



LEADERSHIP STYLE AND QUALITY OF CARE FOR NURSING: A RAPID REVIEW

Mohammad Faisal Al Ali¹

ABSTRACT

Background: Nurse leaders are crucial to the productivity and efficacy of healthcare organizations, and as such, it is imperative that their performance be developed through the use of evidence-based knowledge.

Aim: The purpose of this study is to describe and assess the leadership of nurses and their effect on nursing quality of care.

Method: Three distinct online databases were used in the search approach for this multidisciplinary systematic study: Google Scholar, PubMed, and Scopus. Quantitative research on head nurses' performance and leadership philosophies has been done and published. The data from each of the included research was extracted, examined, and graded.

Finding: From 2353 initial titles, 8 studies were selected quality evaluations were conducted.

Conclusion: Effective leadership is essential to providing high quality nursing care and healthcare. The different leadership ideologies can either increase or decrease the existing healthcare disparities and have differing consequences on health-related outcomes.

Keywords: Nurse Leaders, Healthcare Organizations, Quality of Care, Effective Leadership.

ESTILO DE LIDERANÇA E QUALIDADE DE CUIDADOS PARA ENFERMAGEM: UMA REVISÃO RÁPIDA

RESUMO

Histórico: Líderes de enfermagem são cruciais para a produtividade e eficácia das organizações de saúde e, como tal, é imperativo que seu desempenho seja desenvolvido através do uso de conhecimentos baseados em evidências.

Objetivo: O objetivo deste estudo é descrever e avaliar a liderança dos enfermeiros e seu efeito na qualidade do atendimento de enfermagem.

Método: Três bancos de dados on-line distintos foram utilizados na abordagem de pesquisa para este estudo sistemático multidisciplinar: Google Scholar, PubMed e Scopus. Pesquisas quantitativas sobre o desempenho dos enfermeiros chefes e filosofias de liderança foram feitas e publicadas. Os dados de cada uma das pesquisas incluídas foram extraídos, examinados e classificados.

Constatação: De 2353 títulos iniciais, foram selecionados 8 estudos de avaliação de qualidade.

Conclusão: Uma liderança eficaz é essencial para proporcionar cuidados de enfermagem e cuidados de saúde de alta qualidade. As diferentes ideologias de liderança podem aumentar ou diminuir as disparidades existentes na área da saúde e têm consequências diferentes nos resultados relacionados à saúde.

Palavras-chave: Líderes de Enfermagem, Organizações de Saúde, Qualidade de Atendimento, Liderança Eficaz.

¹ Arab American University Palestine, Jenin, Palestine. E-mail: mohammed.alali@aaup.edu
Orcid: <https://orcid.org/0009-0004-4208-0536>



ESTILO DE LIDERAZGO Y CALIDAD DE LA ATENCIÓN DE ENFERMERÍA: UNA REVISIÓN RÁPIDA

RESUMEN

Antecedentes: Los líderes de enfermería son cruciales para la productividad y la eficacia de las organizaciones de atención de la salud y, como tales, es imperativo que su desempeño se desarrolle mediante el uso de conocimientos basados en la evidencia.

Objetivo: El propósito de este estudio es describir y evaluar el liderazgo de las enfermeras y su efecto en la calidad de la atención de enfermería.

Método: Se utilizaron tres bases de datos en línea distintas en el enfoque de búsqueda para este estudio sistemático multidisciplinario: Google Scholar, PubMed y Scopus. Se han realizado y publicado investigaciones cuantitativas sobre el desempeño y las filosofías de liderazgo de las jefas de enfermería. Se extrajeron, examinaron y clasificaron los datos de cada una de las investigaciones incluidas.

Hallazgo: De 2353 títulos iniciales, se seleccionaron 8 estudios y se realizaron evaluaciones de calidad.

Conclusión: El liderazgo efectivo es esencial para proporcionar atención de enfermería y atención médica de alta calidad. Las diferentes ideologías de liderazgo pueden aumentar o disminuir las disparidades existentes en la atención médica y tener diferentes consecuencias en los resultados relacionados con la salud.

Palabras clave: Líderes de Enfermería, Organizaciones de Atención Médica, Calidad de la Atención, Liderazgo Efectivo.

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1 INTRODUCTION

Nurses have a major front-line role and make up the largest professional group in the healthcare team the profession is well-positioned to be a change agent (Huber, 2006),. Leaders in the nursing profession play an important role in ensuring that their teams fully comprehend the needs and values of their patients (Qtait, 2023a). To address the global nursing crisis, the International Council of Nurses (ICN) published an action plan and attempted to convene international partners to collaborate on the development, implementation, and funding of multiple crucial areas to tackle these issues (Tyer-Viola et al., 2012). A nurse's leadership style can influence patient outcomes, providers, and the healthcare facility positively or negatively (Cummings, 2008).

As a preceding factor, personal growth and cooperation, excellence in nursing, creative problem solving, influence, and individual maturity are characteristics of nursing leadership, additionally, the formation of mutual trust relationships and the requirements of the job have been identified as antecedent factors (Qtait, 2023a). Nurse leaders can be found in a wide variety



of health organizations (Qtait, 2023b). It is the responsibility of nursing leaders to make sure that their teams understand the requirements and values of their patients. There is proof that managers' leadership philosophies influence nurses' output (Daly et al., 2014). according to (Ernawati, 2020), the leadership position and assertiveness of head nurses had a substantial impact on the accomplishment performance of staff nurses, Leaders in the nursing profession play an important role in ensuring that their teams fully comprehend the needs and values of their patients. The performance of democratic and transformative leaders is enhanced. Nurses can perform better if the elements influencing their ability and motivation to achieve are identified and addressed. Following the quality assessment, two further quantitative studies were excluded since they had no bearing on the goals of the review as stated (Qtait, 2023c).

Research on the relationship between leadership style and patient safety, hospital expenses, job happiness, and retention of nurses has been demonstrated (Byrne and Martin, 2014; Lin et al., 2015). According to Zaghini et al., (2020,) nurses who were content with their leadership also felt less worn out and stressed in their relationships and connected less in behavior, as a result, patients were more satisfied with the level of care that the nurses provided.

The WHO (2016) defined quality of care as the degree to which patient populations and individuals' intended health outcomes are improved by the health care services they receive. To achieve this, health care must be individual-centered, safe, efficient, timely, and equitable. One result of nursing services in a healthcare context is quality of care, which also serves as a gauge of the effectiveness of nurses and their nurse's teams. A nurse leader plays a crucial function in that team to keep that patients receive high-quality treatment. A leader must select a style of leadership based on the resources available in the war.

According to Abisilim et al. (2019), there is a noteworthy correlation between leadership style and factors such as age, marital status, academic standing, work position, and years of service. Numerous studies have indicated that the leadership philosophies nurse were transformational leadership, authoritative leadership, democratic leadership, and mix leadership (Rahardjo, 2019; Qtait, 2023a, Suratno, 2018).

In order to comprehend the significance of leadership in care quality, data about a nurse's leadership and care quality from the nurse's perspective were gathered through a systematic review. The literature suggests that little research has been done on the skills that nurses possess, such as whether or not a nurse's leadership style influences the quality of work the nurse produces. The purpose of this study is to describe and assess the leadership of nurses and their effect on nursing quality of care.



2 METHOD

The body of extant literature was reviewed. The systematic review is used in the review technique, but by focusing on certain components of the synthesis (such as data extraction and bias assessment) and limiting the scope (including search keywords and inclusion criteria), it provides a more timely synthesis. The population, intervention, outcome, and method (PIOM) acronym served as the basis for the research question. "What is the relation between leadership style and quality of care?"

2.1 SEARCH STRATEGY

Any English language original study published between 2018 and January 2024 was evaluated in this systematic review of quantitative, quantitative, and mixed studies. The main sources of information in this review included three data base PubMed, Scopus, and Google Scholar. The search terms (title, abstract, key

words) used were: "nurse", "nurses", nursing staff, AND "leadership style", "nurse leadership style", "leadership qualities", "leadership behaviors", AND "patient outcomes", "health outcomes", "quality of service", "error", "safety" "quality of care", "quality improvement", "patient care", "patient safety", "patient outcomes", "health outcomes", "quality of service", "error".

2.2 INCLUSION CRITERIA

Inclusion criteria for a systematic review focused on nursing leadership and quality of care. The studies included all types of research involving quantitative, qualitative, and mixed methods, were written in the English language, and published between 2018 and 2024 with a final search date of January 20, 2024.

2.3 EXCLUSION CRITERIA

There was no response to the search inquiry, Use personnel who are not nurses, Sample not nurse manger, both the language and the content are unrelated to the topic.

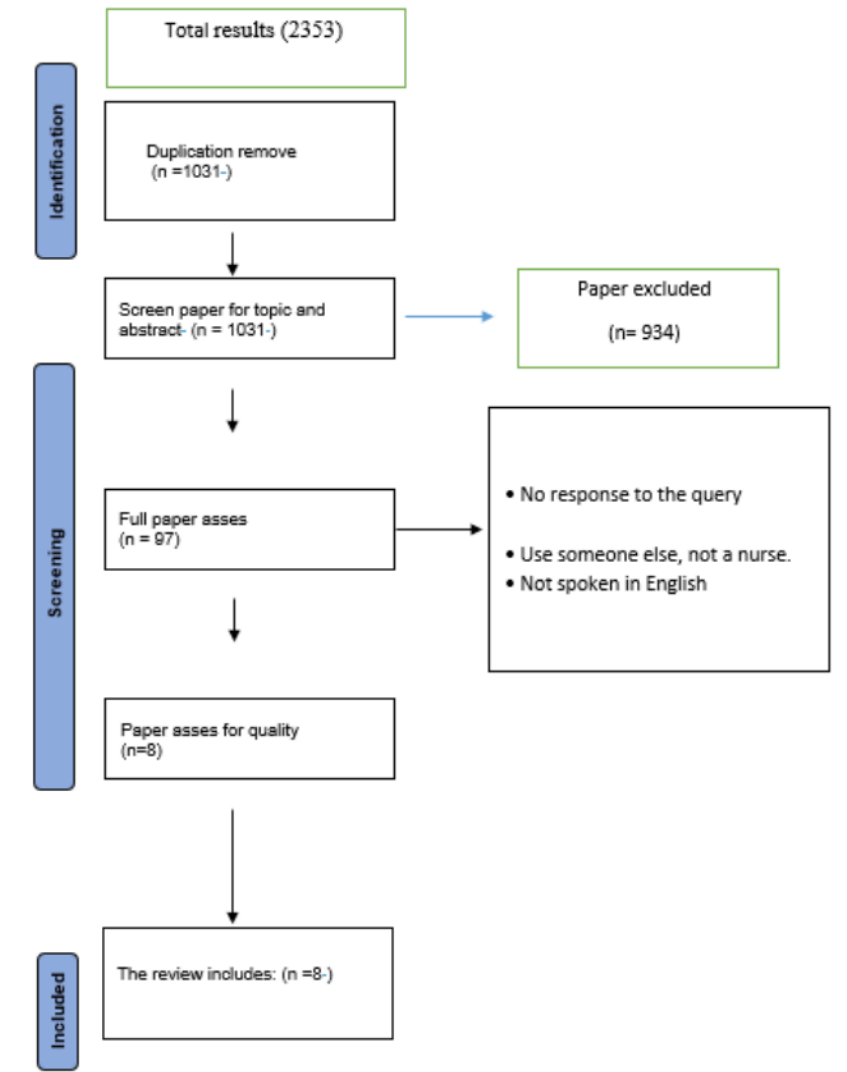


2.4 QUALITY ASSESSMENT

The Mixed Method Assessment Tool (MMAT) was used to assess these ten papers (Hong et al., 2018). The MMAT has been used in the past by researchers to evaluate the validity of data collected by mixed, qualitative, and quantitative methodologies (Tobiano et al., 2015). They were scored on a range of zero (0), which meant that no requirements had been met, to one hundred (100), which meant that all of the requirements had been met. K.M. performed the study, discussing the MMAT ratings and critically evaluating each article. We used low-quality research to assess each one's potential contribution rather than rejecting them. Research involving numbers was also evaluated using standards set by the National Health and Medical Research Council (NH&MRC, 2007).



Figure 1
for PRISMA



2.5 SCREENING

The researcher evaluated the eligibility of the identified studies on their own. This was initially carried out according to their titles. The subjects for the study were selected from articles with headers that promised to provide information relevant to the researcher. The reviewer next went through the abstracts of the articles, making a pre-selection and retrieving the full texts of the publications whose abstracts satisfied the inclusion criteria for the study. Similarly, publications lacking sufficient information in their abstracts to determine their inclusion status were also discovered. After removing duplicates, the lone researcher looked over every text for analysis on her own and eliminated any publications that didn't fit the



inclusion requirements. Finally, the researcher looked through the bibliographic references using a similar process to find more sources.

Table 1

Characteristic of study

| Citation | Study Design | Country | Sample Size | Measurement for leadership use | Key Findings |
|-------------------------|--|-----------|-------------|---|--|
| Hamed, al.,2023 | A Quasi experimental design was utilized to meet the aim of this study | Egypt | 45 | Situational Leadership Scale | Overall, nurses' situational leadership knowledge and skills, as well as their managerial competences in the post-program and subsequent phases, improved. |
| Suwarno. 2023 | descriptive correlational research design | Indonesia | 130 nurses | Build by author by review literature review | According to the study's findings, nurse leaders need to possess a strong transformational leadership style in order to support and motivate their staff members while they provide training and successfully complete tasks. A transformative leadership style is more likely to be embraced by nurse leaders. The study's findings also indicate that transactional leadership has an impact on nurses' performance, albeit it's preferable when the head nurse exercises transformational leadership. |
| Cosentino, et al., 2021 | A cross-sectional study | Italy | 308 nurses | The set of tests consisted of the Empowering Leadership Questionnaire | A total of 308 nurses, or 63.2% of the sample, answered the surveys. According to statistical study, Compassion Satisfaction was significantly impacted by the Leadership component of "Showing concern towards the team." |



| Citation | Study Design | Country | Sample Size | Measurement for leadership | use | Key Findings |
|-----------------------|---|-------------|-------------|---|-----|--|
| | | | | | | Furthermore, on five out of eight occasions, this dimension had an impact on nurses' total job satisfaction subscales. |
| Jennyet al., 2021 | Descriptive, cross-sectional design | New Zealand | 252. | Leadership Scale, The 8-item Perceived Organization Support Scale, LMX-7, The Utrecht Work Engagement Scale | | The majority of the literature that has been written about the causes and effects of work engagement has focused on staff outcomes as opposed to patient outcomes. The results point to variables that can be changed to enhance patient safety, staff experience, and, ultimately, patient happiness. Relational leadership, or "resonant leadership," is a fundamental component of high-quality treatment and is favourably correlated with both staff satisfaction and patient outcomes. |
| Anaclet, et al., 2020 | Cross sectional study. 3 public hospital, 2 faith-based hospital/ | Rwanda | 162 | Directive/autocratic leadership style, Supportive / transformational leadership style, Participative leadership style, achievement-oriented leadership style (transactional). Path-Goal Leadership tool | | Correlation between leadership style and job satisfaction, intention to stay, and service provision: There was significant positive weak relationship between transformational & autocratic leadership and staf intention to stay (r=.15, p<0.001 and r=.25 p<0.001) and both of them positively correlated with the level of Service provision. |



| Citation | Study Design | Country | Sample Size | Measurement for leadership | use | Key Findings |
|---------------------------|--|----------|-------------|---|-----|--|
| Lappalainen, et al., 2019 | Descriptive, cross-sectional design | Finland | 161 | Transformational leadership. TLS, MSS | | Nurses evaluated medication safety and transformational leadership in their units was excellent and good, respectively. There was a moderate but statistically significant correlation between transformational leadership |
| Asif, M. et al., (2019) | Cross sectional study government hospital/ 600 | Pakistan | 600 | Tranformational leadership. 7 item scale developed by Carless et al. The 12 items' SE scale. Medical error for APO 4-item QOC scale | | Correlation among TL, SE, JS, and QOC are positive & significant, but the correlation of TL, SE, JS and QOC with APO are significant negative. TL is positively related to nurses |
| Nicolas, et al., 2018 | Cross sectional study government hospital/ 296 | France | 296 nurses | Ethical Leadership. Ethical Leadership Scale, JAWS | | The average values for ethical leadership are 2.47, wellbeing (m=3.20), and care quality (m=3.81). Perceived quality of care was substantially correlated with wellbeing (p <.05), and there was no significant initial association between perceived quality of care and ethical leadership (P =.17). The association between ethical leadership and perceived quality of service was strongly mediated by the wellbeing of oncology healthcare workers (p <.05.) |



3 RESULT

3.1 STUDY CHARACTERISTIC

The primary features of the studies used in this analysis are summarize in Table 1. eight publications was a quantitative cross sectional study one of them experimental study. conducted one of the eight studies, (Hamed, et al.,2023; Suwarno. 2023; Cosentino, et al., 2021; Jennyet al, 2021; Anaclet, et al., 2020; Margit, et al., 2019; Asif, M. et al., (2019); Nicolas, et al., 2018).

3.2 LEADERSHIP STYLE FOR NURSES TYPE

Based on an analysis of eight articles, nurse leaders employ a variety of leadership philosophies, including directive (autocratic), supportive (transformational), participative (democratic), achievement-oriented (transactional), reflective (leadership), ethical, laissez-faire, and passive avoidant. Five articles discuss the use of a transformational leadership style. According to Alloubani et al. (2018), state hospitals favor transformational leadership, but private hospitals prefer to use transformational leadership.

3.3 FACTORS EFFECT OF LEADERSHIP STYLE

In addition to its impact on the quality of care provided by nurses, leadership style also has an effect on job satisfaction, extra effort, effectiveness, organizational commitment, staff retention, inspirational motivation, and overall health and well-being.

3.4 QUALITY OF CARE

Certain findings from the many studies were comparable when it came to the impact of leadership style on the standard of care. A recent study by Ngabonzima et al. (2020) revealed that service provisions showed a positive relationship with four different leadership styles: directive, supportive, participative, and achievement-oriented. However, the directive style showed a higher mean (18.8, SD 0.730) than the other three. Service pro-vision evaluated patient happiness, the caliber of care given to patients, the dedication of coworkers to providing quality medical care, and the commitment to provide higher-quality care. Out of the four items



mentioned above, the commitment to deliver higher-quality services has the highest mean (mean 4.14).

A further study by Alloubani et al. (2018) revealed a strong positive correlation ($r= 0.87$; $p < 0.001$) between transformational leadership and nursing care quality. The quality of nursing care was significantly correlated negatively with transactional leadership ($r=-0.22$; $p < 0.001$). Furthermore, there isn't much relation-medication safety. Medication safety was strongly correlated with nurses' proficiency with medications and their administration of nursing procedures.

According to Hamed, et al.,2023, Prior to the programe, just 17.8% of nurses possessed sufficient knowledge, and only 8.9% of head nurses demonstrated strong situational leadership abilities. These numbers rose to 84.4% and 73.3% throughout the immediate post-program and follow-up stages, respectively. Additionally, at the pre-program phase, 22.2% of head nurses had high emotional intelligence; at the immediate post-program and follow-up phases, this percentage rose to 84.4% and 51.1%, respectively. In conclusion, 53.3% of head nurses were proficient during the preprogram phase, and this climbed to 91.1% and 80.0% during the post-program and follow-up phases, respectively.

3.5 JOB SATISFACTION

In a recent cross-sectional survey done in Rwanda, Ngabonzima et al. (2020) discovered a positive significant relationship between job satisfaction and directive, supporting, participatory, and achievement-oriented leadership styles. ($p < 0.05$; $r = 0.58, 0.52, 0.49, 0.36$). Additionally, it resembled an Iranian qualitative study (Suwarno, 2023). They claimed that contented employees were the result of moral leadership. A somewhat different study by Alloubani et al. (2018) found a substantial positive correlation ($r= 0.81$; $p < 0.001$) between transformative leadership and work satisfaction. The results showed a statistically significant inverse relationship between work satisfaction and transactional leadership ($r=-0.38$; $p > 0.001$). Furthermore, there is no statistically significant correlation ($r=-0.06$; $p < 0.376$) between employment satisfaction and laissez-faire. Similar results were reported by Asif et al. (2019), who found a substantial correlation between transformative leadership and job satisfaction ($\alpha = 0.43$; $p < 0.01$). Similar results were also obtained by Cosentino et al. (2021), who found that transformational leadership positively significantly correlated with job satisfaction ($r= 0.48$; $p < 0.01$).



4 DISCUSSION

The literature has already examined effective leadership in health services in great detail, although the majority of the studies have been conducted in industrialized nations. Research from developing nations has not been published very often in the recent five years, particularly quantitative research. Effective leadership styles in health services are desperately needed, as many issues have shown (Schreuder, 2011). The goal of the current literature analysis was to close this gap by identifying the most recent research that assessed the connection between leadership style and care quality.

One of the primary conclusions stated that patient happiness, safety, and cost were all indicators of the quality of care they received (Alloubani, 2018; Suwarno, 2023). This result is in line with a recent study (Merril et al., 2015) that found a favorable correlation between the safety climate in hospitals and transformative leadership. There is a correlation between nurses' readiness to report medication errors and passive-avoidant leadership style, and between safe medical administration and transactional leadership style. Zaghini et al. (2020) found a similar correlation between patient satisfaction and counterproductive job behavior and depersonalization.

Higgins (2015) conducted a study on nurses in Canada and discovered that through supportive practice environments and organizational citizenship behaviors, nurses' perceptions of their managers' transformational leadership behaviors had a negative impact on equitably estimated adverse events (such as patient falls and hospital infections).

From literature which review in this paper, mostly using, participate leadership style and transactional leadership style transformational leadership style. The length of employment, age, work experience, and educational attainment of the nursing leader in the current work unit all have an impact on this condition. A significant number of them held diplomas, were young (aged 22 to 40), had less than five years of experience, and had worked in a care facility for less than five years (2021; Jenny et al., 2021; Anaclet et al., 2020; Margit et al., 2019; Asif, M. et al., (2019); Nicolas, et al., 2018). A previous study (Hamed et al., 2023; Suwarno, 2023; Abasilim, 2019; Yoon) found a positive significant relationship between leadership style and age, education background, and year of experience in the current unit. Graduate students possess strong leadership skills. Similarly, the length of service and maturity of the workforce in the unit allow for rational decision-making when selecting the right kind of leadership. Combining the three allows for the creation of nurse leaders who can raise the standard of care. Additionally, it has been discovered that transformational and transactional leadership styles



are strongly associated with improved care quality in healthcare settings (Asif, 2019; Allouboni, 2017).

5 CONCLUSION

Delivering top-notch nursing care and healthcare requires effective leadership. Depending on how they impact health-related outcomes, the various leadership philosophies have the potential to either exacerbate or lessen the already-existing healthcare inequities. Every society aspires to close the leadership gap in healthcare in a demanding and dynamic environment, both now and in the future. Health care organizations must ensure technical and professional competence, build organizational culture and capacity, and strike a balance between leadership priorities and available personnel in order to improve quality indicators and advance. It is strongly advised that the current review's findings be understood and that the most important lessons be transformed into nursing and healthcare environments' implementation plans.

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