***NURSE PERCEIVED OF CARING LEADERSHIP: A QUALITATIVE DESCRIPTIVE STUDY***

**ABSTRACT**

**Background:** The leader's attitude or behavior to staff or subordinates greatly determined a conducive working atmosphere in a hospital. Decrease in performance, job dissatisfaction will impact work productivity, attendance (absenteeism), the quality of services provided, and the exit of the workforce itself (turn-over). This is why the importance of a harmonious relationship between a leader and his staff or subordinates.

**Aim:** This study aims to determine nurses' views regarding caring leadership of the head of the room.

**Methods:** The research method used in this study is descriptive qualitative.

**Results:** Nurse perceived caring leadership, including give positive feelings, listening, encouraging, influencing, experience, proactive and struggling for the sobordinates.

**Conclusion:** A deep understanding of caring leadership could bring the curricula with the new course of caring leadership. The student can learn and practice since the early time. It would bring caring attitude as a part of their own lifes.

*Keywords: caring, leadership, nurse, descriptive qualitative*

**BACKGROUND**

Nurses as one of the health workers in hospitals play an important role in achieving health development goals. The success of health services depends on the participation of nurses in providing quality care for patients [1, 2]. This is due to the presence of nurses on duty 24 hours to serve patients, as well as the number of nurses who dominate health workers in hospitals, which ranges from 40-60%, thus hospitals need to manage human resources (HR), especially nurses appropriately [3]. It takes the existence of a leader who is able to manage human resources in accordance with the changes and existing demands [4, 5].

A leader uses his authority and leadership to direct others and is responsible for that person's work in achieving a goal [6]. Leaders have a responsibility both physically and spiritually for the success of the work activities of those they lead, so being a leader is not easy, and not everyone has the same in carrying out their leadership (Milkhatum, 2016). Leaders who are aware of their strengths and weaknesses and know how their behavior will affect their staff [7]. The research results conducted by Laschinger stated that emotional exhaustion, which is considered a core component of burnout, is influenced by leadership. Similar research results were also expressed by Pinchover, Attar-Schwartz [8], where the closer the relationship between the leader and the staff and the higher the level of trust the leader has on the staff, the lower the burnout level. Leaders who have the ability to empower their staff well will indirectly reduce the level of emotional exhaustion of their staff [9]

Leadership style is a significant predictor to increase job satisfaction. The higher the perception of the leadership style, the higher the job satisfaction of employees [10]. The study conducted by Ayalew, Kibwana [11] showed a significant relationship between motivation and job satisfaction of nurses to increase the motivation of nurses at work further. Nurse's motivation can pursue by giving awards to nurses from their leaders or superiors in achieving job satisfaction. In addition, a person's leadership style has a great influence on climate and group work outcomes [12]. One leadership style is caring leadership. Caring behavior of leaders to implementers or staff is called caring leadership

Based on the important of the leadership above, this study purposed to explore how nurses perceived of caring leadership. The caring leadership style would give positive impact to the nurse staff, and stimulate nurse manager innovation and creativity for implementing it.

**METHODS**

**Research Design**

The study used a qualitative method with a descriptive approach [13]. The study wanted to discover and understand the process experience of gaining practical knowledge from the elderly with dementia [14].

**Research Participants**

The participants of the research included 15 registered nurses at Dharmaydnya General Hospital. In Indonesia, registered nurse refers to a nurse who has a certificate of competence that a letter of acknowledgment of the ability of a nurse. The sertificate can acquire after passing the competency test by the nursing council. Every nurse student that have been graduated from diploma or bachelor profession have to take the competency test. A renewal review is required every five years.

For convenience, the authors talked with the nurse manager about the purpose of the research. After got the permission, the authors ask the nursing staff for joining the research. The author explained the objective of this study and the planned of interview. Three of nurses gave a good response and made an appointment for the interview. The author described details of the study and gave the informed concern before starting the interview. RNs who had consented to participate in the research signed the inform concern. Forward, we used the snowball sampling technique that we asked the participants to introduce a new participant candidate and obtained their consent using a snowball sampling technique.

**Data Collection**

Data collection method used face to face interview to understand the RNs perceptions of caring leadership [15].The interview was conducted in Indonesia Language. Almost all of the interview conducted at the nurse’s ward meeting room at the hospital in the afternoon after the participants finish their working shift. The first author interviewed the interviewees one by one for approximately an hour, and the second and third checked the data saturation. The study used a semi-structured interview data collection method which was carried out using an interview guide. Interview guidelines included the demographic of participants and the main questions related to the experience which was required to gain knowledge. Details of the interview were, we asked participants to explain what kind of improvement they did (individual care and specialized care), what kind of experience that could make them think of such improvement, and things that the participants realized through their experience. We collected information from the perspective of what kind of process which led them to acquire their practical knowledge. Data collection was conducted from the end of June until the end of November 2018.

**Data Analysis**

This study used qualitative content analysis [16]. This analysis was chosen to summary the content of information based on verbal and visual data [17]. The data analysis process of acquiring practical knowledge started since nurses had been planning to obtain the qualification, and what kind of process led them to acquire practical knowledge. The recorded conversations were transcribed word-by-word, then the data from each participant was collected. The relevant data were divided into several chunks of code [13]. Then each code was compared with the others. Those that shared the same detail were consolidated and coded once again. Next, we drew a relationship diagram between each participant based on the correlation between codes.

After that, each participant's code was continuously compared and examined to derive sub-categories. The relationships between sub-categories were interpreted and summarized into categories again, and the correlation was established as the process [15].All of those process recorded in a excel files to ensure confirmability and dependability. Participants description were described in the result to show their background for enhancing transferability of this study, that shown in Table 1.[18]. Furthermore, to maintain the credibility of the research, we sent the summary and diagram of the process to three research participants and performed member checking [13]. Throughout the research, we held discussions with collaborators specializing in qualitative descriptive research and nursing leadership to improve its accuracy [13, 19].

**Ethical Consideration**

This research was conducted after receiving approval by the Research Ethics Committee of the School of Nursing. The research purpose, objective, and methods were explained in writing and verbally to participants, and upon their understanding, the participants signed the consent form and agreed to participate in the research. We explained to the participant that participation was voluntary, and the participants were allowed to withdraw anytime, even after consenting. The participants and institution names were not identified to comply with privacy protection. The data obtained from interviews would not be used for any purpose than this research and would not be shared with anyone other than research collaborators.

**RESULTS**

**Tabel 1. Demographic of Respondents**

|  |  |  |
| --- | --- | --- |
| **Demographic** | **Frekuensi (f)** | **Persentase (%)** |
| Sex |  |  |
| Male | 7 | 43,7 |
| Female | 9 | 56,3 |
| Age |  |  |
| Late adolescence (17-25 tahun) | 5 | 31,2 |
| Early adulthood (26-35 tahun) | 7 | 43,7 |
| Late adulthood (36-45 tahun) | 2 | 12,5 |
| Early old age (46-55 Tahun) | 2 | 12,5 |
| Education |  |  |
| 3rd Diploma Degree | 13 | 81,2 |
| 4th Diploma Degree | 2 | 12,5 |
| Bachelor Degree | 1 | 6,3 |
| Working experience |  |  |
| < 3 tahun | 7 | 43,7 |
| >3 tahun | 9 | 56,3 |
| Department |  |  |
| Inpatient ward | 6 | 37,6 |
| Intensive care unit | 2 | 12,5 |
| Emergency unit | 3 | 18,7 |
| Operating room unit | 2 | 12,5 |
| Hemodylisis unit | 3 | 18,7 |
| **Total** | **16** | **100** |

Based on table 1 above, it can be seen that most of the respondents are female is 9 nurses (56.3%), early adulthood (26-35 years) 7 nurses, with third diploma education is 13 nurses (81.2%), experience more than 3 years is 9 nurses (56.3%), and work inpatient room 6 nurses (37.6%).

There are four themes in this study that describe the various perceptions of nurses about implementing Caring Leadership. These themes are: (1) taking care for giving positive feeling, (2) listening and encouraging the staff, (3) experience and influence, and (4) proactive and struggling for the subordinates. The themes generated in this study are discussed separately to reveal the meaning or significance of the nurses' perceptions of caring leadership.

**Taking care for giving positive feelings**

Participants in this study described the notion of caring leadership is a concern of positive feeling to staff or subordinates. The positive feelings would give positve spirit to the nursing staff, and they would give positive atmosphare to the patient. As expressed by the four participants in this study:

"concern for something." (P11)

"Caring is the essence of nursing. Caring can help clients promote positive changes in psychological, spiritual and social terms". (P2)

“… taking care of the client, taking action to the client”. (P3)

"... caring is how we can provide optimal service to provide care as nurses to provide good care, we have tried to implement good care for client". (P14)

**Listening and encouraging the staff**

The participant expressed the leader with caring leadership have to listening and encouraging the nursing staff. Nurse leader could give their attention with the staff problem in the working place, motivate them, and empathy. The particpants said as below:

"Leadership based on concern for subordinates." (P8)

“… a leader who is able to listen, and pay attention to staff complaints and needs even when the leader is busy.”. (P1)

“… a leader who cares about our situation at work”. (P4)

 “…a way to motivate or encourage clients in the nursing care process so that professional nursing care can be realized…”. (P13)

“… provide motivation or empathy to client in the healing process”. (P5)

“… be a bridge between doctors and patients in the patient's recovery process by always providing encouragement or motivation so that they can carry out treatment to a complete extent”. (P5)

**Experience and influence**

The ideal leader with a caring leadership style should have a good work experience and education. Besides, the leader could give influence to their staff that would make the staff trust and follow the leader. Moreover, a role model is a must as a leader. This was revealed as follows:

"Ideally from an educational perspective, you have a bachelor's status, then the second has the power to lead a unit, then you can also provide a maximum service to patients...". (P4)

"Ideally every team / organization has a leader who cares for his subordinates / members, so every task that will be given is discussed first with subordinates and together find the best way to complete the task...,". (P6)

“… able to listen, and pay attention to staff complaints and needs even when the leader is busy”. (P15)

“… if there is a problem with the patient, the leader provides a solution… there is no need to talk too much, the leader knows there is a problem”. (P9)

“… very helpful in realizing Nursing Care by providing motivation or encouragement in the healing process”. (P7)

“…a leader who sets an example, we must be able to set an example as a leader, give a decision…”. (P5)

**Proactive and struggling for his subordinates**

The leader must be proactive to his subordinates and fight for his subordinates and patients. This can be seen in the interview:

"Appreciate leaders who care and can embrace their subordinates rather than leaders who can only order without discussing." (P1)

“…nurse leaders must participate actively and proactively to find ways to influence decision making in the health care system.”. (P12)

"must work from the leader." (P3)

"... we provide training, workshops to our friends to support it, well... what are the levels of education if we support D3". (P7)

**DISCUSSIONS**

The participant explained the caring leadership style is a leadership style that give positive feelings, listening, encouraging, influencing, experience, proactive and struggling for the sobordinates. Those character of caring leadership is slightly close with Swanson's caring theory which provides a good starting point for understanding the habits and processes characteristic of service. Swanson's caring theory explains the caring process which consists of how nurses understand meaningful events in a person's life, are emotionally present, do things to others as well as do things for themselves, provide information and facilitate one's path in life transitions and put one's belief in life [20]. Thus, the leader could try to understand their workplace situation, and then emotionally encourage the staff to overcome the working situation.

Caring according to Swanson is an effort to maintain relationships with others based on responsibility, commitment, sense of belonging and respect for others. Leadership or leadership is the process of influencing or setting an example by the leader to his followers in an effort to achieve organizational goals [21]. Leadership in nursing is the ability and skill of a nurse leader in influencing other nurses under their supervision to carry out their duties and responsibilities in providing services. The behavior of the leader has a very strong influence on the performance of the executor, if positive behavior is increased in the implementation of the activity, the performance of the executor will greatly increase. Caring leadership is a model that answers the core of the required leadership. Caring leadership leads by using human values, such as: leading with compassion and equality, leading by fostering hope, actively fostering innovation with insight, wisdom, always reflecting, leading by creating space for staff to be creative, respectful, caring (Wati et al., 2019)

Based on the results of the interviews, one participant stated that educational experience is ideal in applying caring leadership style and four other participants mentioned soft skills as an ideal part of caring leadership. Leadership is the art of influencing and directing people by means of obedience, trust, respect and passionate cooperation to achieve common goals [22]. An organization's efforts to improve the quality of its performance require leadership that always motivates other members of the organization to always improve the quality of their work. It can be concluded that leadership is a person's ability to influence, move, encourage, control other people or their subordinates to do some work on their consciousness and contribute to achieving a goal. Based on the meaning of leadership, a leader is really expected by his subordinates to have a better experience. This experience is obtained based on direct knowledge and practice so that this makes a leader able to influence his subordinates.

Soft skills are an attitude or part of an emotional-based ability. Four participants mentioned soft skills related to give positive feelings, motivation, listening to complaints, and paying attention to staff needs. This is in accordance with the character of caring, namely a sense of belonging and respect for others. Caring leadership leads by using human values such as: leading with compassion and equality, leading by fostering hope, actively fostering innovation with insight, wisdom, always reflecting, leading by creating space for staff to be creative, respectful, caring [21, 23].

All participants were able to explain the application of caring leadership well and how the participants as implementing nurses were able to support the application of caring leadership. Overall, the application of caring leadership, the leader must be active and proactive to subordinates and fight for their subordinates and patients.

Wati [21] stated that caring leadership has five phases, namely knowing, being with, doing for, enabling and maintaining belief. The knowing phase is where a leader can find out or identify the problems that exist in his work. The leader must seek the truth or facts based on evidence, so that the cause of the problem can be identified. After the problem is found, it enters the second phase, namely being with. In this phase, a leader must be able to cooperate with his subordinates and be able to establish harmonious communication with his subordinates. The leader creates good communication with his subordinates so that subordinates are able to receive input or suggestions in overcoming these problems. The doing for phase is that a leader must be able to do something for his subordinates, not for himself and provide comfort for his subordinates. In this phase, the leader provides comfort to subordinates, protects subordinates and maintains their dignity, so that subordinates feel comfortable and a relationship of mutual respect is created. The enabling phase is that a leader must be able to provide information and explain something that his subordinates do not understand and support positive activities carried out by his subordinates. Finally, a leader must be able to maintain and convince his subordinates, namely the maintaining belief phase.

The study have the limitation from the methodology, perhaps there is a bias if we ask from the nurse manager perspective as a leader or from the hospital upper management based on their experience as a leader. Further study need to test this attributes of caring leadership, it can represent or not. The study could not generalize because the workplace situation and leader character might influence their perception of caring leadership.

**CONCLUSION**

The caring leadership style is a leadership style that give positive feelings, listening, encouraging, influencing, experience, proactive and struggling for the sobordinates. Those might can present the attributes of caring leadership. However, a further study is very recommended for proof it. The further study can test the attributes with item development or use grounded theory.

Caring leadership is a new leadership style in for nursing. It could help practical nurse, specifically nurse manager, to manage their ward and the staff. This would increses the staff performance personally and ward performance as a group. Besides, it is valuable for nursing knowledge that caring can be use as a leadership style.

Nursing education and research should explore it more. A deep understanding of caring leadership could bring the curricula with the new course of caring leadership. The student can learn and practice since the early time. It would bring caring attitude as a part of their own lifes.

**REFERENCES**

1. Arini T, Juanamasta IG. The Role of Hospital Management to Enhance Nursing Job Satisfaction. Indonesian Nursing Journal of Education and Clinic (INJEC). 2020;5(1):82-6. doi: https://doi.org/10.24990/injec.v5i1.295.

2. Juanamasta IG. Pemodelan Konsep Diri Profesional Perawat Terhadap Produktifitas Kerja Perawat Pelaksana di Ruang Rawat Inap. Surabaya: Universitas Airlangga; 2018.

3. Nuryani SAN, Wati NMN, Juanamasta IG. Nursing grand rounds (NGRS) regularly to encourage continuing professional development (CPD) achievement of nurses. Pakistan Journal of Medical and Health Sciences. 2020;14(4):3.

4. Rodessa V, Kurniadi A, Bandur A. The Impact of Preceptorship Program on Turnover Intention of Fresh Graduate Nurses in Hospital. Babali Nursing Research. 2020;1(3):131-48. doi: https://doi.org/10.37363/bnr.2020.1334.

5. Juanamasta IG, Wati NMN, Widana AAGO. Covid-19: A Balinese Viewpoint. Belitung Nursing Journal. 2020;6(4):143-4. doi: https://doi.org/10.33546/bnj.1133.

6. Mohiuddin ZA. Influence of Leadership Style on Employees performance: Evidence from Literatures. Journal of Marketing & Management. 2017;8(1):18-30. PubMed PMID: 123730302.

7. Laschinger HKS, Wong CA, Grau AL. Authentic leadership, empowerment and burnout: a comparison in new graduates and experienced nurses. Journal of Nursing Management. 2013;21(3):541-52. doi: <https://doi.org/10.1111/j.1365-2834.2012.01375.x>.

8. Pinchover S, Attar-Schwartz S, Matattov-Sekeles H. Director's Leadership and Burnout among Residential Child Care Workers: Possible Implications for Practice. Scottish Journal of Residential Child Care. 2015;14(2):1-11.

9. Dust SB, Resick CJ, Margolis JA, Mawritz MB, Greenbaum RL. Ethical leadership and employee success: Examining the roles of psychological empowerment and emotional exhaustion. The Leadership Quarterly. 2018;29(5):570-83. doi: <https://doi.org/10.1016/j.leaqua.2018.02.002>.

10. Dartey-Baah K, Ampofo E. “Carrot and stick” leadership style. African Journal of Economic and Management Studies. 2016;7(3):328-45. doi: https://doi.org/10.1108/AJEMS-04-2014-0029.

11. Ayalew F, Kibwana S, Shawula S, Misganaw E, Abosse Z, van Roosmalen J, et al. Understanding job satisfaction and motivation among nurses in public health facilities of Ethiopia: a cross-sectional study. BMC Nursing. 2019;18(1):46. doi: 10.1186/s12912-019-0373-8.

12. Alilyyani B, Wong CA, Cummings G. Antecedents, mediators, and outcomes of authentic leadership in healthcare: A systematic review. International Journal of Nursing Studies. 2018;83:34-64. doi: <https://doi.org/10.1016/j.ijnurstu.2018.04.001>.

13. Colorafi KJ, Evans B. Qualitative Descriptive Methods in Health Science Research. HERD. 2016;9(4):16-25. Epub 2016/01/23. doi: https://doi.org/10.1177/1937586715614171. PubMed PMID: 26791375; PubMed Central PMCID: PMCPMC7586301.

14. Sandelowski M. What's in a name? Qualitative description revisited. Res Nurs Health. 2010;33(1):77-84. Epub 2009/12/17. doi: https://doi.org/10.1002/nur.20362. PubMed PMID: 20014004.

15. Doyle L, McCabe C, Keogh B, Brady A, McCann M. An overview of the qualitative descriptive design within nursing research. Journal of Research in Nursing. 2019;25(5):443-55. doi: https://doi.org/10.1177/1744987119880234.

16. Yamamoto-Mitani N, Saito Y, Takaoka M, Takai Y, Igarashi A. Nurses' and Care Workers' Perception of Care Quality in Japanese Long-Term Care Wards: A Qualitative Descriptive Study. Glob Qual Nurs Res. 2018;5:2333393618812189. Epub 2018/12/14. doi: https://doi.org/10.1177/2333393618812189. PubMed PMID: 30547055; PubMed Central PMCID: PMCPMC6287313.

17. Sandelowski M. Whatever happened to qualitative description? Research in Nursing & Health. 2000;23(4):334-40. doi: https://doi.org/10.1002/1098-240x(200008)23:4<334::Aid-nur9>3.0.Co;2-g.

18. Cope DG. Methods and meanings: credibility and trustworthiness of qualitative research. Oncol Nurs Forum. 2014;41(1):89-91. Epub 2013/12/26. doi: https://doi.org/10.1188/14.ONF.89-91. PubMed PMID: 24368242.

19. Guba EG. Criteria for assessing the trustworthiness of naturalistic inquiries. ECTJ. 1981;29(2):75. doi: https://doi.org/10.1007/BF02766777.

20. Schwerin JI. The Timeless Caring Connection. Nursing Administration Quarterly. 2004;28(4):265-70. PubMed PMID: 00006216-200410000-00007.

21. Wati NMN, Dwiantoro L, Juanamasta IG. Caring Leadership Mentoring for Charge Nurse in Inpatient Units. International Journal of Innovative Science and Research Technology. 2019;4(7):5.

22. Joullié J-E, Gould AM, Spillane R, Luc S. The language of power and authority in leadership. The Leadership Quarterly. 2020:101491. doi: <https://doi.org/10.1016/j.leaqua.2020.101491>.

23. Aungsuroch Y, Juanamasta IG, Gunawan J. Experiences of Patients With Coronavirus in the COVID-19 Pandemic Era in Indonesia. Asian Journal for Public Opinion Research. 2020;8(3):16. doi: <https://doi.org/10.15206/ajpor.2020.8.3.377>.