



The Effect of Clinical Leadership of the Head of the Room on Nurse Satisfaction in the Internal Room at Toto Kabila Hospital

Riskawaty Lihawa^{1*}, Sabirin B. Syukur², Euis Herawati Hidayat³

^{1,2,3}Program Studi Ilmu Keperawatan, Fakultas Ilmu Kesehatan, Universitas Muhammadiyah Gorontalo

*Email Correspondence: riskawatylihawa@gmail.com

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ABSTRACT

Hospitals are one of the means of health services that are expected to provide the best service for individuals and the community in accordance with the vision and mission set. This study aims to identify the influence of clinical leadership of the head of the room on nurse satisfaction at Toto Kabila Hospital. This study uses a correlational approach with a cross-sectional design. The population in this study is all implementing nurses in the internal room of Toto Kabila Hospital with a non-probability sampling technique of total sampling method, so that the total sample number is 36 people. Data analysis used chi-square statistical tests. The results showed that as many as 30 respondents (84.2%) were in the good category of clinical leadership and 6 respondents (15.8%) were in the adequate category. Nurse satisfaction is measured based on five dimensions, namely reward and support, supervisor communication, division of duties, work environment, and self-development opportunities. The results of the satisfaction assessment showed that as many as 31 respondents (86.8%) were in the satisfied category and 5 respondents (13.2%) were in the dissatisfied category. The results of the chi-square test analysis showed a value of $p=0.000 < (0.05)$. The conclusion of this study is that there is an influence of the clinical leadership of the head of the room on the satisfaction of nurses in the Internal Room of Toto Kabila Hospital. It is hoped that this research can be the basis for hospitals to design policies or programs that focus on developing clinical leadership for room heads.

INTRODUCTION

A hospital is defined as a means of health services that can be felt by individuals and by the community as a patient or client so that it is expected to be able to provide the best service for individuals and the community, to adjust and improve the vision and mission of the hospital itself. The health system in hospitals consists of medical services, medical rehabilitation and nursing services. This can be interpreted as that services to clients or patients in hospitals cannot be separated from a nursing service. A nurse in a hospital plays a vital role as the frontline of healthcare, with primary responsibility for providing immediate care and ensuring patient safety. (Henderson, 2022)

The leader in the room is one of the elements that is very influential on the group or organization to determine and achieve goals. An effort to have an effective leader role is the need to adjust to his leadership styles to the situation. In an organization in a hospital, the head of the room who leads directly to the nurse in charge and the implementation of the nurse's duties in the inpatient is an element of a process in hospital management. Based on research (Putra & Subudi, 2020) the most widely chosen leadership style is the democratic leadership style as much as 47.1%, with this leadership style most nurses have a good performance of 75.5% in doing this work is also influenced by the work system involving various other health teams. (Zalukhu et al., 2023)

Nursing services are greatly influenced by the job satisfaction of the nurses themselves. Job satisfaction is a positive or unpleasant emotional reaction to the work being done. Job satisfaction is felt by workers after comparing what has been achieved with the results and rewards that workers receive. If the worker is emotionally satisfied, it means that satisfaction has been achieved, on the other hand, if it is not, it means that the worker is not satisfied. (Pilot, 2022) (Sopiah & Paul, 2021 in Novita Dwiyanita, Andi Sastria, 2021)

The leadership model determines the organization's strategy for the future both in the long term and in the short term. Direct and indirect direction to employees is provided through leadership. Every leader of a public

company or organization has a different concept of leadership. Good leadership can affect employee performance. One of the leadership models that can be applied to improve the performance of nurses in carrying out health services is *Clinical leadership*. (Supardi & Aulia Anshari, 2022)

Clinical leadership is the right competency for nurses to improve the quality and safety of patients through creativity and innovation in nursing practice. The quality of quality nursing services in the fulfillment of nursing care is influenced by various factors. One of them is the work system implemented by the hospital, nurse care, motivation, and attitude that nurses have. The capacity of nurses in maintaining patient safety will have a positive influence on the overall nursing service. (Novriani & Wijayanti, 2024)

Some hospitals in Indonesia are still found to be not good in health services because several hospitals in Indonesia often have incidents such as errors in administering patient medicine, patients who fall, and mixed blood samples of patients. This indicates that the involvement of nurses in preventing and reducing these cases is very important. (Ardianti et al., 2019)

In a study conducted by stating that hospitals in Gorontalo Province such as Otanaha Hospital and RSIA Sitti Khadijah still found some low performance of implementing nurses, this is evidenced by the lack of optimal nursing processes and nurses who do not comply with the standard operating procedures of the room. (Rahmat Abas, 2023)

The head of the room is someone who is able to move himself and others in a better direction, a person who can create a good atmosphere and who can build enthusiasm. In addition, the head of the room is the person who can direct the nurse to work according to what is a common goal. Currently, *clinical leadership* is a leadership model that can be applied by room heads who want to move nurses in a better direction. From an Islamic point of view, there is

Nurses play an important role in the delivery of services in hospitals, as nurses are directly involved with patients and their families for a full 24 hours. The development of the nursing paradigm in the form of comprehensive bio-psycho-social-spiritual services, requires nurses to always be professional. The complexity of the problems faced by nurses requires that nurse performance must be reliable in quality. The individual abilities of nurses in hospitals are absolutely necessary for increasing professionalism, to create the ideal conditions that hospitals want, including the application of leadership styles and work cultures that are appropriate for the success of nurse performance. (Spector et al., 2022)

Leaders with their leadership style determine organizational strategies both long-term and short-term. Leadership is direct and indirect direction to employees to do work. Regarding the leadership style in the organization, each leader in each organization has a different leadership style from one to another, both in the public and private sectors. The form of leadership style applied in an organization may affect employee performance. One of the leadership styles that can be applied is the transformational leadership style. (Alicia, 2022)

The ideal conditions in a nurse's work environment are the creation of a supportive and conducive atmosphere, where they feel valued, supported, and have room to develop professionally. This environment is characterized by effective leadership, adequate resources, and a proportionate workload. This condition is essential for managing human resources and the work environment to achieve organizational goals without sacrificing the well-being of staff. Thus, this foundation is important to support nurses' job satisfaction. (Sullivan & Decker, 2022)

However, actual conditions in the field often show a significant gap from those ideal conditions. One of the important issues that affect the welfare and performance of nurses is their satisfaction with leadership in the work unit, especially the head of the room.

A factor that is believed to play a big role in increasing nurse satisfaction is leadership, especially *clinical leadership*. *Clinical leadership* is an essential element for nurses to direct teams, ensure evidence-based practice, and improve the overall quality of patient care. This concept refers to the leadership practiced by nurses at the clinical level, focusing on practice improvement, team development, and improving the quality of patient care. (Fowler, 2020) *Strong clinical leadership* can serve as an important resource for nurses, helping them cope with the demands of the job, and creating a positive work environment. The role of clinical leaders as mentors, guides, and moral advocates is crucial in improving nurse satisfaction.

The initial data collection was carried out on September 12, 2025 at Toto Kabila Hospital, Bone Bolango Regency, precisely in the Internal Treatment Room. The population of nurse practitioners in the room was 36 people, the researcher conducted direct observation of service activities and brief interviews with several nurse practitioners in both rooms. In addition, the researcher also examined secondary data in the form of internal hospital reports related to the division of tasks, service schedules, and nursing supervision results.

Prior to the comprehensive implementation of the clinical leadership model, the leadership pattern in the room was generally still administrative and focused on completing daily routine tasks. The head of the room carries out more of the supervisory function, while the process of coaching, motivating, and two-way communication has not run optimally. This condition sometimes causes a gap in perception between the head of the room and the implementing nurse regarding work priorities and clinical problem solving.

However, with the development of the paradigm of professional nursing services, *Clinical leadership* began to be applied as a leadership approach that emphasizes collaboration, coaching, and empowerment of nurses. The

head of the room is required to not only manage resources, but also to be a role model, facilitator, and mentor for his staff. Through this approach, it is hoped that nurses' job satisfaction will increase along with increased support, communication, and a sense of fairness in the team.

The results of initial observations show that most of the heads of the room have made efforts to implement *aspects of clinical leadership*, such as providing motivation before and after the service, facilitating case discussions, and providing direction in solving clinical problems. The nurse also stated that the head of the room was quite open in communication and set a good example in patient service. However, there are still several obstacles, such as the limited time of the head of the room in conducting individual coaching and the uneven opportunities for nurses to participate in self-development training.

Based on data from the medical records section of Toto Kabila Hospital, it is known that the Bed Occupancy Rate (BOR) for the last three months, namely July to September 2025, is in the range of 73%-82%, which is in the high category. This condition shows that the patient occupancy rate is relatively dense, so the workload of nurses is also increasing. This situation demands the implementation of effective clinical leadership so that nursing services remain optimal and nurses' job satisfaction does not decrease due to high work pressure.

Based on the results of interviews conducted by researchers on September 12, 2025 with 10 implementing nurses at Toto Kabila Hospital, consisting of 5 nurses in the internal room, an overview of the implementation of *clinical leadership* of the head of the room in their work environment was obtained.

From the results of the initial interviews conducted with 2 nurses from the internal room, it was stated that the head of the room had tried to carry out the role of clinical leadership through the encouragement of motivation and work direction on a regular basis, especially after and before the service. The head of the room is also considered quite open in conveying information related to work schedules, division of tasks, and coordination of patient services. However, 3 nurses in the internal room revealed that two-way communication is still not fully optimal, because not all nurses feel comfortable conveying opinions, suggestions, or complaints related to working conditions directly with the head of the room. In terms of support and appreciation, 3 nurses from the Interna room admitted that the head of the room had given appreciation in the form of praise and gratitude for their performance, however, the support was not evenly valued, because there were still nurses who felt that they did not get attention or appreciation for their performance. However, the support is considered uneven, because there are still nurses who feel that they do not receive attention or appreciation for the efforts and responsibilities that have been made.

In addition, some nurses mentioned that the division of daily tasks is sometimes not completely proportional. At a time when the number of pensioners is increasing, especially when the Bed Occupancy Rate (BOR) reaches 78-82% during the period from July to September 2025, the workload becomes heavier for nurses. This condition causes feelings of fatigue and has the potential to decrease work morale if it is not accompanied by adequate coaching and support from the head of the room.

Overall, the results of this interview show that the implementation of clical leadership by the head of the room at Toto Kebila Hospital has gone quite well, but still requires improvement in terms of continuous coaching, equal distribution of awards, and interpersonal communication between the head of the room and the implementing nurse, especially in a situation of high workload as reflected by the high number of BOR in the internal care unit.

RESEARCH METHODS

Types of Research

This type of research is quantitative with a correlational approach. The research design used was *cross-sectional*, namely collecting data on independent variables (*clinical leadership*) and dependent variables (nurses' satisfaction with the head of the room) simultaneously at a certain time. The purpose of this design is to analyze the relationship or influence between variables without any intervention or manipulation from the researcher (Notoatmodjo, 2020; Sugiyono, 2020).

Place and Time of Research

This research has been carried out at Toto Kabila Hospital. The time for the research is in December 2025.

Population and Sample

The population in this study is all implementing nurses working at Toto Kabila Hospital who meet the inclusion and exclusion criteria of the study. The total population of implementing nurses in the internal room of Toto Kabila Hospital is 36 people. The number of samples in this study amounted to 36 people. The sampling technique used in the study is *Total sampling*. *Total sampling* is a sampling technique where the number of samples is equal to the number of population (Trisna 2022).

Data Analysis Techniques

Univariate Analysis

Univariate analysis was carried out on each variable of the research results using a frequency distribution table so as to produce the distribution and achievement of each research variable and to find out the description of each variable presented in the distribution table.

Univariate Analysis

Bivariate analysis was carried out to determine the relationship between independent variables and dependent variables in the form of cross-tabulation (*cross-tab*) using the SPSS program with *chi-square statistical tests*.

If $p < 0.05$ then H_0 is rejected H_a is accepted. This means that there is a relationship between independent variables and dependent variables.

If $p > 0.05$ then H_0 is accepted H_a is rejected. This means that there is no relationship between independent variables and dependent variables.

RESEARCH RESULTS

Characteristics of Respondents

Table 1 Characteristics of Respondents

Characteristics	Frequency	Introduce yourself
Age	n	%
18-35 Years	22	60,5%
36-59 Years	14	39,5%
Total	36	100%
Gender		
Male	13	36,8%
Women	23	63,2%
Total	36	100%
Education Level		
D3	11	28,9%
S1	9	26,3%
Ns	16	44,7%
Total	36	
Length of Work		
≤ 10 Years	20	55,3%
> 10 Years	16	44,7%
Total	36	100%

Primary Data Source : 2025

Based on table 1, researchers obtained the results of frequency distribution based on age, according to the Indonesian Ministry of Health, adult age between the ages of 18 and 59 years. Of the 36 respondents, the majority of respondents aged 18 to 35 years old were 22 respondents (60.5%). Based on the Gender frequency distribution table, the most respondents were female as many as 23 respondents (63.2%). Based on the frequency distribution table of education levels, the most respondents were educated as many as 16 respondents (44.7%). Based on the distribution table of the frequency of working hours, the most respondents worked for less than 10 years as many as 20 respondents (55.3%).

Univariate Analysis

Clinical leadership *analysis* of the Head of Room in the internal room of Toto Kabila Hospital.

Table 1. Frequency Distribution Analysis *Clinical leadership* Head of Room

<i>Clinical leadership</i>	Frequency	Introduce yourself
Good	30	84,2%
Enough	6	15,8%
Total	36	100%

Primary Data Source : 2025

Based on table 2, it shows that out of 36 respondents, 30 respondents (84.2%) were included in *the good category of Clinical leadership* and as many as 6 respondents (15.8%) were in the adequate category.

Analysis of nurse satisfaction in the internal room of Toto Kabila Hospital.

Table 3 Analysis of Nurse Satisfaction Frequency Distribution

Nurse Satisfaction	Frequency	Introduce yourself
Satisfied	31	86,8%
Dissatisfied	5	13,2%
Total	36	100%

Primary Data Source : 2025

Based on table 3, it shows that out of 36 respondents, 31 respondents (86.8%) were found to be satisfied with nurses and as many as 5 respondents (13.2%) were dissatisfied.

Bivariate Analysis

Analysis of the influence of clinical leadership of the head of the room on the satisfaction of nurses in the internal room of Toto Kabila Hospital

Table 4. Analysis of the influence of clinical leadership of the head of the room on nurse satisfaction

Clinical leadership	Nurse satisfaction				Total	P value
	Satisfied		Dissatisfied			
	N	%	N	%	N	%
Good	30	83.3%	0	0%	30	83,3%
Enough	1	2,7%	5	13,8%	6	16,7%
Total	31	86,1%	5	13,8%	36	100%

Primary Data Source : 2025

Based on table 4, it shows that of the 36 respondents included in *clinical leadership*, 30 respondents (83.3%) were satisfied with the satisfaction of nurses (83.3%) and none were included in *clinical leadership*, both with the satisfaction of nurses in the dissatisfied category, while those included in *clinical leadership* were satisfied with the satisfaction of nurses in the satisfied category as many as 1 respondent (2.7%) and 5 respondents (13.8%) were included in the *Clinical leadership* is enough with the satisfaction of the nurse in the dissatisfied category. The results of the *Chi-square analysis* of the effect of the *clinical leadership* of the head of the room on the satisfaction of the nurse, obtained a value of $p = (0.000) < \alpha = 0.05$. so that it can be concluded that there is an influence of the *clinical leadership* of the head on the satisfaction of the nurse in the internal room of the Toto Kabila Hospital.

DISCUSSION

Clinical leadership analysis of the head of the room in the internal room of Toto Kabila Hospital

Based on the results of the study on 36 respondents, it was found that as many as 30 respondents (84.2%) assessed the *clinical leadership* of the room head to be in the good category, while 6 respondents (15.8%) assessed it in the adequate category. These results show that although in general the implementation of *clinical leadership* is considered good, there are still 6 nurses who feel that the implementation of clinical leadership is not fully optimal. This assessment of the sufficient category is an indicator of the existence of aspects of leadership that still need to be improved, especially when reviewed based on the *dimensions of clinical leadership* used in the research questionnaire.

The results of the analysis show that the *Clinical Decision Leadership* indicator has the highest proportion of categories compared to other indicators. Of the 36 respondents, 28 respondents (77.8%) assessed this indicator in the good category, while 8 respondents (22.2%) assessed it in the adequate category. This relatively larger percentage of the sufficient category shows that the Clinical Decision Leadership indicator is the most influential indicator on the emergence of the *adequate category clinical leadership* assessment. In this indicator, nurses do not feel fully involved in the clinical decision-making process and team discussions. The lack of involvement of nurses in clinical decision-making can affect the perception of overall head leadership, as the nurse practitioner is the one who interacts directly with the patient and understands the clinical conditions in the field. Therefore, the limitations of this indicator are the main factor that decreases the assessment of *clinical leadership*.

In addition, *the Transformational Leadership indicator* ranks second in influencing the assessment of the sufficient category. The results of the analysis showed that as many as 29 respondents (80.6%) rated this indicator in the good category, while 7 respondents (19.4%) assessed it in the adequate category. Although the majority of nurses rated it well, there were still almost a fifth of respondents who felt that motivation, inspiration, and encouragement from the head of the room had not been felt consistently. This inconsistency in providing motivation and inspiration can have an impact on the work spirit and sense of belonging of nurses to the work unit. This explains why Transformational Leadership is the second factor that affects the assessment of *clinical leadership* in the sufficient category.

In the *Ethical and Professional Integrity indicator*, the results of the analysis showed that as many as 31 respondents (86.1%) assessed in the good category and 5 respondents (13.9%) assessed in the adequate category. The percentage of the adequate category in this indicator is smaller than the previous two indicators, but it still contributes to the assessment of *the clinical leadership* of the adequate category. Sufficient assessment of this indicator is related to nurses' perception of inequality in treatment and awarding. Although in general, the head of the room is considered to have good integrity and professional ethics, inconsistencies in the application of justice are still felt by some nurses, thus affecting comfort and satisfaction at work.

The *Communication and Collaboration* indicator is the indicator with the least influence on the decline in *clinical leadership* assessments. The results of the analysis showed that as many as 32 respondents (88.9%) rated this indicator in the good category, and only 4 respondents (11.1%) rated it in the adequate category. The high percentage of good categories indicates that communication and cooperation between the head of the room and the nurse in general have gone well. Although under certain conditions, such as when workloads are high, two-way communication is not always optimal, these limitations do not have a significant impact on overall judgment. Therefore, this indicator is the factor that contributes the least to the emergence of *the clinical leadership* assessment of the sufficient category.

Overall, *there* are still 6 respondents who assess that the category is sufficient not due to one indicator, but the result of a combination of several indicators, with *Clinical Decision Leadership* as the most prominent factor, followed by *Transformational Leadership*, *Ethical Professional Integrity*, and *Communication and Collaboration*. Therefore, improving *the clinical leadership* of the head of the room needs to be focused on efforts to involve nurses in decision-making, provide equal motivation, be fair, and maintain open communication so that all nurses can feel better clinical leadership.

These results are in line with the theory that effective clinical leadership is characterized by the ability to make evidence-based and safety-oriented decisions for patients. Research by Rembet et al. (2022) also shows that the ability of room heads to make accurate clinical decisions can increase nurses' confidence and job satisfaction. Lippincott, (2017)

It is also in line with the theory that emphasizes that transformational leaders can increase morale through example, motivation, and inspiration. The results of the study also support that transformational leadership in hospitals has a positive effect on nurse satisfaction and performance. According to the theory, ethical leadership explains that ethical leaders have a significant influence on the organizational climate through moral exemplary and fair behavior. Bass & Riggio, (2020) Baker et al., (2019) Northouse, (2021)

Researchers assume that good head clinical leadership contributes directly to improved nurse satisfaction and performance through prompt and appropriate decision-making, motivation and inspiration of work, consistent application of professional ethics, and effective communication and collaboration. In the *clinical leadership assessment*, the head of the room in the category is sufficient due to the lack of optimal application of several dimensions of clinical leadership evenly to all implementing nurses. Although the head of the room has exercised a clinical leadership function, there are differences in nurses' perceptions of the intensity of support, involvement in decision-making, and the quality of communication received.

Analysis of nurse satisfaction in the internal room of Toto Kabila Hospital

Based on the results of the study on 36 respondents, it was found that 31 respondents (86.1%) were satisfied, while 5 respondents (13.9%) stated that they were not satisfied with the working conditions and leadership of the head of the room. These results show that although the overall level of satisfaction of nurses is relatively high, there are still 5 nurses who feel that their needs and expectations have not been fully met. The assessment of the dissatisfied category shows that there are several aspects of job satisfaction that still need further attention when reviewed based on the dimensions of job satisfaction in the research questionnaire.

The results of the analysis show that the indicators of satisfaction with awards and support are the most influential indicators of the emergence of the dissatisfied category. Of the 36 respondents, as many as 28 respondents (77.8%) stated satisfaction, while 8 respondents (22.2%) stated that they were not satisfied. The highest percentage of dissatisfaction compared to other indicators shows that the aspects of reward and support are the main factors that affect nurse satisfaction. In this dimension, nurses feel that the form of appreciation and support from the head of the room has not been felt consistently and evenly. Limitations in awarding, whether in the form of praise, performance recognition, or moral support, can reduce work motivation and reduce the sense of appreciation in carrying out nursing duties. Therefore, this indicator is the dominant factor that contributes to the

assessment of the satisfaction of nurses in the dissatisfied category.

In addition, the indicator of satisfaction with supervisor communication ranks second in influencing the assessment of the dissatisfied category. The results of the analysis showed that as many as 30 respondents (83.3%) stated that they were satisfied, while 6 respondents (16.7%) stated that they were not satisfied. Although the majority of nurses are satisfied, there are still some nurses who consider that communication with the head of the room is not fully open. Communication limitations are especially felt when workload increases, where nurses feel less space to express opinions, suggestions, and complaints. This condition can affect work comfort and interpersonal relationships in the nursing environment, thus contributing to the emergence of dissatisfaction assessments.

In the indicator of satisfaction with the division of tasks, the results of the analysis showed that as many as 29 respondents (80.6%) felt satisfied, while 7 respondents (19.4%) felt dissatisfied. The percentage of dissatisfaction with this indicator indicates that the division of tasks is still a supporting factor that affects nurse satisfaction. Nurses feel an imbalance in the distribution of workloads, especially when the number of patients increases in the internal room. A disproportionate workload has the potential to cause physical and mental fatigue, as well as reduce the perception of justice in the work environment. However, since the majority of nurses still rate satisfaction, this indicator plays a supporting factor, not the main factor.

Indicators of satisfaction with the work environment show a relatively smaller influence on the assessment of the dissatisfied category. The results of the analysis showed that as many as 31 respondents (86.1%) felt satisfied, while 5 respondents (13.9%) felt dissatisfied. The high percentage of satisfaction categories indicates that the work environment in general has been assessed adequate by nurses. However, in certain conditions, the work environment is still felt to be less supportive, both in terms of physical comfort and psychosocial support, especially when the workload increases. These limitations can affect a nurse's focus and comfort, although the impact is not too great on overall job satisfaction.

The indicator of satisfaction with self-development opportunities is the indicator with the least influence on the emergence of the dissatisfied category. The results of the analysis showed that as many as 27 respondents (75%) felt satisfied, while 9 respondents (25%) felt dissatisfied. Although the percentage of dissatisfaction is seen as quite high, this indicator does not directly affect the daily job satisfaction of nurses. Limited opportunities to participate in training and competency development that have not been felt equally still have the potential to affect the motivation of nurses in developing professional careers. However, because self-development needs are long-term, the impact on job satisfaction is currently relatively small compared to the indicators of appreciation, communication, and division of tasks.

Overall, the assessment of job satisfaction in the category of dissatisfaction by 5 respondents was not caused by one dimension alone, but was the result of a combination of several dimensions, with satisfaction with rewards and support as the most prominent factors, followed by supervisor communication, division of tasks, work environment, and self-development opportunities. Therefore, the head of the room needs to strengthen the role of clinical leadership that is more responsive, fair, and communicative so that the job satisfaction of all nurses can be improved more optimally.

This is in line with the theory, according to which it also confirms that leaders who implement performance-based rewards and emotional support are able to create a productive and harmonious work atmosphere. These results are in line with research that explains that proportional reward and positive feedback are key determinants in building nurse job satisfaction. However, a small percentage of respondents felt that the awards given were not even among all staff, especially in high workload situations. This inequality creates an unfair perception that can reduce the satisfaction of some nurses. Gebreheat et al., (2023) Zhao et al., (2024)

This is in line with the theory that open communication between nurses and leaders can foster mutual trust, reduce work stress, and strengthen loyalty to the organization. Pujiastuti, (2020)

These results are in line with research that states that the competence of room heads in communicating empathetically and building interpersonal relationships has a significant effect on job satisfaction. Shojaei et al., (2023)

According to Baker et al. (2019) stated that injustice in the division of tasks can hinder work motivation and decrease staff satisfaction. Therefore, a system of division of duties based on transparency and staff participation needs to be strengthened in order to create a sense of justice and shared responsibility.

These results are in line with research showing that a positive and safe work environment plays a major role in improving nurse satisfaction and performance. However, in some periods with high BOR levels, some nurses admitted to feeling an increase in physical and mental burden that affected their work comfort. Thus, workload management and the addition of human resources need to be the concern of hospital management to maintain a stable work environment and support staff welfare. (Rembet et al., 2022)

The researcher assumes that the assessment of dissatisfaction with the working conditions and leadership of the head of the room is caused by the lack of optimal meeting of nurses' needs in several dimensions of job satisfaction. Although in general, nurse satisfaction is relatively high, there are differences in work experience felt by some nurses, especially related to aspects of appreciation, communication, division of tasks, work environment, and self-development opportunities.

Analysis of the Influence of Clinical Leadership of the Head of the Room on Nurse Satisfaction in the Internal Room of Toto Kabila Hospital

Based on the results of the analysis obtained from 36 respondents, as many as 31 respondents (81.6%) and none were included in *clinical leadership* either with the satisfaction of nurses in the dissatisfied category. This shows that there is a significant positive relationship between the quality of clinical leadership of the head of the room and the level of job satisfaction of nurses at Toto Kabila Hospital. This correlation shows that the better the ability of the head of the room in carrying out the clinical leadership function, especially in the aspects of communication, appreciation, and emotional support, the higher the nurse's satisfaction with their work. In the context of modern nursing, this relationship becomes particularly relevant because effective leadership not only organizes technical tasks, but also builds the psychological well-being of staff.

Most respondents stated that their room heads have implemented participatory and collaboration-oriented leadership. The head of the room is considered to be able to provide clear directions, provide constructive feedback, and treat staff fairly. This leadership pattern reflects the application of transformational *clinical leadership* principles, where leaders not only function as decision makers, but also as facilitators and motivators in the service process. Through open communication and equal appreciation, the head of the room is able to foster a sense of shared belonging and responsibility within the nursing team.

According to Zhao et al. (2024), which shows that leadership that involves nurses in the decision-making process and rewards evenly is directly related to increased job satisfaction. The study underscores that nurses who feel valued and heard are more likely to have high intrinsic motivation, which ultimately impacts the quality of patient care. In line with research conducted by Gebreheat, Teame, & Costa (2023) in the study *The Impact of Transformational Leadership Style on Nurses' Job Satisfaction*, it is emphasized that transformational leadership styles that emphasize empowerment, inspiration, and two-way communication have a real contribution to increasing nurses' satisfaction and loyalty to institutions. Thus, the results of this study reinforce the theory that transformative and ethical clinical leadership is an important determinant of the well-being of nursing personnel.

From the researcher's point of view, these results reflect that good headroom clinical leadership not only directly affects job satisfaction, but also has implications for improved work motivation, team efficiency, and quality of patient service. Fair and supportive leadership serves as a psychological mechanism that reinforces the caregiver's affective commitment to the organization. With increased job satisfaction and engagement, nurses tend to show proactive behavior in service and are more resistant to work stress. This condition ultimately creates a positive cycle between the welfare of nurses and the quality of hospital services.

Therefore, maintaining and developing an effective clinical leadership style should be a priority strategy in nursing management in hospitals. Leadership training that emphasizes aspects of reflective communication, empathy, and distributive justice can be a concrete step to strengthen the role of the room head as a transformational leader. In addition, hospital management needs to provide structural support, such as tiered supervision and performance-based reward mechanisms, to ensure that clinical leadership practices remain consistent and sustainable across work units.

Overall, the results of this bivariate analysis not only show the existence of a statistical relationship between the two variables, but also illustrate the underlying psychosocial dynamics. Effective clinical leadership has proven to be a decisive factor in building nurses' satisfaction, motivation, and professional spirit. Thus, strengthening the clinical leadership capacity of room heads is a strategic investment in creating an adaptive, collaborative, and quality-oriented work environment for health services.

The researchers assume that the relationship between clinical leadership and nurse satisfaction at Toto Kabila Hospital is formed through complex psychological and social mechanisms. When the head of the room demonstrates a communicative, fair, and supportive leadership style, the nurse will feel appreciated and recognized for her contribution to the team. This sense of belonging fosters a sense of belonging and emotional commitment which ultimately increases job satisfaction and motivation.

Based on the results of the analysis, as many as 1 respondent (2.7%) who were included in the *clinical leadership category* were satisfied with the satisfaction of the nurses in the satisfied category. This phenomenon is interesting because it shows that even though the clinical leadership of the head of the room is not optimal in all dimensions, there is still a positive influence on job satisfaction. This indicates that moderate clinical leadership can still contribute to the creation of a conducive work environment, especially when supported by open communication, emotional support, and staff opportunities to participate in the decision-making process. In other words, certain elements of clinical leadership, while not yet comprehensive, are still capable of generating an intrinsic sense of appreciation and satisfaction among nurses.

Respondents in this group were more likely to benefit from good interpersonal relationships in the work environment, even if the head of room leadership role was not entirely ideal. Factors such as team cohesion, peer support, and opportunities to develop professional competencies can be major sources of job satisfaction. This condition shows that nurse satisfaction is not only determined by the quality of formal leadership, but also by the *social support system* formed among colleagues. Thus, social support serves as a *buffer* against the lack of formal leadership, maintaining the emotional balance and professionalism of nursing staff.

This is in line with the theory according to Choi et al. (2023) in *Impact of Leadership Behaviors on Nurse Job Satisfaction and Quality of Care* also revealed that even though the head of the room does not have perfect clinical leadership, social support between nurses and the awarding of rewards for their performance remain the main factors in maintaining their job satisfaction.

In line with research by Tuckey et al. (2022) in *Supporting Nurse Job Satisfaction through Transformational Leadership and Teamwork* shows that transactional leadership, while not as impactful as transformational leadership, can still increase nurse satisfaction provided there is strong social support in the team and open communication.

The researchers assume that although clinical leadership in the sufficient category can still contribute to nurse satisfaction, improvements in communication and equitable awarding will further strengthen the positive influence on nurse satisfaction. Although good clinical leadership plays a greater role in job satisfaction, these results suggest that social support in the workplace and recognition of nurse performance are very important balancing factors.

Based on the results of the analysis, as many as 5 respondents (13.8%) who were included in *clinical leadership* were satisfied with the satisfaction of the nurse category of dissatisfaction. The results of this analysis indicate that although the head of the room has implemented some of the principles of clinical leadership, not all nurses feel the positive impact of the application. These findings show that there is a gap between perceptions of leadership and real work experience in the field. In other words, "good enough" leadership is not necessarily able to foster a sense of satisfaction if it is not accompanied by an adequate work system, support, and rewards.

Nurses in this category likely feel that while the head of the room has tried to maintain communication and the division of duties reasonably, it has not been enough to overcome the pressures and complexities they face in the workplace. Such dissatisfaction can stem from a variety of factors such as heavy workloads, disproportionate division of responsibilities, or lack of recognition of individual contributions. Under such conditions, clinical leadership that is at the "adequate" level may not have a strong enough influence to stabilize the psychological condition and work motivation of nurses.

According to Northouse (2018) in *Leadership: Theory and Practice*, a leadership style that is only good enough tends to have a more limited influence on nurses' job satisfaction compared to a more transformational or transactional leadership style. Sufficient leadership may not provide enough of the impetus needed to address issues that nurses face, such as a lack of reward or unfair distribution of duties.

This is in line with research by Pillay et al. (2022) entitled *Effects of Nurse Manager Leadership on Nurse Job Satisfaction and Retention*, showing that effective and attentive leadership plays a big role in reducing nurse dissatisfaction, while leadership alone is not enough to address the tension or dissatisfaction that exists among team members.

Researchers assume that adequate clinical leadership may not be effective enough in creating a fully supportive and motivating work environment for nurses. External factors such as increased workload, disproportionate division of duties, and lack of fair rewards can contribute to nurse dissatisfaction even though the head of the room has made an effort to implement sufficient leadership.

Based on *Chi-Square* analysis, a *p-value* = 0.001 was obtained which was smaller than $\alpha = 0.05$, which showed a significant influence between *the clinical leadership* of the head of the room and the satisfaction of nurses in the internal room of Toto Kabila Hospital. The results of this analysis indicate that good clinical leadership can increase nurse satisfaction, as effective leadership is able to provide clear communication, sufficient support, and equitable appreciation of nurse performance. With strong leadership, nurses feel more valued, which directly impacts their morale and satisfaction.

This is in line with research by Rembet et al. (2022) titled *The Influence of Clinical leadership on Nurse Job Satisfaction* showing that clinical leadership that involves open communication and fair rewards can improve nurse satisfaction. In the study, the *p-value* was 0.004 ($p < 0.05$), which shows that good clinical leadership does have a significant influence on nurses' job satisfaction. The study is in line with findings in this study, which show that nurses who feel enough emotional support and appreciation tend to feel satisfied with their work.

In addition, Shojaei et al. (2023) in *The Relationship of Leadership and Communication Strategies with Nurse Satisfaction in Hospital Settings* found that effective leadership is directly related to nurse job satisfaction. In this study, the *p-value* obtained was 0.03 ($p < 0.05$), which shows that communicative and self-development-oriented leadership plays an important role in increasing nurse satisfaction.

Researchers assume that good clinical leadership plays a role in increasing nurse satisfaction in the internal room of Toto Kabila Hospital. Although there are respondents who feel dissatisfied, based on the results of *Chi-Square's* analysis, it can be concluded that most nurses are satisfied with the leadership of the head of the room.

CONCLUSION

Based on the results of the research with the title *The Influence of Clinical Leadership of the Head of Room on Nurse Satisfaction at Toto Kabila Hospital*, it can be concluded that:

1. From the results of the study, *Clinical leadership* for Room Heads was obtained from 36 respondents as many as 30 respondents (84.2%), included in the *Clinical leadership* category of good and as many as 6 respondents (15.8%) in the adequate category.
2. From the results of the study, nurse satisfaction from 36 respondents was obtained as many as 31 respondents (86.8%), including in the satisfaction of nurses in the Satisfied category and as many as 5 respondents (13.2%) in dissatisfaction.
3. Based on the results of the *Chi-square* analysis of the effect of the *clinical leadership* of the head of the room on the satisfaction of nurses, the value of $p = (0.000) < \alpha = 0.05$. so it can be concluded that there is an influence of the *clinical leadership* of the head of the room on the satisfaction of nurses in the internal room of Toto Kabila Hospital.

SUGGESTIONS

It is hoped that the results of this study can provide input for health workers, especially nurses, to better understand the importance of clinical leadership in improving job satisfaction and service quality.

It is hoped that this research can be the basis for hospitals to design policies or programs that focus on developing clinical leadership for room heads. By improving the leadership skills of the head of the room, the hospital can create a more productive and positive work atmosphere, which in turn will improve nurse satisfaction and quality of service.

It is hoped that the results of this study can be used as a reference for further research related to *clinical leadership* and nurse satisfaction. Researchers can further develop more complex research designs, such as using a longitudinal approach or adding moderator/mediator variables to better understand the factors that influence the relationship between clinical leadership and nurse satisfaction.

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