

Caring Leadership Mentoring for Charge Nurse in Inpatient Units

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Abstract:- Declining nurse performance due to monotony, fatigue, lack of motivation and morale will have an impact on the quality of service. The charge nurse has responsibility both physically and mentally towards the success of work activities as well as the performance of the members. Charge nurse's leadership is needed to improve nurse performance. Caring leadership is a leadership style that can facilitate the needs of nurses so that it will improve performance, but not all leaders are able to implement the caring leadership. One of the techniques that can be used to develop leadership competencies is mentoring. The intervention of caring leadership mentoring is used as a medium to foster the spirit of caring leadership of the charge nurse. The method used in this study is case reporting. This case report explains about the caring leadership mentoring interventions that can help the charge nurse to be able to apply caring leadership especially in leading nursing activities in an inpatient room. The sample in the study was the charge nurse in the inpatient room for internal disease. The results of the study showed that caring leadership mentoring was effective to be used to improve the ability of the charge nurse to implement caring leadership. It is recommended that this mentoring activity of caring leadership to be carried out periodically and consistently for all the charge nurse in the hospital.

Keywords:- Mentoring, Leadership, Caring, Charge Nurse.

I. INTRODUCTION

A good nurse's performance is a bridge in answering the quality assurance of health services provided to patients (Mulyono et al, 2013). Leadership behavior has a very strong influence on the performance of the executor, if the positive behavior of the leader is increased in the implementation of the activities, the performance of the executor will also be greatly improved (Dahlani et al, 2014).

Research by Tiandani and Mudayana (2015), shows that there is a relationship between nurse performance and leadership style. Leaders who let nurses do or work at will would make nurses' performance not optimal and therefore affect the quality of service to patients.

The same results were also conveyed in the research of Suyanto et al (2011) where leader style and behavior had

an influence on performance. Nurses who work under the pressure of leaders and nurses who are afraid to express opinions to the leadership will cause the performance of nurses to be not good as they are working under coercion and fear of the leadership. Lack of supervision from leaders will lead to easy chaos and clashes between nurses or between nurses and leaders (Dahlani et al, 2014). Therefore, effective leadership is needed because leadership is the key to the success of an organization.

Leadership is a process or art of influencing other people by means of obedience, trust, honor and passionate cooperation that are to achieve common goals (Nursalam, 2014; Gillies, 2006; Susi, 2013; Marquis & Huston, 2010; Milkhatun, 2016; Rivai & Mulyadi, 2012). The success of a leader in leadership is influenced by the leadership style applied. Caring leadership is one of the leadership styles.

Caring leadership is a leadership style in which a leader is able to lead compassionately, wisely as well as to increase motivation, protect and create a conducive work environment (McDowell, 2013). Caring leadership has many benefits, namely being able to improve recording, reporting and achievement of Nutrition and MCH programs in Indonesia (Dwiantoro, 2015). There are several techniques or approaches to develop leadership competencies including mentoring (Yukl, 2006). Mentoring is a method for creating a conducive environment, so that it can facilitate the learning process (Ali & Panther, 2008; Norwood, 2010).

The purpose of the case report is to be able to explain about caring leadership mentoring interventions that can help the charge nurse to be able to apply caring leadership especially in leading nursing activities in an inpatient room.

II. METHODS

➤ Case Description

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Mrs. MA, 44 years old, married, Bachelor of Nursing and with 21 years of service. Mrs. MA served as charge nurse for 3 years in an inpatient ward. Mrs. MA has attended a lot of training to improve her ability as a nurse,

but has never attended training related to leadership. Mrs. MA is also active in the PPNI organization in the city of Denpasar. Mrs. MA in carrying out her duties as charge nurse has not been able to implement caring leadership, especially on handover activities, optimally. This can be seen from the results of observations made by researchers.

The knowing phase shows that the charge nurse did not have data regarding the problems in the room delivered during the handover. For the being with phase, the charge nurse rarely arrives on time so that the handover activity becomes too late to start and this can have an impact on other activities in the room.

For the doing for phase, the charge nurse did not make a plan to facilitate related nurses' PPE requirements according to the standard. The charge nurse also rarely checks the cleanliness and tidiness of the treatment room so that she is unable to create a conducive work environment. The charge nurse seldom greets the nurse in the room first. The charge nurse also rarely provides opportunities for nurses who have attended training or seminars to share knowledge together in front of other nurses.

For the enabling phase, the charge nurse rarely reminds nurses during handovers to work in accordance with the SPO. The charge nurse also rarely advises nurses to manage their goods according to the rules that apply in the hospital. For the maintaining belief phase, the charge nurse rarely expresses gratitude to the nurse for completing the task. Charge nurse rarely gives praise to outstanding nurses. The charge nurse also rarely conveys the level of success / achievement of the room related to service indicators during handovers. Less than optimal caring leadership can cause problems for the implementing nurse. The results of interviews with implementing nurses showed that 34% of nurses said they were bored and 16% said they lacked enthusiasm.

➤ *Intervention*

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This research is a descriptive study that uses case report approach. The research was carried out in one of the government hospitals in Bali Province, namely in Wangaya Hospital Denpasar. The sample in this study was the charge nurse in the inpatient room for internal disease. This research took place from March to April 2017. The research has gone through ethical clearance tests at the Health Research Ethics Commission (KEPK) of the Faculty of Medicine, University of Diponegoro and General Hospital of Dr. Kariadi Semarang.

The instruments in this study consisted of material, modules and observation sheets developed from Dwiantoro's (2015) dissertation (12). The instrument consists of a caring leadership observation sheet for the charge nurse especially in leading handover activities in the room. The instrument consisted of 27 item statements divided into 5 phases of caring leadership, namely the knowing phase (4 statements), being with phase (7 statements), doing for phase (5 statements), enabling phase (7 statements) and maintaining belief phase (4 statements). The validity test for this instrument is done through content validity by asking for opinions from two experts in the field of nursing management.

The intervention given by the researcher is that the charge nurse was given a mentoring about caring leadership, starting from the definition, purpose, benefits and implementation of caring leadership especially for handover activities.

Measuring the ability of caring leadership of the charge nurse was carried out in III stages. Stage I measurements were carried out before the charge nurse was given caring leadership mentoring, stage II measurements were conducted after the charge nurse was given caring leadership mentoring and after the charge nurse was accompanied by researchers and mentors to carry out the caring leadership mentoring. Stage III measurements were carried out after the charge nurse was given the opportunity to carry out caring leadership independently.

The first week (for 1 day) this research began with stage I measurements through observation to measure caring leadership of the charge nurse during handover activities. Observations were made using the caring leadership observation sheet. The researcher followed the handover process led by the charge nurse to find out the extent of caring leadership of the charge nurse in leading the handover activity.

In the second week, activities for caring leadership mentoring were held for 6 days. The daily mentoring activities started at 09.00-10.30 WITA in the charge nurse office. The methods used in this mentoring were lectures, discussions and role play. The mentor in this study was Head of Nursing Professional Development Unit at Wangaya Denpasar Hospital and the mentee was the Head of the Internal Disease Inpatient Room at Wangaya Hospital Denpasar. The researcher in this caring leadership mentoring activity acted as a companion mentor as well as an observer. The material given on the first day was regarding the definition, purpose and phase of caring leadership. The second day's material was about caring leadership in the knowing phase. The third day material was about caring leadership in being with phase. The fourth day material was about caring leadership for the doing for phase. The material for the fifth day was about caring leadership for the enabling phase and the sixth day material was about caring leadership in the phase of maintaining belief. The mentor explained in detail what activities should be carried out by the mentee at each phase of caring leadership,

besides that, the mentor also provided role play in how to do each phase of caring leadership until the mentee understood and was able to carry out these phases.

The third week was carried out by assisting the implementation of caring leadership for 5 days. The charge nurse was accompanied by a mentor and researcher in implementing caring leadership and every day an evaluation was also carried out regarding what activities of each phase that have not been carried out by the mentee (charge nurse). Mentoring for the knowing phase was done on the first day, mentoring for the being with phase was done on the second day, mentoring for the doing for phase was done on the third day, mentoring for the enabling phase was done on the fourth day and mentoring for the maintaining belief phase was done on the fifth day.

The sixth day (for 1 day) was dedicated for re-measurement (stage II measurement) through observation to measure the caring leadership of the charge nurse during the handover activity. Observations were made using the caring leadership observation sheet. The researcher followed the handover process led by the charge nurse to find out the extent of caring leadership of the charge nurse in leading the handover activity.

The fourth and fifth week (for 12 days) the charge nurse was given the opportunity to carry out caring leadership independently without being accompanied by a mentor and researcher.

The sixth week (for a day) was dedicated for re-measurement (stage III measurement) through observation to measure the caring leadership of the charge nurse during the handover activity. Observations were made using the caring leadership observation sheet. The researcher followed the handover process led by the charge nurse to find out the extent of caring leadership of the charge nurse in leading the handover activity.

III. DISCUSSION

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Finally, complete content and organizational editing before formatting. Please take note of the following items when proofreading spelling and grammar: The process of caring leadership mentoring activities can be seen in the picture below.

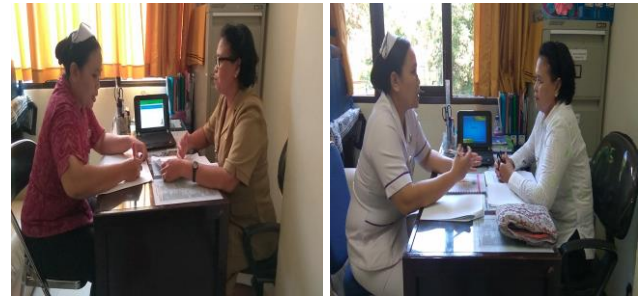


Fig. 1:- The process of caring leadership mentoring activities

Figure 1 above shows that the caring leadership mentoring activities were going well. This can be seen from the figure in which an experienced mentor providing material related to caring leadership to mentee (charge nurse). According to Yulk (2006), mentoring is an activity where someone who is more experienced helps direct person(s) who have less experience.

The mentor in this activity was Head of Nursing Professional Development Section at Wangaya Denpasar Hospital, while the mentee was the Head of the Inpatient Room for Internal Disease at Wangaya Hospital Denpasar. This is in accordance with the statement of Ratnaningsih and Prihasanti who state that mentors are usually someone who comes from a higher managerial level, while mentees are middle-level leaders (Ratnaningsih & Prihasanti, 2015).

Mentors with full of confidence and enthusiasm deliver caring leadership material to the mentee. This is consistent with the opinion of Li et al who states that the characters of a good mentor are namely: motivated, confident, enthusiastic and open, especially when interacting with mentees (Li et al, 2011).

This mentoring activity is carried out so that the mentee is able to independently implement caring leadership. Mentoring is also referred to as a learning process where mentors are able to make mentees become independent (McKimm, 2007).

The mentor through this caring leadership mentoring activity transfers knowledge and skills to the mentee. Mentoring is said to be hidden assistance "offline help" from mentors to mentees for the transfer of knowledge, significant thinking in work (McKimm, 2007).

The benefit of this mentoring activity is that the charge nurse as a mentee can apply caring leadership better, other than that, the charge nurse also said of receiving great support from the mentor and thus feel more confident in being a leader. Gagliardi et al (2009) research states that mentoring is very useful in reducing stress and work conflict so that it can increase productivity and reduce the possibility of leaving the organization.

The results of the study of Dudge & Casey (2009) show that mentoring has proven effective in improving nurses' perceptions and skills. The same thing was mentioned by Norwood (2010), that it is proven to be effective in increasing nurses' perception of their work, increasing their knowledge and skills so that it has an impact on communication and conflict resolution. Research at Dr. RSUP M Djamil Padang also mentioned that mentorship method was effective to improve competency and nurse career development (Sulung, 2016). The development of caring leadership skills can be seen in graph 1 below.

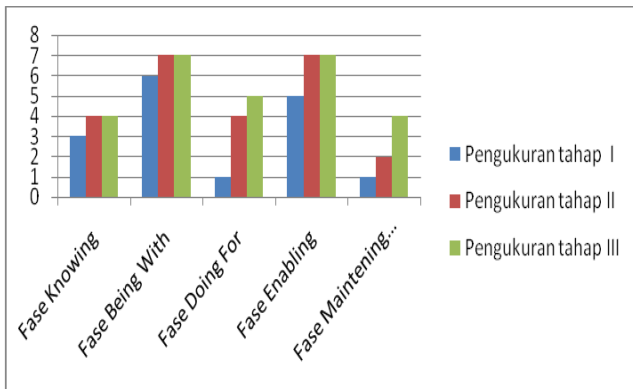


Fig. 2:- Development of charge nurse's caring leadership abilities

Graph 1 above shows that there is an increase in the ability of caring leadership of the charge nurse. For the knowing phase, at the stage I measurement the charge nurse had no data related to the problems in the room delivered during the handover. At stage II measurement, the charge nurse already had data related to problems in the room delivered during the handover, and the same goes for the stage III measurements. The knowing phase is a phase where leaders try to understand and know the problems experienced by their staff by avoiding assumptions, finding facts about the actual situation so that it will not cause misperception (Dwiantoro, 2015). Leaders who want to try to find facts and data objectively certainly should have good communication skills, to facilitate the process of communication between supervisor and subordinates, supervisor should be able to create communication that is dialogical in nature (Ratnaningsih & Prihatsanti, 2015). The charge nurse was not able to implement the knowing phase at first, but after being given caring leadership mentoring for the phase of knowing, the charge nurse became able to apply the knowing phase of caring leadership well.

For the being with phase, at the measurement stage I the charge nurse could not arrive on time before the handover activities began. During the measurement of stage II, the charge nurse has been able to arrive on time before the handover activities began and the same was true for the stage III measurement. The charge nurse who was present just in time before the handover activities began could make the nurse feel calm. Being with phase is a phase where a leader is physically and emotionally present besides the person who needs to be helped so as to create calm and hope

for change in a better direction (Dwiantoro, 2015). The charge nurse was not able to implement the being with phase at first, but after being given caring leadership mentoring for the the phase of being with, the charge nurse became able to apply caring leadership especially the phase of being with well.

For the doing for phase, at stage I measurement the charge nurse did not make a plan to facilitate the nurse's PPE needs, at the stage II measurements of the charge nurse were still not capable but during the stage III measurements the charge nurse was able to make plans to facilitate nurses' PPE needs. The leadership role according to Yulk (2006), one of them, is to provide facilities to do work. Leaders who are able to plan to facilitate the nurse's PPE needs will make the nurse feel cared for and served. Leaders who are able to serve them well will increase the job satisfaction of their followers (Kreitner & Kinicki, 2007). Stage I measurement also shows that the charge nurse did not check the cleanliness and neatness of the treatment room to create a conducive work environment for nurses, never greeted nurses in the room and did not provide an opportunity for nurses who have attended training or seminars to share knowledge together in front other nurses. However, in the measurement of stage II and stage III all of the aforementioned have been able to be carried out properly by the charge nurse. The head of the room who is able to provide comfort in the work environment (meeting physical, social and psychological needs) will improve the performance of nurses. The results of Khotimah's research show that leadership is an indispensable factor for creating a conducive work environment (Khotimah, 2010). The charge nurse at the beginning was not able to apply the doing for phase well, but after being given caring leadership mentoring for the doing for phase, the charge nurse is now able to apply the caring leadership especially for the doing for phase well.

For the enabling phase, at the stage I measurement, the charge nurse never reminded the nurses during handover to always work in accordance with the standard operating procedures (SPO) and the charge nurse also never suggested to nurses to remind patients to manage their goods according to hospital regulations. During measurement of stages II and III, the charge nurse have been able to do what had not been done in the enabling phase. This shows that the charge nurse has been able to explain and provide information and knowledge to nurses. According to Yulk (2006), the role of the leader on the informing level is to provide relevant information about group plans and activities. The charge nurse was not able to implement the enabling phase at first, but after being given caring leadership mentoring especially for the phase of enabling, charge nurse became able to apply caring leadership for the phase of being with well.

For the maintaining belief phase, the head of the room at stage I measurement had not been able to convey thanks to the nurse for completing the task, but in measurements II and III has been able to do this. Stage I measurement also shows that the charge nurse had never given praise to the

outstanding nurses and had never conveyed the level of success / achievement of the room related to service indicators during handover, in the measurement of stage II this had also not been carried out by the charge nurse, however, at stage III measurement the aforementioned were able to be implemented. The phase of maintaining belief is the ability of the leader to maintain confidence and provide a demonstration or reward in the form of material and immaterial for the actions taken by the members (Dwiantoro, 2015). The reward system is one way to improve the relationship between leaders and subordinates. The existence of rewards from leaders on the achievements that have been successfully achieved by subordinates will increase the motivation to work better (Ratnaningsih & Prihatsanti, 2015). The charge nurse was initially unable to implement the maintaining belief phase well, but after being given caring leadership mentoring for the phase of the maintaining belief, the charge nurse became able to apply the caring leadership especially the phase of maintaining belief well.

IV. CONCLUSIONS

Caring leadership mentoring is an effective effort to improve the ability of caring leadership of the charge nurse especially during the handover activities. It is recommended that this caring leadership mentoring activity should be carried out periodically and consistently for all the charge nurse in the hospital units.

REFERENCES

- [1]. Ali PA, Panther W. Professional development & the role of mentorship. *Journal of Nursing Standard* 2008, 22(42), 35-39.
- [2]. Dwiantoro L. Perilaku Merawat Tim Pelayanan Kesehatan Primer Program Gizi dan KIA Tingkat Puskesmas Di Indonesia. (Disertasi). Jakarta : Universitas Indonesia, 2015.
- [3]. Dadge, Jean., Casey D. Supporting mentors in clinical practice. *Journal Nursing Children and Young People* 2009, 21(10): 3.
- [4]. Dahliani, Patton A, Sudjaja. Analisis pengaruh perilaku pimpinan terhadap kinerja pegawai Dinas Cipta Karya Dan Tata Kota Samarinda. *Journal Administration Reform* 2014, 2 (1); 1061-1072.
- [5]. Gagliardi AR, Perrier L, Webster F, Leslie K, Bell M, Levinson W, Straus SE. Exploring mentorship as a strategy to build capacity for knowledge translation research and practice: protocol for a qualitative study. *BioMed Central* 2009; 4(55).
- [6]. Gillies DA. *Manajemen keperawatan: Sebagai Suatu Pendekatan Sistem*, Edisi Dua. Chicago, W.B. Saunders Company, 2006.
- [7]. Khotimah K. Hubungan Antara Persepsi Terhadap Lingkungan Kerja Psikologis Dengan Burnout Pada Perawat RSUD Budi Rahayu Pekalongan. Semarang, Fak Psikologi Univ Diponegoro, 2010
- [8]. Kreitner R, Kinicki A. *Organizational behaviour*. New York : McGraw-Hill, 2007.
- [9]. Li HC, Wang LS, Lin, YH, Lee I. The effect of a peermentoring strategy on student nurse stress reduction in clinical practice. *International Nursing Review* 2011, 58: 203–211.
- [10]. Marquis BL, Huston CJ. *Kepemimpinan dan Manajemen Keperawatan: Teori dan Aplikasi*. 4th ed. Jakarta: EGC, 2010.
- [11]. McDowell JB, Williams RL II, Kautz DD. Teaching the core values of caring leadership. *International Journal for Human Caring* 2013, 17(4):43-51.
- [12]. McKimm J, Jolie C, Hatter M. *Mentoring: Theory and practice. Preparedness to Practice, mentoring scheme;* 2007. Available from: [http://www.faculty.londondeanery.ac.uk/elearning/feedback/ files/judul.pdf](http://www.faculty.londondeanery.ac.uk/elearning/feedback/files/judul.pdf) accessed July 12 2017
- [13]. Milkhatun. *Upaya Meningkatkan Kemampuan Kepemimpinan Transformasional Kepala Ruang di RSI Sultan Agung Semarang*. (Tesis). Semarang: Program Studi Magister Keperawatan Universitas Diponegoro, 2007.
- [14]. Norwood AW. *The Lived Experience of Nurse Mentors: Mentoring nurses in the proffesion*. (Disertasi). Missouri: Faculty of The Graduate School University of Missouri-Columbia, 2010.
- [15]. Nursalam. *Manajemen Keperawatan: Aplikasi dalam Praktik Keperawatan Profesional*, edisi ke 4. Jakarta : Salemba Medika, 2014.
- [16]. Ratnaningsih, Ika Zenita dan Prihatsanti, Unika. *Psikologi Kepemimpinan*. Semarang : Lembaga Pengembangan dan Penjaminan Mutu Pendidikan Universitas Diponegoro, 2015.
- [17]. Rivai, Veitzhal, Mulyadi D. *Kepemimpinan dan Perilaku Organisasi*. 9th ed. Jakarta: Rajawali Pers, 2012.
- [18]. Sulung, Neila. Efektifitas Metode Preseptor Dan Mentor Dalam Meningkatkan Kompetensi Perawat Klinik. *Jurnal IPTEKS Terapan*. Research of Applied Science and Education 2016, 9(2):224 -235.
- [19]. Susi, E.E. *Pengaruh Kepemimpinan Transformasional untuk Meningkatkan Kepuasan Kerja Karyawan di Universitas Muhammadiyah Surakarta*. (Tesis). Surakarta : Program Pasca Sarjana Magister Profesi Psikologi Universitas Muhammadiyah, 2013.
- [20]. Suryanto., Sutomo., Setyawati. Kepuasan kerja dan persepsi perawat tentang kepemimpinan dengan kinerja perawat pasca sertifikasi iso 9001/2008. *Jurnal Manajemen Pelayanan Kesehatan* 2011, 14 (1), 36-43.
- [21]. Tiandani , Zulfian dan Mudayana, Ahmad Ahid. Hubungan Gaya Kepemimpinan Kepala Ruang Dengan Kinerja Perawat Di Ruang Rawat Inap RSUD Ahmad Yani Metro Lampung. *Jurnal Kesehatan Masyarakat* 2015, 8(1): 332-341
- [22]. Yukl G. *Leadership in Organizations Sixth Edition*. New Jersey : Pearson Education, Inc, 2013.