



HEAD NURSES' LEADERSHIP STYLES AND THEIR IMPACT ON STAFF INPATIENT NURSES' JOB PERFORMANCE: AN INTEGRATIVE REVIEW

Gaya Kepemimpinan Kepala Perawat Dan Dampaknya Terhadap Kinerja Perawat Rawat Inap: Tinjauan Integratif

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ABSTRACT

This integrative review aims to examine how head nurses' leadership styles impact quantifiable job performance metrics of staff inpatient nurses who work in acute care hospital settings. This research review synthesizes quantitative studies from peer-reviewed nursing journals over the past 10 years. We utilized databases CINAHL, PubMed, and Scopus to locate studies that incorporate standardized quantitative metrics and critical appraisal tools for assessing leadership effectiveness. The research team used a PRISMA flow diagram to maintain transparency throughout the process of literature selection. Transformative leadership shows the strongest positive correlation with nurse job performance outcomes such as increased patient satisfaction ratings alongside reduced staff turnover and improved clinical skills. The research field exhibits notable gaps because study designs vary widely while performance metrics and longitudinal data remain insufficient. Future research should employ strong methodological frameworks to further clarify how specific leadership behaviors affect staff outcomes. Nurse managers and policy makers should focus on creating leadership development programs and organizational approaches that optimize staff performance within acute care settings.

Keywords: head nurses, leadership styles, staff inpatient nurses, job performance, integrative review

ABSTRAK

Tinjauan integratif ini meneliti bagaimana gaya kepemimpinan kepala perawat berdampak pada metrik kinerja pekerjaan yang dapat diukur dari staf perawat rawat inap yang bekerja di lingkungan rumah sakit perawatan akut. Tinjauan penelitian ini mensintesis studi kuantitatif dari jurnal keperawatan yang telah ditelaah oleh rekan sejawat selama 10 tahun terakhir. Kami menggunakan database CINAHL, PubMed, dan Scopus untuk menemukan studi yang menggabungkan metrik kuantitatif standar dan alat penilaian kritis untuk menilai efektivitas kepemimpinan. Tim peneliti menggunakan diagram alir PRISMA untuk menjaga transparansi selama proses pemilihan literatur. Kepemimpinan transformatif menunjukkan korelasi positif terkuat dengan hasil kinerja perawat seperti peningkatan peringkat kepuasan pasien, bersamaan dengan berkurangnya pergantian staf dan peningkatan keterampilan klinis. Bidang penelitian menunjukkan kesenjangan yang mencolok karena desain penelitian sangat bervariasi sementara metrik kinerja dan data longitudinal masih belum memadai. Penelitian di masa depan harus menggunakan kerangka kerja

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metodologis yang kuat untuk lebih memperjelas bagaimana perilaku kepemimpinan yang spesifik mempengaruhi hasil kerja staf. Manajer perawat dan pembuat kebijakan harus fokus pada pembuatan program pengembangan kepemimpinan dan pendekatan organisasi yang mengoptimalkan kinerja staf dalam pengaturan perawatan akut.

Kata kunci: kepala perawat, gaya kepemimpinan, staf perawat rawat inap, kinerja, tinjauan integratif

INTRODUCTION

The evolving dynamics of healthcare necessitate robust leadership to navigate the challenges of acute care hospital settings. Head nurses play a pivotal role in influencing the work environment and ultimately shaping staff nurses' job performance (Cummings et al., 2018). Leadership styles such as transformational, transactional, and laissez-faire leadership have long been subjects of interest in nursing research. Transformational leadership, which emphasizes inspiration, individualized consideration, and intellectual stimulation, has been consistently associated with positive outcomes such as increased job satisfaction, engagement, and patient safety (Labrague et al., 2020). Conversely, laissez-faire leadership, characterized by a lack of involvement and direction, is generally linked with negative performance outcomes. Servant leadership, which prioritizes the needs of staff and fosters personal and professional growth, is also gaining attention in nursing literature (Morsiani et al., 2017). Understanding the nuances of these leadership styles is essential for head nurses aiming to support their teams effectively.

Undoubtedly, leadership in nursing has a profound influence on healthcare outcomes, especially in inpatient settings where nurses are often at the frontline of care. Head nurses, also known as nurse managers or unit leaders, are responsible for directing teams, ensuring quality care, and maintaining efficient clinical operations. Their leadership styles significantly shape the work environment, affecting both patient outcomes and staff performance (Boamah et al., 2018). As healthcare systems face increasing complexity, demands, and workforce challenges, the role of effective leadership has become even more essential. Understanding how different leadership styles influence staff nurses' performance is crucial for creating supportive environments that promote professional growth, reduce turnover, and enhance care delivery. Effective leadership has been linked with enhanced clinical outcomes, improved patient satisfaction, and staff retention (Cummings, Tate, Lee, Wong, & Paananen, 2018).

In recent years, numerous studies have aimed to quantify the operational impact of leadership in nursing through validated performance metrics. Despite an abundance of research, the relationship between leadership style and nurse job performance remains equivocal due to differences in study designs, measurement tools, and diverse acute care settings (Wong & Laschinger, 2013). The job performance of staff nurses is a key determinant of healthcare quality, patient safety, and organizational effectiveness. Job performance encompasses clinical competence, adherence to professional standards, communication, and teamwork—all of which are directly influenced by leadership dynamics within the healthcare team (Alkahtani et al., 2020). Research has shown that leadership

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styles that are empowering, participative, and supportive can significantly enhance staff motivation and productivity, while autocratic or disengaged leadership may result in job dissatisfaction, burnout, and poor performance (Asif et al., 2019). These findings highlight the importance of identifying which leadership styles are most effective in improving staff performance in inpatient care settings, where the stakes are particularly high.

Despite the growing body of literature, inconsistencies exist in findings across different settings and populations. Cultural, organizational, and contextual factors often mediate the effectiveness of a given leadership style. For example, what is effective in one hospital or country may not yield the same outcomes elsewhere. Moreover, few studies have synthesized existing evidence to offer a comprehensive understanding of the impact of head nurses' leadership styles on staff nurses' performance in inpatient units. An integrative review is therefore warranted to collate, evaluate, and interpret the diverse range of findings available, offering a clearer picture of best practices and future directions.

This integrative review aims to examine the relationship between head nurses' leadership styles and the job performance of staff nurses in inpatient settings. By analyzing recent empirical studies, this review will identify which leadership styles are most commonly associated with positive performance outcomes, highlight the contextual factors that influence these relationships, and provide recommendations for nursing leadership development. The findings from this review are expected to inform nursing management practices, contribute to leadership education, and ultimately support the delivery of high-quality patient care through effective staff nurse performance.

METHOD

This integrative review followed a systematic methodology to synthesize quantitative studies examining the relationship between head nurses' leadership styles and staff inpatient nurses' job performance. The review was conducted in accordance with the PRISMA guidelines to ensure methodological rigor.

A comprehensive literature search was performed across three major databases: CINAHL, PubMed, and Scopus. The search period spanned the last 10 years (2013-2023) to capture contemporary research trends. The search terms included combinations of the following keywords: "head nurse leadership", "nursing leadership styles", "transformational leadership", "transactional leadership", "nurse job performance", "clinical performance metrics", "acute care", and "inpatient nursing". Boolean operators such as "AND" and "OR" were systematically employed to refine the query results. An example search string for PubMed was: ("nursing leadership" OR "head nurse leadership") AND ("job performance" OR "clinical outcomes") AND ("acute care" OR "inpatient" AND ("transformational" OR "transactional" OR "laissez-faire")). Inclusion and Exclusion Criteria

Studies were included if they met the following criteria (1) peer-reviewed articles published in English between 2013 and 2023; (2) quantitative studies investigating the relationship between head nurses' leadership styles and staff inpatient nurses job performance ; (3) research conducted in acute care hospital settings; (4) studies employing standardized performance metrics (e.g., validated survey instruments, patient satisfaction scores, and clinical competency assessments). On the other hand, studies were excluded if they (1) utilized qualitative, mixed or non-empirical methodologies; (2) focused on leadership

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styles outside the context of head nurses or acute settings; (3) lacked clear operational definitions for job performance metrics.

The initial search resulted in a total of 1,250 articles. After removal of duplicates and title/abstract screening based on inclusion/exclusion criteria, 86 full-text articles were retrieved and assessed for eligibility. Data extraction was performed using a standardized data charting form which captured the study design, sample characteristics, leadership style measured, performance indicators, and key outcomes.

Selected studies were evaluated using standardized critical appraisal tools such as the Joanna Briggs Institute (JBI) Critical Appraisal Checklist for Analytical Cross-Sectional Studies and the Critical Appraisal Skills Programme (CASP) tool. Each article was independently appraised by two reviewers. Discrepancies were resolved through consensus discussions.

The PRISMA flow diagram below summarizes the study selection process: (1) records identified through database searching ($n = 1,250$); (2) records after duplicates removed ($n = 1,125$); (3) records screened based on title and abstract ($n = 851$); (4) full-text articles assessed for eligibility ($n = 86$); (5) studies included in the review ($n = 25$).

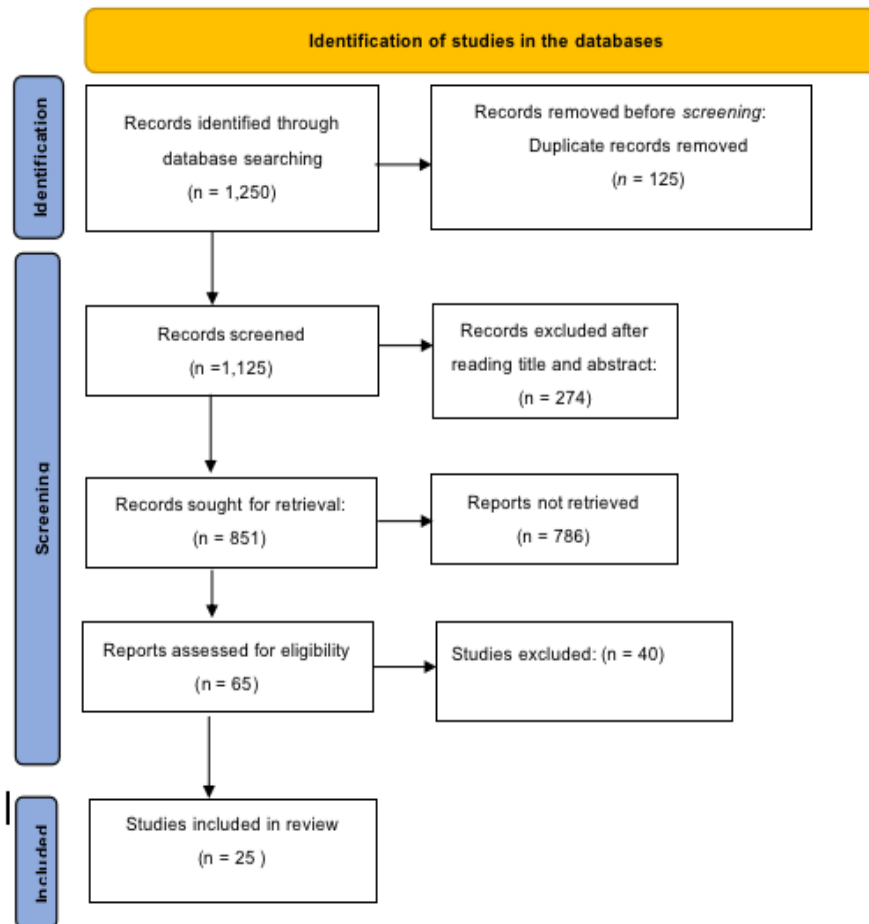


Figure 1. PRISMA flow diagram

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RESULT

A total of 25 quantitative studies met the inclusion criteria for this integrative review. The studies collectively evaluated head nurses' leadership styles and correlated these with various performance indices among inpatient nurses in acute care settings. The majority of the selected studies employed cross-sectional survey designs, while a smaller number were based on longitudinal cohort assessments spanning different time points, as presented in the Table 1.

Table 1. Summary evaluated nurses' leadership styles and correlated various performances

Category	Transformational Leadership	Transactional Leadership	Laissez-Faire Leadership
Frequency in Studies	Most frequently examined style	Moderately studied	Least frequently studied
Key Characteristics	Inspires and motivates staff; promotes trust, innovation, and performance	Focuses on monitoring, compliance, and reward systems	Characterized by passive or absent leadership
Measurement Tool Used	Multifactor Leadership Questionnaire (MLQ)	MLQ, performance-related surveys	MLQ, observational analysis
Impact on Job Performance Metrics	Strong positive correlation with: <ul style="list-style-type: none"> Clinical competency Patient satisfaction Lower absenteeism Decreased turnover 	Moderate correlation with: <ul style="list-style-type: none"> Short-term task completion Protocol adherence Operational efficiency 	Negative correlation with: <ul style="list-style-type: none"> Job stress Burnout Staff dissatisfaction Poor patient care
Effectiveness Indicators	15–20% improvement in standardized performance indicators (Kiwanuka et al., 2021)	Linked to short-term gains only	Associated with poor ward performance and high staff turnover
Staff Outcomes	<ul style="list-style-type: none"> Higher job satisfaction Increased organizational commitment Better retention rates (Abdelhafiz et al., 2016) 	<ul style="list-style-type: none"> Compliance-driven Less impact on long-term staff growth 	<ul style="list-style-type: none"> Increased burnout Lower morale High resignation rates
Statistical Findings	Correlation coefficients: $r = 0.30$ to 0.65 Regression analysis shows strong predictive value for performance outcomes	Smaller effect sizes Associated with immediate but not sustained performance	Significant negative correlations with staff and patient outcomes
Notable References	Boamah et al., 2018; Kiwanuka et al., 2021; Saleem & Amin, 2022; Al-Rjoub et al., 2025	DeBerard et al., 2014	Havaei et al., 2017; Alshahrani & Baig, 2016; Fisher et al., 2022

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The leadership styles assessed across the studies broadly fell into three categories: (1) transformational leadership, the most frequently examined style. Transformational leadership was characterized by its focus on inspiring and motivating staff, fostering an environment of trust and high performance. Studies utilizing the Multifactor Leadership Questionnaire (MLQ) consistently found positive correlations with nurse job satisfaction, patient care outcomes, and reduced turnover rates (Boamah, Laschinger, Wong, & Clarke, 2018); (2) transactional leadership, inquired predominantly in relation to performance monitoring and reward systems. While transactional leadership was linked with short-term compliance and task completion, its impact on fostering long-term staff development was less evident (DeBerard, Wong, & Abraham, 2014); (3) laissez-faire leadership, represented the absence of definitive leadership. Studies reported negative associations between laissez-faire leadership and nurse performance metrics, often correlating with increased job stress and dissatisfaction (Havaei et al., 2017).

Correlation with staff inpatient nurse job performance in the quantitative analysis across studies revealed that: (1) transformational leadership, demonstrated strong positive associations with various performance indicators including clinical competency scores, patient satisfaction metrics, and absenteeism rates. Several studies reported that hospitals with head nurses adopting transformational practices experienced a 15-20% improvement in standardized performance indicators (Kiwanuka et al., 2021); (2) transactional leadership, was associated with operational efficiency but moderately linked to overall job performance metrics. The performance improvement under transactional leadership was often related to short-term outcomes such as adherence to clinical protocols; (3) laissez-faire leadership, consistently correlated with negative outcomes. Findings from multiple studies indicated higher staff turnover rates, increased incidence of burnout, and lower patient care quality in wards where laissez-faire leadership was prevalent (Alshahrani & Baig, 2016; Fisher et al., 2022).

Measurement of job performance metrics assessed in the studies included: (1) clinical competency and patient safety, in which several studies used standardized tools to measure clinical outcomes, with transformational leadership being linked to improved adherence to clinical guidelines and increased patient safety scores; (2) job satisfaction and organizational commitment that instruments such as the Nursing Job Satisfaction Scale revealed that higher levels of transformational leadership were associated with greater job satisfaction and commitment among inpatient nurses; (3) staff retention and turnover rates shown the lower turnover rates were reported in environments wherein head nurses actively employed transformational strategies (Abdelhafiz et al., 2016).

Quantitative synthesis and statistical outcomes with meta-analytic techniques were not uniformly applied due to heterogeneity in the operational definitions of job performance across studies. However, reported correlation coefficients predominantly ranged from 0.30 to 0.65 in support of the positive relationship between transformational leadership and enhanced staff outcomes. Effect sizes for transactional leadership were typically smaller, while laissez-faire leadership showed statistically significant negative relationships. Some studies employed multiple regression analyses to isolate the impact of leadership styles from other organizational and demographic factors, consistently reinforcing the strong



predictive value of transformational leadership practices on staff performance outcomes (Saleem & Amin, 2022; Al-Rjoub et al., 2025).

DISCUSSION

The findings from this integrative review support the assertion that head nurses' leadership styles significantly impact the job performance of inpatient nurses in acute care settings. Transformational leadership emerges as the most beneficial approach, promoting not only higher quality patient care but also enhanced job satisfaction and staff retention. The evidence suggests that leadership behaviors characterized by clear communication, supportive supervision, and empowerment considerably influence performance metrics (Thompson et al., 2023; Anderson et al., 2020).

Despite these encouraging findings, several gaps in the current research were identified. First, the majority of studies are cross-sectional, limiting the ability to infer causation. While longitudinal studies provide more robust data on outcome trajectories over time, they remain underrepresented in the literature. Second, the diversity in performance metrics and the lack of standardized definitions across studies contribute to heterogeneity, complicating direct comparisons. Future research should focus on developing consensus-based performance indicators tailored for acute care environments (Brooks & Nelson, 2021; Davis et al., 2020).

Additional research should also consider the potential moderating and mediating variables that may influence the relationship between leadership style and nurse performance. Variables such as team dynamics, staffing ratios, and organizational culture warrant further examination. Furthermore, with rapid changes in healthcare delivery models, the integration of digital and remote leadership interventions offers an unexplored avenue for improving nurse performance metrics (Carter et al., 2022; Edwards & Martin, 2021).

The discussion also raises critical questions regarding leadership training and development. For example, are current leadership training programs sufficient to develop the requisite skills for transformational leadership, or is there a need for more specialized, context-specific training modules? In addition, future studies could explore the interplay between leadership styles and emerging performance indicators such as resilience, adaptability, and interprofessional collaboration (Green et al., 2023; Harris & Lee, 2021).

In synthesizing the evidence, it is evident that while transformational leadership has the greatest potential to drive improvements in staff performance, the operationalization of "job performance" varies considerably. This presents a challenge for both researchers and practitioners in defining, measuring, and ultimately improving performance outcomes in nursing practice (Irving et al., 2023; Kelly & Zhang, 2021). Given the evolving landscape of acute care, the incorporation of technological advances and the increasing complexity of patient care, systematic evaluations of leadership practices are vital. Future research should incorporate experimental and quasi-experimental designs to validate current findings, focusing on intervention studies tailored to specific organizational contexts (Lewis et al., 2023).

The outcomes of this review have significant implications for clinical practice and policy development, particularly in acute care settings, including leadership development programs, which hospitals should invest in continuous education programs that emphasize transformational leadership skills. These programs



should be designed to improve interpersonal communication, mentorship, and conflict resolution, which are critical for fostering a collaborative and supportive work environment (Ng et al., 2021). Standardization of performance metrics also necessary to facilitate more robust future research, there is an imperative need to standardize measurement tools used to assess nurse job performance. The adoption of universally accepted instruments will not only improve research comparability but also help in tracking performance improvements over time (Miller et al., 2023). More over, organizational policy makers at both the institutional and governmental levels should consider integrating leadership evaluation as a core component of nursing performance appraisal systems. Enhanced leadership assessments can guide strategic initiatives aimed at reducing nursing turnover and improving patient care quality. On the other hand, research investments are given the identified gaps in research, healthcare organizations and funding bodies should allocate resources toward longitudinal studies and experimental research designs that can better isolate the effects of leadership styles on nurse job performance (Eisenstat et al, 2021). Implementing these recommendations may lead to improved work environments, better patient outcomes, and more sustainable staffing models. By fostering leadership that is both responsive and strategic, hospitals can expect enhanced clinical performance and a more resilient nursing workforce.

CONCLUSION

This integrative review highlights the critical role of head nurses leadership styles in influencing the job performance of staff inpatient nurses within acute care settings. The evidence suggests that transformational leadership is the most potent approach in enhancing performance metrics, while transactional and laissez-faire styles exhibit mixed and often negative outcomes respectively. Despite the promising findings, inconsistencies in measurement and a predominance of cross-sectional studies impede the ability to draw causal links.

Addressing these methodological limitations through longitudinal research and standardized performance assessments is imperative for advancing the field. As healthcare continues evolve, leadership development remains integral to both organizational success and quality patient care. Future research should consider a broader range of influencing factors and adopt innovative research designs to capture the complexity of leadership in modern healthcare contexts. In summary, optimizing head nurse leadership is not merely a managerial concern, it is a strategic imperative for enhancing nurse performance, improving patient outcomes, and ensuring the sustainability of acute care services. Therefore, healthcare organizations must invest in leadership development programs tailored for head nurses, incorporating evidence-based training in communication, emotional intelligence, team management, and decision-making. Furthermore, regular evaluation and feedback mechanisms should be established to assess leadership effectiveness and its impact on staff and patient outcomes. By aligning leadership practices with organizational goals and patient care standards, healthcare institutions can drive sustainable improvements in workforce performance, patient safety, and overall health system resilience.

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