

Leadership Style Overview of Inpatient Unit Leaders at a Military Hospital and a Government Hospital

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Received : 01-12-2024

Revised : 10-01-2025

Accepted : 10-02-2025

Abstract: Background: Health is a fundamental human need that requires adequate support from healthcare facilities, including hospitals. The leadership of inpatient unit leaders plays a strategic role in influencing nursing performance and the quality of healthcare services. Military hospitals, characterized by a hierarchical structure and a workforce comprising both military personnel and civilians, differ fundamentally from government hospitals, which are primarily staffed by civilian healthcare professionals. This study aims to analyze the leadership styles of inpatient unit leaders at a Military Hospital (Level II Pelamonia Hospital) and a Government Hospital (RSUD Haji Makassar). Method: This study uses a quantitative approach with a descriptive cross-sectional research design. The sample consists of 98 respondents, equally distributed between Level II Pelamonia Hospital (49 respondents) and RSUD Haji Makassar (49 respondents). Data were analyzed using the chi-square test. Results: The chi-square test results indicate no significant difference in the leadership styles of inpatient unit leaders at Level II Pelamonia Hospital and RSUD Haji Makassar ($p = 0.372$, $\alpha = 0.05$). Therefore, the null hypothesis (H_0) is accepted, and the alternative hypothesis (H_1) is rejected. Conclusion: There is no statistically significant difference in the leadership styles of inpatient unit leaders at the Military Hospital (Level II Pelamonia Hospital) and the Government Hospital (RSUD Haji Makassar).

Keywords: Leadership Style, Military Hospital, Government Hospital

INTRODUCTION

Hospitals are large-scale institutions, and exercising leadership in a large institution requires careful consideration, decisive action, and well-defined policies.(1) A leader's leadership style significantly influences the perceptions of others. Effective leaders must possess specific qualities, have a deep understanding of leadership principles, and be attuned to the organizational environment, including their followers and fellow leaders.(2, 3)

Preliminary observations conducted at both hospitals revealed that RSUD Haji Makassar has 13 inpatient wards, staffed by a total of 138 inpatient nurses, comprising 106 civil servants nurses and 35 non-ASN nurses. Meanwhile, Level II Pelamonia Hospital has 14 inpatient wards with a total of 236 nurses, including 46-nurses, 15 (Indonesian National Armed Forces) nurses, and 27 P3K (contract-based) nurses.

According to Ali & Agustian, (2018), employee performance is positively influenced by leadership style, with research findings indicating a significant relationship between leadership style and employee performance. Similarly, research conducted by Lestari et al., (2015) in military hospitals suggests a relationship between leadership style and employee performance. However, there remains a gap in research comparing leadership styles between military and government hospitals (5). The leadership style of inpatient unit leaders in government and private hospitals can be analyzed through comparative

studies. In government hospitals, the laissez-faire leadership style is often dominant, whereas in private hospitals, the transactional leadership style tends to prevail.

Numerous studies have examined military leadership and its impact on performance. However, there is a lack of research specifically comparing leadership styles in military hospitals, which employ both military and civilian personnel, and government hospitals, where all staff members are civilians. Therefore, this study aims to analyze and compare the leadership styles of inpatient unit leaders at the Military Hospital (Level II Pelamonia Hospital) and the Government Hospital (Haji Makassar Hospital).

METHODS

This study uses a quantitative approach, which involves the systematic investigation of phenomena through the collection and analysis of measurable data using statistical, mathematical, or computational techniques (6). Quantitative research is based on the philosophy of positivism and is used to study specific populations or samples (7).

The research design used in this study is a descriptive cross-sectional design. This type of research is conducted on a population or a selected sample at a specific point in time. It is classified as observational or descriptive research, meaning that researchers do not manipulate the variables being studied. Cross-sectional studies collect data at a single point in time to analyze patterns and relationships within the population (8).

This study was conducted at two locations: Level II Pelamonia Hospital, located at Jl. Jend. Sudirman No. 27, Makassar, South Sulawesi, and RSUD Haji Makassar, located at Jl. Daeng Ngeppe No. 14, Makassar, South Sulawesi. The research was carried out from September to October 2024 using the Google Forms platform for data collection.

The leadership style instrument used in this study is a questionnaire adapted from a previous study to align with the study's objectives. The instrument's validity and reliability were assessed using Cronbach's alpha, yielding a reliability coefficient of 0.904, indicating a high level of reliability. Therefore, it can be concluded that the questionnaire used in this study is both valid and suitable for use (9).

RESULT AND DISCUSSION

Table 1.
Frequency Distribution of Leadership Styles at Level II Pelamonia Hospital

Variables	Total (n= 49)	Percentage (%)
Authoritarian	8	16.3%
Democratic	41	83.7%

Based on the results presented in Table 1, the leadership style of the inpatient unit leader at Level II Pelamonia Hospital predominantly follows a democratic leadership style, with 83.7% (41 respondents) responding to this style (approach). In contrast, 16.3% (8 respondents) responded to an authoritarian leadership style.

Table 2.
Frequency Distribution of Leadership Styles at RSUD Haji Makassar

Variables	Total (n= 49)	Percentage (%)
Authoritarian	5	10.2%
Democratic	44	89.8%

Based on the results presented in Table 2, the leadership style of the inpatient unit leader at RSUD Haji Makassar also predominantly follows a democratic leadership style, with 89.8% (44 respondents) responding to this style. In comparison, 10.2% (5 respondents) responded to an authoritarian leadership style.

DISCUSSION

The results of this study indicate no significant difference in the leadership styles between Level II Pelamonia Hospital and RSUD Haji Makassar. In both military and government hospitals, the predominant leadership style is democratic, as most inpatient unit leaders hold ASN status, which encourages a team-based approach. However, in military hospitals, authoritarian leadership is more frequently observed among leaders with a military background, aligning with the principles of discipline and hierarchical obedience. Regarding gender, the study found no significant differences, as both male and female leaders are capable of adopting either a democratic or authoritarian leadership style, depending on their work environment.

These results are consistent with previous studies, which highlight that democratic leadership is commonly employed by ward/unit leaders, particularly when making decisions that involve nurses (10). This leadership approach fosters a supportive work environment, enhances employee motivation, and contributes to higher job satisfaction. Additionally, studies suggest that organizational performance is significantly influenced by gender and leadership style. Gender disparities can impact leadership styles, subsequently affecting an organization's performance (11). For example, studies in Arabia indicate that female leaders tend to exhibit a more democratic leadership style compared to their male counterparts (12).

In practice, female leaders often demonstrate greater ability to motivate and inspire their subordinates. Leadership styles play a crucial role in determining an organization's success in achieving its objectives. An effective leader must apply an appropriate leadership style to influence subordinates and optimize performance (13). The democratic leadership style fosters stronger relationships between the inpatient unit leader and nursing staff. For instance, unit leaders who adopt a democratic style provide nurses with opportunities to express suggestions and opinions, thereby cultivating an atmosphere of trust, mutual respect, and appreciation. Additionally, democratic leaders recognize and commend nurses' contributions (14). Although inpatient unit leaders generally perceive democratic leadership as the most effective approach, authoritarian leadership is sometimes necessary, particularly in emergency situations (15). indicate that leadership styles in healthcare settings are not exclusively democratic; some unit leaders also implement authoritarian leadership when the situation demands it (16).

CONCLUSION

The results of this study highlight the characteristics of respondents in relation to the leadership styles of inpatient unit leaders at Level II Pelamonia Hospital and RSUD Haji Makassar. The majority of respondents in both hospitals were aged 31–40 years. In terms of educational background, most nurses at Level II Pelamonia Hospital held a D3 Nursing degree, whereas at RSUD Haji Makassar, most nurses had an S1 Nursing degree with a Ners qualification. The predominant gender in both hospitals was female. Regarding length of service, most nurses at Level II Pelamonia Hospital had 1–10 years of experience, while at RSUD Haji Makassar, most nurses had 11–20 years of experience. Additionally, most nurses in both hospitals were classified at the PK (Clinical Nurse) II competency level.

The study also found that the dominant leadership style among inpatient unit leaders in both hospitals was democratic. At both at Level II Pelamonia Hospital and RSUD Haji Makassar, the inpatient unit leaders exhibited a democratic leadership styles.

ACKNOWLEDGEMENTS

The researchers express their sincere gratitude to Level II Pelamonia Hospital and RSUD Haji Makassar for their support and cooperation in facilitating this study. Additionally, we extend our appreciation to all parties who contributed, both directly and indirectly, to the successful completion of this study.

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