient ward require a leader who is able to create a vision and inspire the staff and all individual components related to the ward they manage. According to the author, the leadership of the head of the inpatient room needs to be seen/photographed from the perspective of transformational leadership, where a head of the inpatient room must at least have charisma, individual sensitivity and intellectual stimulation in managing the room, so that he is able to lead his subordinates into a higher and more dynamic consciousness. Therefore, this leadership will increase nurses' compliance in implementing nursing care to clients.

A head of an inpatient room in a hospital needs to have transformational leadership because this type of leadership makes room heads aware of the importance of work results, directs their needs to a higher level, and encourages nurses to work more than expected. Thus, transformational leadership is expected to be able to improve the performance of nurses in complying with the nursing care standards that have been created which will ultimately improve the quality of nursing services.

## **Methods**

This type of research is analytical descriptive and correlational with a quantitative approach. This research was carried out in the inpatient installation (IRNA) of Labuang Baji Hospital, Makassar, for one month, from 6 November 2004 – 6 December 2004. The population in this study were all nurses (head of inpatient wards and executive nurses) at Labuang Baji Hospital, Makassar, totaling 138 people, all patients and all nursing care documents for inpatients during the research period. The samples in this study, firstly, were some of the executive nurses and all heads of rooms in five homogeneous inpatient rooms, namely the Seruni, Melati, Mawar, Kemuning and VIP rooms. This research uses a questionnaire instrument. Quantitative data processing and analysis is carried out using a computer in the form of data characteristics, proportions, average values, the relationship between two variables.

## **Results and Discussion**

### **Transformational leadership of the head of the inpatient unit**

The assessment of the transformational leadership of the head of the inpatient room was carried out on three aspects, namely charisma, individual considerations, and intellectual

stimulation. Data analysis was carried out by calculating the mean, mode and median as well as standard deviation from primary data obtained from nurses and heads of rooms through the Transformational Leadership questionnaire for heads of inpatient rooms (more in the attachment) and calculating the percentages in each room. The results obtained in each room and overall were as follows :

Table 1. Average assessment of transformational leadership of inpatient ward heads according to nurses and ward heads at Labuang Baji Hospital, Makassar

No.	Elements of transformational leadership	Mean average (x)		Ratio *
		Head of the room (N = 5)	Nurse (N =50)	
1.	Charisma	3,83	3,58	0,93
2.	Individual consideration	2,88	3,44	1,12
3.	Intellectual stimulation	3,00	3,08	1,16

Source: primary data

Information :

\* ratio of mean nurse to mean head of room.

From table 1, it can be clearly seen that the average assessment of each element of transformational leadership for the head of the inpatient room at Labuang Baji Hospital, Makassar, from the three elements assessed, the following results were obtained:

### Charisma

In terms of the transformational leadership of the head of the room, it can be seen that the head of the room tends to rate himself higher compared to the nurse's assessment. The head of the room rated himself on a scale of 0.5 – 1.5 below the maximum scale for each charisma item. It seems that the nurses have a significant agreement that the head of the room is the dominant figure in the room, and the head of the room is involved in all aspects of activities in the room, has loyalty to his room. The nurses revealed that they were sometimes or often involved in planning various activities in the room, so that the head of the room sometimes and often made the nurses enthusiastic about their work.

Meanwhile, the heads of inpatient rooms show a strong willingness to encourage understanding of other people's views, often treat others with respect, and are quite good at inspiring nurses. The nurses also varied in giving their opinions, there was a consensus assessment that the head of the room had shown confidence in the justifications given by the nurses, and a general belief that the head of the room brought enthusiasm, according to the nurses the head of the room often prepared nurses to be ready to sacrifice their interests. individual for group interests. The head of the room seems to have a higher perception than the nurse in terms of seeking feedback from staff regarding their work. Especially in this aspect, it turns out that the difference is not very significant, where the head of the room only rated himself at 3.5, which means they sometimes ask for feedback from staff, while the nurse's assessment fell at 3.

### Individual Consideration

As stated in table 1, for this element in general the head of the room rated himself lower than the nurses and showed a score on a scale of 1.5 – 3 below the maximum. The head of the room and the nurse agreed in their opinion and expressed the answer that the head of the room rarely encouraged nurses to express their ideas and opinions, and the head of the room in giving

appreciation when a nurse completed their work was good enough and the head of the room felt they were still lacking in giving personal praise for their work. the nurses even though the nurses felt quite good.

However, the individual sensitivity of the head of the room in increasing nurses' feelings of optimism for the future is quite good. It can be seen that the head of the room in getting to know the nurses individually in order to know their skills, interests and understanding the problems faced by nurses is good and is also good at eliminating penalties. against errors in carrying out duties as an effort to improve nurse performance.

As head of the room, in looking for new ideas towards better room management, according to the nurse, this has been done quite well even though the head of the room still feels inadequate. As a balance, it can be seen that the head of the room gives a higher assessment in terms of attending various meetings and seeking various sources of new ideas and conveying them to the nurses.

### Intellectual Stimulation

The majority of nurses rated themselves higher than the head of the room in terms of providing intellectual stimulation. The nurses agreed that their head of the room had developed a discourse of flexibility in work that provided freedom of opinion and action as long as it was within the room's policy, and according to the nurses the head of the room had been good at encouraging them to always evaluate their work results and improve them, however, according to the head of the room regarding two They considered this item to be quite good. Then the nurses and head of the room agreed that solving old problems with new methods was good enough, but the head of the room thought they were still lacking in encouraging nurses to try new ways in various activities and in increasing staff motivation to succeed. it's good enough.

According to nurses, the head of the room is still lacking in encouraging them to be innovative, work hard and be professional in their work, but this is reversed by the assessment of the head of the room who agrees that they are very often and very good at encouraging staff to be innovative, work hard and professional as indicated by a mean value = 5.

Then data analysis was carried out to calculate the number of values and the percentage of Transformational Leadership for heads of inpatient rooms according to the assessment of nurses and heads of rooms in each room studied which can be seen in the following tables:

Table 2. Assessment of the transformational leadership of the head of the inpatient room according to nurses at Labuang Baji Hospital Makassar for the period November – December 2004, N = 50

No.	Room	Transformational leadership of the head of the room						Total	%
		Charisma	%	Individual consideration	%	Intellectual stimulation	%		
1.	Seruni	432	48,43	257	28,81	203	22,76	892	68,62
2.	Melati	453	49,08	261	28,28	209	22,64	923	71
3.	Kemuning	334	45,50	221	30,11	179	24,39	734	56,46
4.	Dahlia	385	48,73	242	30,63	163	20,63	790	60,77
5.	Mawar	465	46,68	308	30,26	245	24,06	1018	78,31
Total		2069	238,42	1289	148,09	999	114,48	4357	335,16
Average Assessment of Nurses = 67,03 %									

Source: Primary Data

From the table 2, it can be seen that the value obtained from the transformational leadership questionnaire for the head of the inpatient room, according to the assessment of the implementing nurse, shows a value of 4357. The total average percentage of the transformational leadership score for the head of the inpatient room at Labuang Baji Hospital, Makassar, according to the assessment of the nurses in the five rooms. researched was 67.03%, this is if referred to the assessment score, then the transformational leadership of the head of the inpatient room is at a sufficient level (60% - 75%), and will be discussed further in the discussion.

From the head of the room's assessment of himself (self-assessment) regarding Transformational Leadership, the following results were obtained:

Table 3. Assessment of the transformational leadership of inpatient ward heads according to ward heads at Labuang Baji Hospital Makassar for the period November – December 2004, N = 5

No.	Room	Transformational leadership of the head of the room						Total	%
		Charisma	%	Individual consideration	%	Intellectual stimulation	%		
1.	Seruni	42	47,73	25	28,41	21	23,86	88	67,69
2.	Melati	41	47,13	24	27,59	22	25,28	87	66,92
3.	Kemuning	53	44,54	37	31,09	29	24,37	119	91,53
4.	Dahlia	45	47,37	26	27,37	24	25,26	95	73,07
5.	Mawar	45	57,69	21	26,93	12	15,38	78	60
TOTAL		226	244,46	133	141,39	108	114,15	467	359,21
Average Head of Room Assessments = 71,64 %									

Source: Primary Data

From table 3, it can be seen that the value obtained from the transformational leadership questionnaire for the head of the inpatient room, according to the assessment of the implementing nurse, shows a value of 467. The total average score for transformational leadership for the head of the inpatient room at Labuang Baji Hospital, Makassar, according to the self-assessment of the head of the room in the five rooms studied was 71.84%. If this is referred to the assessment score, the transformational leadership of the head of the inpatient room is at a sufficient level (60% - 75%), and will be discussed later in the discussion.

#### **Nurse Compliance in Implementing Nursing Care Standards.**

The results obtained from the nurse compliance questionnaire in implementing nursing care standards from 55 respondents taken from the 5 rooms studied obtained a value of 7232. The average percentage was 75.13%. More details can be seen in the following table:

Table 4. Nurses' compliance in implementing nursing care standards in the inpatient ward of Labuang Baji Hospital, Makassar

No.	Room	Score	N	%
1.	Seruni	1635	12	84,93
2.	Melati	1508	11	78,33
3.	Kemuning	1196	8	62,13

4.	Dahlia	1369	11	71,11
5.	Mawar	1524	13	79,17
	Total	7232	55	375,67
Rata-rata				75,13 %

Source: Primary Data

From table 4, it can be seen that in the Seruni room the nurse compliance value is 1635 with the highest percentage among the other rooms, namely 84.93%.

Description of nurses' compliance in implementing nursing care standards based on instrument A (documentation study).

From a documentation study regarding nurses' compliance in implementing nursing care standards at Labuang Baji Hospital, Makassar in five inpatient rooms, with the following sample proportions; Seruni room 15 nursing care documents, Melati room 13 nursing care documents, Kemuning 12 nursing care documents, Dahlia room 13 nursing care documents, and Mawar room 12 nursing care documents with a total of N = 65 nursing care documents, the results obtained are as in the following table:

Table 5. Assessment of nursing care documentation by nurses (instrument A) in the inpatient room at Labuang Baji Hospital, Makassar

No.	RATED ASPECT	Room									
		Seruni N=15		Melati N=13		Kemuning N=12		Dahlia N=13		Mawar N=12	
		JLH	%	JLH	%	JLH	%	JLH	%	JLH	%
1.	Assessment	33	73,33	42	70	29	80,55	31	74,89	27	75,00
2.	Nursing Diagnoses	34	75,55	45	75	29	80,55	32	82,05	29	80,55
3.	Planning	58	77,33	74	74	48	80	55	84,61	46	76,66
4.	Action	46	76,66	57	71,25	34	70,83	39	75	33	55,00
5.	Evaluation	19	63,33	22	55	17	70,83	21	80,76	15	62,50
6.	Nursing Notes	59	78,66	74	74	46	76,66	53	81,53	39	65
	Amount	249	444,86	314	419,25	203	459,42	231	478,84	189	414,71
	Average	49,8	74,14	62,8	69,87	40,6	76,57	46,2	80,57	37,8	69,11

Source: primary data

From table 5 above, you can see the total scores and percentage of nurse compliance in each aspect assessed starting from assessment, nursing diagnosis, planning, nursing actions, evaluation and nursing notes for each room studied. The largest percentage is the Dahlia room, which is 80.57%. The percentage of nurses' compliance assessment in implementing SAK based on Instrument A at Labuang Baji Hospital, Makassar can be seen in the following table:

Table 6. Percentage of nurses' compliance assessment in implementing SAK based on Instrument A at Labuang Baji Hospital, Makassar

No.	Rated Aspect	Ruangan					Avarage
		Seruni	Melati	Kemuning	Dahlia	Mawar	
1.	Assessment	73,33	70	80,55	79,48	75	75,67
2.	Nursing diagnoses	75,55	75	80,55	82,05	80,55	78,74

3.	Planning	77,33	74	80	84,61	76,66	78,52
4.	Action	76,66	71,25	70,83	75,00	55	69,74
5.	Evaluation	63,33	55	70,83	80,76	62,50	66,48
6.	Nursing notes	78,66	74	76,66	81,53	65	75.17
Avarage		74,14	69,87	76,66	80,57	69,11	74,07

Source: primary data

From table 6 above, it can be seen that the average value of nurses' compliance in implementing SAK which consists of assessment, nursing diagnosis, planning, nursing actions, evaluation and nursing notes is 74.04%. Overall, nurses' compliance in implementing SAK at Labuang Baji Hospital, Makassar, for assessment was 75.67%, nursing diagnosis was 78.74%, nursing planning was 78.52%, nursing action was 69.74%, evaluation was 66.48%, and nursing records were 75.17%, with an overall average of 74.04%.

Description of nurses' compliance in implementing nursing care standards based on instrument B (Patient perception of nursing services).

For instrument B, nurses' compliance assessment was carried out by handing questionnaires to patients/families in each room with a total of 56 respondents. The following results were obtained:

Table 7. Characteristics of respondents to instrument B for assessing nurse compliance in implementing SAK at Labuang Baji Hospital, Makassar

PATIENT CHARACTERISTICS	JUMLAH	%
Respondent's education		
a. elementary school	4	7.14
b. junior high school	10	17.85
c. high school	29	51.79
d. Academy/PT	13	23.22
Respondent's occupation		
a. civil servants	17	30.36
b. ABRI	0	0
c. PRIVATE	24	42.85
d. ETC	15	26.79
Long treatment		
a. 3 – 7 days	48	85.71
b. > 7 days	8	14.29

Source: primary data

From table 7, the highest education level of respondents was high school with 29 people (51.79%), the job of most respondents was in the private sector with 24 people (42.85%), there were no respondents with ABRI jobs during the research, while in terms of length of treatment, The highest number was between 3 – 7 days, 48 people (85.71%) out of 56 respondents.

### Nursing Service Data

Patient/respondent perceptions of nursing services at Labuang Baji Makassar Regional Hospital can be seen in the following table:

Table 8. Assessment of patient perceptions of nursing services (Instrument B) at Labuang Baji Hospital, Makassar



No.	Room	Answer		%
		Yes	No	
1.	Seruni	190	86	68,84
2.	Melati	236	109	68,40
3.	Kemuning	128	56	69,57
4.	Dahlia	221	33	87
5.	Mawar	169	61	73,47
Total		944	345	73,46

Source: primary data

From table 8 above, it can be seen that the highest value of patient/respondent perceptions of nursing services is in the Dahlia room, and the total percentage of patient perceptions of nursing services at Labuang Baji Hospital, Makassar is 73.46%. This, if referred to the assessment criteria, is the predicate for nurse compliance at the Labuang Baji Makassar Regional Hospital is at a medium level.

### Description of Nurses's Compliance in Implementing Nursing Care Standards Based on Instrument C (Observation of Nursing Actions).

Table 9. Assessment of nurses' compliance in implementing SAK based on instrument C at Labuang Baji Hospital, Makassar

No.	Room	ACTIVITY	JML. OBS.	%	Average
1	Seruni	- Change the wound dressing.	8	82,73	82,23
		- Giving blood transfusions.	5	84,54	
		- Installation of infusion.	5	83,07	
2	Melati	- Administer medication intramuscularly	5	97,77	82,40
		- Give a cold compress	5	69,44	
		- Gives oxygen	5	80	
3	Kemuning	- Administer medication intravenously	5	82,35	80,97
		- Installing an IV	5	80	
		- Gives oxygen	4	80,55	
		- Giving blood transfusions.	5	80,99	
4	Dahlia	- Bathing the patient in bed	5	80	82,42
		- Giving oxygen	5	80	
		- Change dirty looms on the bed without moving the patient.	3	79,49	

		- Installing an IV	7	90,19	
5	Mawar	- Vulva Hygiene	5	71,43	76,89
		- Monitor postpartum bleeding	5	80	
		- Caring for episiotomy wounds	3	82,14	
		- Guiding mothers to breastfeed their babies	5	74	
Total Average					80,98 %

Source: primary data

The table 9 above describes nurses' compliance in implementing SAK based on instrument C which was carried out when the nurse was carrying out nursing actions on clients while being treated during the research period. From a number of activities and observations carried out, the highest percentage values were respectively found in the Dahlia room at 82.42%, the Melati room at 82.40%, the Seruni room at 82.23%, the Kemuning room at 80.97% and the Mawar room at 76.89%. %.

Range of control for implementing nursing care standards at Labuang Baji Regional Hospital, Makassar.

After all instruments have been used and measurements have been made of nurses' compliance in implementing SAK, the range of control is created as follows:

Table 10. Range of control for implementing nursing care standards at Labuang Baji Regional Hospital, Makassar

No.	Instrument	Room					Average
		Seruni	Melati	Kemuning	Dahlia	Mawar	
1.	A	74,14	69,87	76,66	80,57	69,11	74,07
2.	B	68,84	68,40	69,57	87,00	73,47	73,46
3.	C	82,23	82,40	80,97	82,42	76,89	80,98
SPAN OF CONTROL		75,05	73,55	75,73	83,33	73,15	76,17

Source: primary data

Table 10 above is the final result of assessing nurses' compliance in implementing nursing care standards at Labuang Baji Hospital, Makassar, which was assessed based on instruments A, B and C for implementing SAK. For instrument A the overall average value was 74.07; Instrument B has an overall average value of 73.46; and instrument C with an overall average score of 80.98. Thus, the final result of the range of control for nurses' compliance in implementing nursing care standards at Labuang Baji Hospital, Makassar, seen from instruments A, B and C, was 76.17%.

## Hypothesis test

Hypothesis testing was carried out using a computer program using the Spearman's Rho correlation technique between the transformational leadership of the head of the inpatient room and nurses' compliance in implementing SAK, and to see how significant the relationship was, statistical analysis was carried out using Linear Regression (Djarwanto 2001). Then also look at the strongest correlation/relationship of each element of Transformational Leadership of the head of the inpatient room with nurses' compliance in implementing SAK.

Correlation between Transformational Leadership of the head of the inpatient room and nurse compliance in implementing SAK.

The results of the correlation between the Transformational Leadership of the head of the inpatient room and the nurses' compliance in implementing SAK can be seen from the following table:

Table 11. Correlation between Transformational Leadership of the head of the room and its elements and nurses' compliance in implementing SAK at Labuang Baji Hospital, Makassar based on the Spearman's rho statistical test

No.	Correlation With Nurse Compliance	n	Correlation Coefficient	SIGNIFICANCE (2 Tailed)
1	Transformational leadership	55	316	019
2	Charisma	55	237	081
3	Individual consideration	55	265	050
4	Intellectual stimulation	55	397	003

\* Correlation is significant at the .05 level (2-tailed).

\*\* Correlation is significant at the .01 level (2-tailed).

(Source: primary data)

From statistical data analysis using the Spearman's rho correlation technique, with  $\alpha = 0.05$  (2-tailed = 0.0025) from 55 respondents, the results obtained were a correlation coefficient of 0.316 with a significance level of  $r = 0.019$ , which means that there is a significant relationship between Transformational Leadership. with nurse compliance in implementing SAK.

For the charisma element, a correlation coefficient of 0.237 was obtained with a significance level of  $r = 0.081$ , which means that there is no relationship between the charisma of the head of the inpatient room and nurses' compliance in implementing SAK. Then for the individual consideration element, the results obtained were a correlation coefficient of 0.265 with a significance level of  $r = 0.050$ , which means that there was no relationship between the individual consideration of the head of the inpatient room and nurse compliance in implementing SAK. Meanwhile, for the intellectual stimulation element, in the table above, the results show a correlation coefficient of 0.397 with a significance level of  $r = 0.003$  (smaller than  $\alpha/2$ ) which means there is a weak significant relationship between the intellectual stimulation of the head of the inpatient room and nurse compliance in implementing SAK. .

To see how meaningful the relationship is between the Transformational Leadership of the head of the inpatient room and the nurses' compliance in implementing the SAK, Linear regression data analysis was then carried out as in the following table:

Table 12. Level of significance of correlation between Transformational Leadership of the head of the room and nurse compliance Model Summary

Model	r	r Square	Adjusted R Square	Std. Error of the Estimate
1	,328 <sup>a</sup>	,108	,091	16,0849

a Predictors: (Constant), Transformational Leadership

From the Linear regression analysis, the results obtained were R Square = 0.108, which means that the presence of the variable Transformational Leadership of the head of the inpatient room gave 10.8% significance to nurses' compliance in implementing SAK.

### Interview result

From an interview with the head of the Seruni room, aged 38 years and graduated from UNPAD Nursing in 2004, it was revealed that:

"We apply the team method, which consists of three teams so that the nursing care provided is easier to coordinate, where the team leader organizes his members, the team leader is directly responsible to the head of the room. The head of the room evaluates it as a whole, discussion of problems is carried out in the room's monthly meeting.

Are there any new methods being implemented?

"Perhaps there is more emphasis on the discipline of all nurses, giving rewards (nurses who excel are trained and educated to learn to become team leaders so that nurses' self-actualization increases)."

In Melati's room, the head of the room is 30 years old, has a bachelor's degree in nursing (S.Kep) UNPAD 2003, the steps that have been taken by the head of the room in educating/cultivating nurses and leading to quality rooms say that;

"I encourage staff a lot to evaluate the work they have done, then we discuss it in monthly room meetings, here all problems will be discussed and there will be an evaluation. Currently there is hospital accreditation, so there are procedures that have been issued in the field of care, and later it is expected that all nurses will comply with them. So far, activities in the room have gone smoothly, the existing procedures seem to have been adhered to on a temporary basis. If there are accreditation activities like now, the procedures will start to be adhered to again.

About the new methods that you do?

"As head of the room, I am more open to the staff, accepting their proposals and suggestions. Basically, if there is a problem, we discuss it at the room's monthly meeting, then I propose the procurement of several tools needed to provide nursing services."

In a kemuning room with a 40 year old head of the room, Akper's education stated the steps that had been taken so far in developing nurses towards a quality room :

"The important thing is discipline regarding time, as well as regarding the work carried out, if there are problems regarding work we discuss it in room meetings, as well as evaluating the results of work over the past month. Then increase staff motivation to succeed, by providing freedom of opinion as long as it is within room policy."

Are there any new methods being taken?

“Yes, it is more about encouraging staff to evaluate their work results and perfect them the next time similar actions are carried out so that mistakes can be avoided.

In the Dahlia room with the 48 year old head of the room, education Akper said that the steps he had taken in developing/guiding nurses towards a quality room were revealed;

"So far, there are many nurses in the hospital who have received training, even though they are not on duty in this room. Because this room is a general care room, I often ask nurses who have been trained to pass on their knowledge and skills to my staff by holding meetings or let's say small training, for example ECG readings, CPR from nurses who have ICCU training at Harapan Kita Hospital, Jakarta. .

"We also apply the team method in working, but currently there are new staff who graduated from Ners UGM in 2004, who have provided many innovations in this room, (he did not mention them in detail) especially regarding nursing care management. but the policy makers above have not yet responded because perhaps they still feel stiff.

Are there any new ways?

"That's the new way, hopefully this innovation can be accepted. We also hold monthly meetings in this room, and now before work, especially during morning service, after morning roll call we pray together first then work on serving patients.

In the Mawar room, with the head of the room who is 52 years old, education Akper said:

“I emphasize discipline in both time and work in the room, evaluating the results of my own work and that of my colleagues. So far, we have discussed all existing problems in monthly room meetings attended by our SMF chairman to get input and direction.

About new ways of developing/guiding nurses in your room towards a quality room?

"We propose to increase the human resources for nurses and midwives in our room to be sent to special classes and Akbid classes, so far there have been several people who have taken part in this."

### **Transformational leadership of the head of the inpatient room.**

Overall, the transformational leadership value of the head of the inpatient room obtained from the questionnaire by the nurse and head of the room received a fairly good score. If we refer to the Transformational Leadership Behavior Inventory, (Podsakof et al, 1990) then there are several dimensions carried out by the head of the room in developing/guiding the nurses in his room towards a quality room, including the head of the inpatient room who has become a figure who being dominant in the room, providing individualized support, high performance expectations, and intellectual stimulation. To discuss each existing element, it will be discussed below based on the order in the research questionnaire.

#### **Charisma.**

Charisma is the most important component in the broad concept of transformational leadership. With strong charisma, it will be easier for a leader to influence his subordinates. On the other hand, the weaker a person's charisma, the more difficult it will be to influence subordinates. In fact, in the context of leadership, it is very important for someone to exert influence on other people. The charisma of the head of the inpatient room at Labuang Baji Hospital, Makassar, was obtained based on the assessment of the nurse and the head of the room in self-assessment. The head of the room's assessment of himself shows that the head of the room only occasionally to often shows his charisma, and none of the charisma element

items shows the maximum scale. In fact, to maintain his charisma and become a respected figure for nurses and staff, the items assessed in this charisma element must be carried out very often (maximum) so that the head of the room can really easily influence the nurses and make other people around him enthusiastic towards work.

### **Individual consideration**

The most prominent thing from the assessment of the individual consideration elements in the research results was that the head of the inpatient room and the nurses agreed in their opinion and revealed that the head of the room rarely encouraged nurses in expressing their opinions. Apart from that, the head of the room felt that they were still lacking in providing personal praise for the work of the nurses and in looking for new ideas towards better room management. At Labuang Baji Hospital, Makassar, the individual consideration of the room heads, if seen from the mean, is still lacking and this will affect their leadership in developing their staff to comply with existing procedures in the rooms they manage.

A transformational leader will pay attention to individual factors which should not be generalized, because there are differences, interests and self-development that differ from each other. Starting from this theoretical concept, a head of an inpatient room must provide enthusiasm for nurses in their work, understand the abilities of different individuals at work, give appreciation when a nurse completes their work well and provide recognition for the nurse's work in the form of praise personally, so that nurses can express their opinions which is everyone's self-actualization needs. and thus the nurse will assume that the individual sensitivity of the head of the inpatient room in their place is working very well. With individual support and the work enthusiasm of nurses, new ideas will emerge towards better and better quality room management. This is in accordance with the items in the dimensions of transformational leadership behavior (Transformational Leadership Behavior Inventory) who concluded that Transformational Leadership behavior is positively related to compliance and job satisfaction.

### **Intellectual stimulation**

The head of the inpatient unit believes that they are still lacking in encouraging nurses to try new ways in their work. In fact, this problem is very important to apply in the leadership behavior of a head of the room so that in their work the nurses know the rationale and evidence base for the work they do, and are not used to just routine work. This leadership element can be seen, among other things, in a leader's ability to create, interpret and elaborate on symbols that appear in life, inviting subordinates to think in new ways. In short, subordinates are conditioned in situations to always ask themselves and compare them with the assumptions that develop in society, which then develops the ability to solve problems freely.

In general, the intellectual stimulation carried out by the head of the room according to the nurse shows a higher value compared to the self-assessment by the heads of inpatient rooms. In theory, there are several dimensions that must be carried out by the head of the room in developing/guiding the nurses in his room towards a quality room, including intellectual stimulation which includes the head of the room's efforts to increase staff motivation to succeed, encourage staff to try new ways that are based on evidence base in various activities, encourage staff to be innovative, work hard and professional, encourage staff to always evaluate work results and improve them (Podsakof et al, 1990). So that the intellectual stimulation carried out by the head of this room will have an influence on the performance of nurses to comply with and implement the standards of nursing care that have been created by the hospital..

## **Nurse compliance in implementing nursing care standards.**

Compliance is compliance with the implementation of fixed procedures that have been created. Talking about compliance issues cannot be separated from work discipline. Discipline is a mental attitude that is reflected in the actions or behavior of individuals, groups or communities in the form of compliance/obedience to the rules or regulations set by the government or ethics, norms and rules that apply in society for certain purposes (Muchdarsyah, 2000 ). Apart from that, it can be concluded that discipline is an important means of achieving productivity. Discipline is interrelated with productivity, indirectly compliance is also inseparable from productivity.

At Labuang Baji Makassar Regional Hospital, nurses' compliance in implementing SAK is reflected in the documentation of nursing care, patient/family assessments/perceptions and observations of nursing actions carried out as well as nurses' answers to the research instruments used. The results obtained show that the mental attitude reflected in the actions or behavior of the group in implementing nursing care standards is classified as good. If nurses always carry out documentation for every nursing action they carry out, it might be possible to improve the predicate for this documentation to be better, because when compared with the value of instrument C, the value of instrument A tends to be lower. Overall, according to patient/family perception, nurse compliance in nursing services is considered quite good. In instrument C, this result is different from the documentation study aspect carried out in instrument A, which is probably because in principle the nursing actions carried out are close to the correct standard by the nurse, but in reality the documentation aspect is still lacking. This is related to the findings of Gurti (2002) in initial observations in his research who found that several employees' performance, especially nurses on duty in inpatient installations, still had many nursing care sheets that had not been filled in, those that had been filled out were not in accordance with existing standards.

Apart from this, the assessment of nurses' compliance with the implementation of work at the research site could be influenced by various problems, including the Halo effect (Gillies, 1996), for example due to factors of closeness, kinship between nurses, observers and heads of rooms which are not discussed in this study..

## **Correlation between the Transformational Leadership of the head of the inpatient room and nurse compliance in implementing SAK.**

The research results of Podsakoff et al. (1996) cit Suyanto (2003) concluded that transformational leadership behavior is positively related to compliance and job satisfaction. From the Spearman's rho statistical test which was carried out to determine the relationship between the Transformational Leadership of the head of the inpatient room and the compliance of nurses in implementing SAK, it shows that there is a significant relationship between the Transformational Leadership of the head of the room and the compliance of nurses in implementing SAK, this proves that there really is a relationship and positive relationship between transformational leadership and compliance as revealed by the research results of Podsakoff et al. (1996), however, this relationship is weak with a correlation coefficient of 0.316 and a significance level of 0.019.

Then, to see how meaningful this relationship was, a linear regression statistical test was carried out which showed an R Square result of 0.108. This means that with the presence of transformational leadership, the head of the inpatient room contributes only 10.8% to nurses' compliance in implementing SAK at Labuang Baji Hospital, Makassar, so it can be said that there are other factors that are also related to nurse compliance in implementing SAK, such as

Internal factors; which consists of ability, motivation, workload, experience/year of work, training. External factors include work climate, supervision and leadership style, compensation system (Ely, 2000).

To see the Transformational Leadership element of the head of the inpatient room at Labuang Baji Hospital, Makassar, which is most closely related to nurses' compliance in implementing SAK, the intellectual stimulation element shows the most meaningful but weak relationship compared to the other elements. This is because the nurses agreed to answer with a mean value that was one level below the maximum scale, stating that their room heads had developed a discourse of flexibility in work that gave them freedom of opinion and action as long as it was within the room's policies, and according to the nurses the head of the room had been good at encouraging them to always evaluate work results and improve them so that nurses are motivated to comply with the implementation of SAK.

## Conclusion

Based on the results of the research that has been carried out, the following conclusions can be formulated; (1) There is a significant but weak relationship between the transformational leadership of the head of the inpatient room and nurses' compliance in implementing SAK; (2) The description of the transformational leadership of the head of the inpatient room at IRNA RSUD Dr.M.Yunus Bengkulu was rated quite good with a final score of 67.91%; (3) The element of Transformational Leadership that is most significantly related to nurses' compliance in implementing SAK is intellectual stimulation; (4) Overall the control range for nurses' compliance in implementing SAK at IRNA Dr.M.Yunus Hospital Bengkulu is 76.17% with a good predicate; (5) Description of nurses' compliance in implementing SAK which is linked to the Transformational Leadership of the head of the inpatient room as measured by a nurse compliance questionnaire which has been tested for validity, obtained a result of 75.13% with a good predicate.

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