

## The Effect of Leadership and Management Training in Nursing Based Medeline Leininger

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### **ABSTRACT**

This research identifies the characteristics of respondents and evaluates the impact of training on the implementation of managerial functions at the Lukas Enembe Hospital - Central Memberamo. Findings show that the majority of respondents in the treatment group were women (70.0%) and the majority were under 30 years old or between 30-40 years old. In contrast, the control group was dominated by women (65.0%) and most were aged 30-40 years. In terms of work experience, the treatment group tended to have work experience of  $\leq 5$  years, while the control group had work experience of  $> 5-10$  years. The implementation of management functions in the treatment group showed a significant improvement after training, with a decrease in the poor and moderate categories, and an increase in the good category. Statistical analysis with Asymp.Sig value. 0.000 indicates a significant effect of training. Recommendations include the implementation of ongoing training with follow-up sessions, the use of relevant case studies, regular evaluations, as well as the integration of Leininger's theory in the educational curriculum and collaboration between educational institutions and RSUD. Researchers are advised to choose an appropriate research design and conduct in-depth data analysis to evaluate the impact of training in a statistically significant way.

**Keywords:** Managerial Training, Performance Improvement, Statistical Evaluation

### **INTRODUCTION**

Nursing management is an activity to improve the quality, quality and quantity of health services comprehensively in accordance with health standards set by the government, with a nursing management process that runs in accordance with the nursing process to ensure nursing care is carried out professionally and supports each other (Hasan & Sri Musriniawati, 2023). The head of the room, as a first-line nursing manager, is responsible for managing staff and carrying out management functions such as planning, organizing, directing and supervising, which are universal and cover all aspects of the management process (Rizal, 2016). As a driver of nursing care services, the head of the room must have the skills to manage services effectively in order to improve the quality of nursing services, as well as overcome various problems in the room such as organizational structure and equipment distribution (Anwar, 2016).

Implementation of good management functions by the head of the room can improve working conditions and the effectiveness of nurses' performance through guidance, motivation and effective communication, which is important for improving the quality of care services (Yuswardi et al, 2018). The managerial implementation of the head of the room plays a role in improving the quality and safety of patients, by managing nursing services in accordance with the demands of a dynamic health service system (Triana et al, 2020). Rahman and Tazkia's research (2020) shows that the management function of the head of the room in the City Hospital is not implemented optimally, which has an impact on the motivation of implementing nurses in providing nursing care, with a p value of 0.009 which shows that there is a significant relationship between the management function of the head of the room and the motivation of nurses. .

Research conducted by Salakory and Nenny Parinusa (2021) found a significant relationship between the implementation of the management function of the head of the room and the job satisfaction of nurses in the inpatient room at Sumber Hidup Ambon Hospital, with the test results of the planning function variables ( $p = 0.001$ ), organizing ( $p = 0.000$ ), direction ( $p = 0.001$ ), and supervision ( $p = 0.000$ ). Yusnilawati and Indah Mawarti (2021) also reported that the planning and organizing function had a significant effect on nurse performance with a value of  $p = 0.016$  and  $p = 0.042$  respectively. Research by Fuziyah, Nurida, et al. (2021) shows that there is a significant relationship between the management function of the head of the room and patient involvement in nursing care, with a p value  $<0.001$ . Meanwhile, Monica and Thrisia (2018) noted that the competence of the head of the room is related to the performance of nurses, especially in the functions of organizing ( $p = 0.007$ ) and directing ( $p = 0.014$ ), in implementing patient safety targets.

Meanwhile, the research results of Friandi, Riris, and Emitra Fatriona (2023) showed that 50% of respondents rated the management function of the head of the room as good, while the other 50% rated it as poor, with a p value = 0.000 indicating a significant relationship between the management function and the performance of the implementing nurse. . Suci, Vauzyatari Tilawa, et al. (2023) reported variations in the assessment of the management functions of room heads: the planning and supervision functions were rated as poor by the majority of respondents, while the organizing and directing functions were rated as good. These findings indicate that although the organizing and directing functions are running well, the planning and monitoring functions still require more attention in improving management in inpatient rooms. Research conducted by Fithriyani et al. (2017) analyzed the relationship between the managerial function of the head of the room and the quality of nursing care documentation in the Pariaman Hospital inpatient room using a descriptive analytical design with a cross-sectional approach, showing that the majority of managerial functions such as planning, organizing, directing and monitoring were in the good category, with a statistical test of the correlation between the directing function and the quality of nursing care documentation, it obtained p value = 0.042. Jakri, Yohanes, and Hildegardis Timun (2019) used the Chi-square test in their research which found a significant relationship between the management function of the head of the room and

the work performance of nurses with a p value of  $0.046 < \alpha = 0.05$ , recommending increasing the ability of the management function through training.

Puspitasari (2017) examined the influence of the managerial function of the head of the room on the performance of nurses at Aji Muhammad Parikesit Regional Hospital, while Zulkarnain (2019) found that all directing function variables such as motivation and communication had a significant relationship with nurse performance, while confounding variables did not affect nurse performance. Rizal and Alfi Ari F. (2015) reported that the management function of the head of the room has a significant relationship with the motivation of implementing nurses with a p value of 0.001 for each management function. Research by Anggeria, Elis, and Maria (2017) found a relationship between supervision and the implementation of nursing care with a significance value of  $p = 0.401$ , which indicates there is no significant relationship.

Pratiwi, Margareta (2019) show that the quality leadership of the head of the room influences the implementation of the quality management system with  $p = 0.024$ . Ana, Pratiwi et al. (2015) reported that there is a significant influence between leadership on the quality of nursing service quality management with  $p = 0.024$ . Teresa et al. (2020) found that supervision provides support in documenting nursing care with beneficial results for nursing service work programs. Finally, Fitriana, Desi (2023) shows that a good leadership style has a positive effect on nurses' performance in patient safety with 74.2% of respondents showing good performance.

A preliminary study was conducted by researchers on 5 executive nurses at Lukas Enembe Regional Hospital, Central Mamberamo Regency in November 2023. The results of the interviews revealed that 3 out of 5 nurses said that the head of the room planned routine activities and meetings, 4 out of 5 nurses said that if there were staff who violated the rules some were given warnings, some were not, 4 out of 5 nurses said the head of the room did not guide nurses in carrying out nursing care. Staff have never received training, some SPOs are socialized, some are not. DP3 evaluation is carried out every year. The implementation of management functions in the room is not good, the head of the room gives a warning to any staff who violate the rules. Incidental nursing care guidance is provided by the Head of the Room to all staff, providing motivation to staff if they complete their tasks well.

Interviews conducted by researchers with the head of the room revealed that the head of the room planned routine activities and meetings, there had been no management training for the head of the room. Most nurses work as is, nurses have never been involved in room planning, room planning is prepared by the head of the room. The head of the room's guidance to staff is still temporary if there is a problem, in carrying out procedures there are Standard Operating Procedures (SPO) and Nursing Care Standards (SAK) but they have not been implemented properly. The provision of nursing care carried out so far in the room is routine, the number of working hours for nurses is 7 effective hours per shift, and meal breaks are 1 hour. To increase the productivity, effectiveness and efficiency of nurses' working time, the success and motivation of implementing nurses is greatly influenced by the implementation of the managerial function of the head of the room.

Based on this background description, researchers are interested in investigating the influence of Leadership and Management in Nursing Training based on Medeline

Leininger Theory on the implementation of the managerial functions of room heads and administrators at Lukas Enembe Hospital - Central Memberamo. The formulation of the research problem is how the Leininger Theory-based training influences the implementation of the managerial function of the head of the hospital, considering the importance of improving quality services related to the implementation of the management function of the head of the room. The general objective of this research is to provide an overview of the influence of the training, while the specific objectives include identifying the characteristics of respondents, knowledge about leadership and management in nursing, implementation of managerial functions in the treatment room, as well as analysis of the influence of training on managerial functions. The benefits of this research are expected to contribute to educational institutions as a scientific reference, to hospitals as evaluation material, and to nurses in developing knowledge and practice of leadership and management in nursing based on Leininger's theory.

## RESEARCH METHODS

The method used in this research is a quasi-experimental method, which according to Sugiyono (2019) is a research method to find the effect of certain treatments on other variables under conditions that can be controlled, using all subjects in the study group (intact group). who were given the treatment, not random subjects. This research aims to evaluate the influence of Leininger theory-based leadership and management in nursing training on the managerial function of room heads and executors. The research design used was a quasi-experimental design in the form of a nonequivalent control group design, where the experimental and control groups were not randomly selected, with each group undergoing a pretest, treatment and posttest. This design includes three stages: (1) Pre-experiment measurement, namely measurements before treatment in both groups; (2) Treatment, where the experimental group was given treatment in the form of special learning while the control group was given conventional learning; and (3) Post-experiment measurement, namely measurement after treatment to assess the treatment effect. This research was carried out from November to July 2024 at Lukas Enembe Regional Hospital, Central Memberamo Regency, Papua Mountains.

The population in this study were all nurses at Lukas Enembe Regional Hospital who worked in the Outpatient and Inpatient Installations, totaling 40 people, in accordance with the definition of population as a generalized area consisting of objects or subjects with certain characteristics.(Sugiyono, 2019). The sample consisted of 20 respondents for the experimental group who received Leadership and Management in Nursing training based on Medeline Leininger Theory, and 20 respondents for the control group who received conventional learning, using total sampling techniques. Inclusion criteria included nurses who were willing to be respondents, worked directly with patients, and participated in training programs, while exclusion criteria included nurses in structural positions or who were not present during the study. The operational definition, which is based on observable characteristics (Sugiyono, 2019), includes Leadership and Management in Nursing training and implementation of managerial functions with measurement using observation and questionnaires. The data collection tool is an online form distributed via WhatsApp, with a grid of instruments including training modules and questionnaires. Validity was tested by comparing the calculated r

value with r table (Sugiyono, 2019), while reliability was tested using the Cronbach Alpha technique. Data collection procedures involve questionnaires and informed consent, with data collection techniques in the form of formative tests carried out before and after learning. Data processing includes editing, coding, scoring, entry and tabulation, with analysis using SPSS 29.0 for univariate, bivariate and multivariate analysis, including the chi square test and multiple logistic regression. Research ethics involves informed consent, anonymity, confidentiality, and voluntary, following ethical principles to avoid unethical actions (Sugiyono, 2019).

## RESULTS AND DISCUSSION

### A. Research result

#### 1. Data Validity and Reliability Test Results

##### 1. Validity test

The validity test is used to determine whether or not the questionnaire used by researchers is valid in obtaining research data from respondents. This validity test uses correlation analysis with the SPSS version 29 program where the researcher uses the Sig score. (2- Tailed) when running pearson-correlated in SPSS 29. If the correlation coefficient value of the statement items being tested is greater than r table, namely 0.468 (df = n-2 = 20-2, n = 18 with significance  $\alpha = 0.05$ ).

**Table 1. Validity test**

| Question          | r table | r count | Results |
|-------------------|---------|---------|---------|
| <i>Planning</i>   |         |         |         |
| P.1               | 0.468   | 0.899   | Valid   |
| P.2               | 0.468   | 0.705   | Valid   |
| P.3               | 0.468   | 0.801   | Valid   |
| P.4               | 0.468   | 0.827   | Valid   |
| P.5               | 0.468   | 0.512   | Valid   |
| P.6               | 0.468   | 0.721   | Valid   |
| P.7               | 0.468   | 0.873   | Valid   |
| P.8               | 0.468   | 0.796   | Valid   |
| P.9               | 0.468   | 0.859   | Valid   |
| P.10              | 0.468   | 0.578   | Valid   |
| <i>Organizing</i> |         |         |         |
| O.1               | 0.468   | 0.913   | Valid   |
| O.2               | 0.468   | 0.818   | Valid   |
| O.3               | 0.468   | 0.790   | Valid   |
| O.4               | 0.468   | 0.653   | Valid   |
| O.5               | 0.468   | 0.814   | Valid   |
| O.6               | 0.468   | 0.734   | Valid   |
| O.7               | 0.468   | 0.513   | Valid   |
| O.8               | 0.468   | 0.882   | Valid   |
| O.9               | 0.468   | 0.789   | Valid   |
| O.10              | 0.468   | 0.796   | Valid   |
| <i>Staffing</i>   |         |         |         |

|                    |       |       |       |
|--------------------|-------|-------|-------|
| S.1                | 0.468 | 0.763 | Valid |
| S.2                | 0.468 | 0.777 | Valid |
| S.3                | 0.468 | 0.761 | Valid |
| S.4                | 0.468 | 0.779 | Valid |
| S.5                | 0.468 | 0.516 | Valid |
| S.6                | 0.468 | 0.888 | Valid |
| S.7                | 0.468 | 0.816 | Valid |
| S.8                | 0.468 | 0.742 | Valid |
| S.9                | 0.468 | 0.729 | Valid |
| S.10               | 0.468 | 0.873 | Valid |
| <i>Controlling</i> |       |       |       |
| C.1                | 0.468 | 0.869 | Valid |
| C.2                | 0.468 | 0.850 | Valid |
| C.3                | 0.468 | 0.564 | Valid |
| C.4                | 0.468 | 0.909 | Valid |
| C.5                | 0.468 | 0.883 | Valid |
| C.6                | 0.468 | 0.803 | Valid |
| C.7                | 0.468 | 0.886 | Valid |
| C.8                | 0.468 | 0.802 | Valid |
| C.9                | 0.468 | 0.802 | Valid |
| C.10               | 0.468 | 0.868 | Valid |

Source: Data inprocessing with SPSS 29.0 (2024).

Based on the results in table 1 above, it shows that all the questions in the questionnaire obtained a value of r calculated > r table, because r calculated is greater than r table, namely 0.468, all items are declared valid.

## 2. Reliability Test

Reliability tests are carried out to measure the extent of consistency or stability of research instruments. Reliability testing was carried out using Cronbach Alpha statistical testing. A research instrument is said to be reliable if the Cronbach Alpha value is above 0.468.

**Table 2. Reliability Test**

| Question          | r table | r count | Results  |
|-------------------|---------|---------|----------|
| <i>Planning</i>   |         |         |          |
| P.1               | 0.468   | 0.938   | Reliable |
| P.2               | 0.468   | 0.938   | Reliable |
| P.3               | 0.468   | 0.937   | Reliable |
| P.4               | 0.468   | 0.937   | Reliable |
| P.5               | 0.468   | 0.940   | Reliable |
| P.6               | 0.468   | 0.938   | Reliable |
| P.7               | 0.468   | 0.938   | Reliable |
| P.8               | 0.468   | 0.937   | Reliable |
| P.9               | 0.468   | 0.937   | Reliable |
| P.10              | 0.468   | 0.939   | Reliable |
| <i>Organizing</i> |         |         |          |

|                    |       |       |          |
|--------------------|-------|-------|----------|
| O.1                | 0.468 | 0.937 | Reliable |
| O.2                | 0.468 | 0.938 | Reliable |
| O.3                | 0.468 | 0.937 | Reliable |
| O.4                | 0.468 | 0.939 | Reliable |
| O.5                | 0.468 | 0.938 | Reliable |
| O.6                | 0.468 | 0.938 | Reliable |
| O.7                | 0.468 | 0.939 | Reliable |
| O.8                | 0.468 | 0.937 | Reliable |
| O.9                | 0.468 | 0.938 | Reliable |
| O.10               | 0.468 | 0.938 | Reliable |
| <i>Staffing</i>    |       |       |          |
| S.1                | 0.468 | 0.938 | Reliable |
| S.2                | 0.468 | 0.938 | Reliable |
| S.3                | 0.468 | 0.938 | Reliable |
| S.4                | 0.468 | 0.937 | Reliable |
| S.5                | 0.468 | 0.939 | Reliable |
| S.6                | 0.468 | 0.936 | Reliable |
| S.7                | 0.468 | 0.938 | Reliable |
| S.8                | 0.468 | 0.938 | Reliable |
| S.9                | 0.468 | 0.938 | Reliable |
| S.10               | 0.468 | 0.938 | Reliable |
| <i>Controlling</i> |       |       |          |
| C.1                | 0.468 | 0.937 | Reliable |
| C.2                | 0.468 | 0.937 | Reliable |
| C.3                | 0.468 | 0.939 | Reliable |
| C.4                | 0.468 | 0.937 | Reliable |
| C.5                | 0.468 | 0.940 | Reliable |
| C.6                | 0.468 | 0.937 | Reliable |
| C.7                | 0.468 | 0.937 | Reliable |
| C.8                | 0.468 | 0.984 | Reliable |
| C.9                | 0.468 | 0.937 | Reliable |
| C.10               | 0.468 | 0.938 | Reliable |

Data sourceprocessed with SPSS 29.0 (2024).

Based on the results of table 2 above, it shows that the Cronbach's Alpha value is greater than 0.468. Therefore, it can be concluded that each statement item in the questionnaire used is able to obtain consistent data, which means that if the statement is submitted again, an answer that is relatively the same as the previous answer will be obtained.

## 2. Data Normality Test Results

**Table 3. Shapiro Wilk Data Normality Test**

| Variable                     | <i>P</i> | Information |
|------------------------------|----------|-------------|
| Pre-Test Intervention Group  | 0.752    | Normal      |
| Post-Test Intervention Group | 0.001    | Abnormal    |
| Pre-Test Control Group       | 0.517    | Normal      |

Post-Test Control Group 0.971 Normal

Source: Data processed with SPSS 29.0 (2024).

Test normality In this study, the Shapiro Wilk test was used because the sample size was < 50. Data is said to be normally distributed if the significance value (p value) is > 0.05. The results of the normality test can be seen in table 4.3 above. Table 4.3 shows that the research results show that there is data that is not normal because it has a p value < 0.05. After it was discovered that there was data that was not normally distributed, the researcher carried out a hypothesis test using the Wilcoxon test.

### 3. Data Analysis Results

**Table 4. Respondent Characteristics**

| Variable                | Intervention |      | Control |      |
|-------------------------|--------------|------|---------|------|
|                         | n            | %    | n       | %    |
| <b>Gender</b>           |              |      |         |      |
| Man                     | 6            | 30.0 | 7       | 35.0 |
| Woman                   | 14           | 70.0 | 13      | 65.0 |
| <b>Age</b>              |              |      |         |      |
| < 30 years              | 9            | 45.0 | 7       | 35.0 |
| 30 – 40 years           | 9            | 45.0 | 11      | 55.0 |
| > 40 years              | 2            | 10.0 | 2       | 10.0 |
| <b>Years of service</b> |              |      |         |      |
| ≤ 5 years               | 10           | 50.0 | 6       | 30.0 |
| > 5 – 10 years          | 7            | 35.0 | 9       | 45.0 |
| > 10 – 20 years         | 1            | 5.0  | 4       | 20.0 |
| > 20 years              | 2            | 10.0 | 1       | 5.0  |

Source: Data processed with SPSS 29.0 (2024).

Based on table 4 above, it is known that the characteristics of respondents in the treatment group were mostly female, namely 14 respondents or 70.0% and in the control group, the majority were also female, namely 13 respondents or 65.0%.

The age characteristics of respondents in the treatment group were divided into three, namely the age category < 30 years as many as 9 respondents or 45.0%, the age 30 - 40 years as many as 9 respondents or 45.0%, the age category > 40 years as many as 2 respondents or 10, 0%. The control group was divided into three, namely the age category < 30 years with 7 respondents or 35.0%, the age category 30 - 40 years with 11 respondents or 55.0%, the age category > 40 years with 2 respondents or 10.0%.

The characteristics of the work period of respondents in the treatment group were divided into four, namely the work period category ≤ 5 years as many as 10 respondents or 50.0%, the work period > 5 - 10 years as many as 7 respondents or 35.0%, the work period category > 10 - 20 years old as many as 1 respondent or 5.0%, and aged > 20 years as many as 2 respondents or 10.0%. The control group was divided into four, namely the work period category ≤ 5 years as many as 6

respondents or 30.0%, work period > 5 - 10 years as many as 9 respondents or 45.0%, work period > 10 - 20 years category as many as 4 respondents or 20.0%, and age > 20 years was 1 respondent or 5.0%.

**Table 5. Management Function Implementation Category**

| Implementation<br>of Management<br>Functions | Intervention |      |           |      | Control  |      |           |      |
|--|--------------|------|-----------|------|----------|------|-----------|------|
|  | Pre-Test     |      | Post-Test |      | Pre-Test |      | Post-Test |      |
|  | n            | %    | n         | %    | n        | %    | n         | %    |
| <b>Planning</b>                              |              |      |           |      |          |      |           |      |
| Good   | 0            | 0.0  | 15        | 75.0 | 0        | 0.0  | 0.0       | 0.0  |
| Enough                                       | 9            | 45.0 | 4         | 20.0 | 8        | 40.0 | 5         | 25.0 |
| Not<br>enough                                | 11           | 55.0 | 1         | 5.0  | 12       | 60.0 | 15        | 75.0 |
| <b>Organizing</b>                            |              |      |           |      |          |      |           |      |
| Good   | 0            | 0.0  | 15        | 75.0 | 0        | 0.0  | 0.0       | 0.0  |
| Enough                                       | 7            | 35.0 | 4         | 20.0 | 5        | 25.0 | 5         | 25.0 |
| Not<br>enough                                | 13           | 65.0 | 1         | 5.0  | 15       | 75.0 | 15        | 75.0 |
| <b>Staffing</b>                              |              |      |           |      |          |      |           |      |
| Good   | 0            | 0.0  | 17        | 85.0 | 0        | 0.0  | 0.0       | 0.0  |
| Enough                                       | 8            | 40.0 | 2         | 10.0 | 7        | 35.0 | 8         | 40.0 |
| Not<br>enough                                | 12           | 60.0 | 1         | 5.0  | 13       | 65.0 | 12        | 60.0 |
| <b>Controlling</b>                           |              |      |           |      |          |      |           |      |
| Good   | 0            | 0.0  | 16        | 80.0 | 0        | 0.0  | 0.0       | 0.0  |
| Enough                                       | 7            | 35.0 | 3         | 15.0 | 8        | 40.0 | 7         | 35.0 |
| Not<br>enough                                | 13           | 65.0 | 1         | 5.0  | 12       | 60.0 | 13        | 65.0 |

Source: Data processed with SPSS 29.0 (2024).

Based on the implementation of pre- and post-test management functions in the treatment group, seen from table 5, it shows that the implementation of management functions regarding Planning, the least category has decreased, namely from 55.0% to 5.0%, likewise the moderate category has experienced a decrease from 45.0 % became 20% and the good category appeared in the post-test treatment group at 75.0%, whereas previously the good category had not appeared in all the categories described above. In the implementation of the management function regarding Organizing, the poor category decreased from 65.0% to 5.0%, likewise the medium category experienced a decrease from 35.0% to 20% and the good category appeared in the post-test treatment group at 75, The 0% previously in the good category have not appeared in all the categories described above. Implementation of management functions regarding Staffing, the poor category experienced a decrease, namely from 60.0% to 5.0%, likewise the moderate category experienced a decrease from 40.0% to 10% and the good category appeared in the post-test treatment group at 85, The 0% previously in the good

category have not appeared in all the categories described above. Implementation of the management function regarding Controlling, the poor category experienced a decrease, namely from 65.0% to 5.0%, likewise the medium category experienced a decrease from 35.0% to 15% and the good category appeared in the post-test treatment group at 80, The 0% previously in the good category have not appeared in all the categories described above.

Based on the characteristics of the implementation of pre and post test management functions in the control group, seen from table 5, it shows that the implementation of management functions regarding Planning, the category has not experienced an increase, namely from 60.0% to 75.0%, likewise the moderate category has experienced a decrease from 40, 0% to 25.0% and the good category did not appear in the control group during the pre and post-test. Implementation of the management function regarding Organizing, the less settled category is from 75.0% to 75.0%, likewise the moderately settled category from 25.0% to 25% and the good category does not appear in the control group during the pre and post-test. Implementation of management functions regarding Staffing, the poor category experienced a decrease, namely from 65.0% to 60.0%, the medium category experienced an increase from 35.0% to 40.0% and the good category did not appear in the control group during pre and post- test. Implementation of the management function regarding Controlling, the poor category has increased from 60.0% to 65.0%, while the medium category has decreased from 40.0% to 35.0% and the good category does not appear in the control group during pre and post - test.

**Table 6. Category Total Implementation of Management Functions**

| Implementation of Management Functions | Intervention |            |           |            | Control   |            |           |            |
|--|--------------|------------|-----------|------------|-----------|------------|-----------|------------|
|  | Pre-Test     |            | Post-Test |            | Pre-Test  |            | Post-Test |            |
|  | n            | %          | n         | %          | n         | %          | n         | %          |
| Good                                   | 0            | 0.0        | 17        | 85.0       | 0         | 0.0        | 0.0       | 0.0        |
| Enough                                 | 5            | 25.0       | 2         | 10.0       | 2         | 10.0       | 3         | 15.0       |
| Not enough                             | 15           | 75.0       | 1         | 5.0        | 18        | 90.0       | 17        | 85.0       |
| <b>Total</b>                           | <b>20</b>    | <b>100</b> | <b>20</b> | <b>100</b> | <b>20</b> | <b>100</b> | <b>20</b> | <b>100</b> |

Source: Data processed with SPSS 29.0 (2024).

Based on the overall implementation of pre and post test management functions in the treatment group, seen from table 4.6, it shows that the implementation of management functions in the low category has decreased, namely from 75.0% to 5.0%, likewise in the medium category has decreased from 25.0 % became 10% and the good category appeared in the post-test treatment group at 85.0%, whereas previously the good category had not appeared in all the categories described above.

**Table 7. Results of the Implementation of Management Functions in the Group Treatment Before and After Intervention *Wilcoxon Signed Ranks***

|                         | <b>N</b>  | <b>Mean Rank</b> | <b>Sum Rank</b> | <b>Asymp.Sig</b> |
|-------------------------|-----------|------------------|-----------------|------------------|
| <i>Negative Ranking</i> | 0         | 0.00             | 0.00            |                  |
| <i>Positive Rank</i>    | 19        | 10               | 190.00          | 0,000            |
| <i>Ties</i>             | 1         |                  |                 |                  |
| <b>Total</b>            | <b>20</b> |                  |                 |                  |

Source: Data processed with SPSS 29.0 (2024).

*Wilcoxon Signed Ranks*The overall results of the implementation of management functions in the treatment group before and after the intervention showed that the negative difference or negative rank between the training results for the pre-test and post-test was 0, both in the N value, mean rank, and sum rank. This value shows that there is no decrease (reduction) from the pre-test score to the post-test score. The positive difference or positive rank between the pre test and post test was 19 positive data in N, which means that 19 respondents experienced an increase in training scores from pre test scores to post test scores, the average increase was 10, while the number of positive ranks or sum of rank is 190.00. Ties is the similarity of the pre-test and post-test scores. In the Wilcoxon analysis results above, the Ties value is 1, which means there is 1 respondent who has the same score between the pre-test and the post-test. Based on the test statistics output, it is known that Asymp.Sig. worth 0.000. Because the value of 0.000 is smaller than  $<0.05$ , it can be concluded that  $H_a$  is accepted, which means there is a significant influence on the implementation of the respondent's management function before the training is carried out and after the training is carried out.

**Table 8. Results of the Implementation of Management Functions in the Group Control Before and After Intervention *Wilcoxon Signed Ranks***

|                         | <b>N</b>  | <b>Mean Rank</b> | <b>Sum Rank</b> | <b>Asymp.Sig</b> |
|-------------------------|-----------|------------------|-----------------|------------------|
| <i>Negative Ranking</i> | 5         | 13.40            | 67.00           |                  |
| <i>Positive Rank</i>    | 15        | 9.53             | 143.00          | 0.155            |
| <i>Ties</i>             | 0         |                  |                 |                  |
| <b>Total</b>            | <b>20</b> |                  |                 |                  |

Source: Data processed with SPSS 29.0 (2024).

*Wilcoxon Signed Ranks*The results of the implementation of management functions in the control group before and after the intervention showed that the negative difference or negative rank between the training results for the pre-test and post-test was 5 in N. This value indicates a decrease (reduction) from the pre-test value to the post-test value of 5. respondents, with an average decrease in mean rank of 13.40, while the number of negative rankings or sum rank was 67.00. The positive difference or positive rank between the pre test and post test was 15 positive data in N, which means that 15 respondents experienced an increase in training scores from the pre test score to the post test score, the average increase was 9.53, while the number of positive rankings or sum of rank is 143.00. Ties is the similarity of the pre-test and post-test scores. In the results of the Wilcoxon analysis

above, the Ties value is 0, which means that there were no respondents who had the same score between the pre-test and post-test in the control group. Based on the test statistics output, it is known that Asymp.Sig. worth 0.155. Because the value of 0.155 is greater than  $> 0.05$ , it can be concluded that  $H_a$  is rejected, which means there is no significant influence between the implementation of the respondent's management function before the training is carried out and after the training is carried out in the control group.

## B. Discussion

This research was conducted to determine the effect of providing Leadership and Management in Nursing Training based on Leininger Theory on the Implementation of Managerial Functions of Heads of Rooms with Executives at Lukas Enembe Hospital - Central Memberamo. The research results for each group are as follows:

1. The influence of providing Leadership and Management in Nursing Training based on Leininger Theory on the Implementation of Managerial Functions of Room Heads with Executives at Lukas Enembe Hospital - Central Memberamo in the treatment group

The results of the study showed that there were significant differences in the implementation of the managerial functions of the head of the room at Lukas Enembe Regional Hospital - Central Memberamo before and after providing Leadership and Management in Nursing Training based on Leininger's Theory. An increase in the post-test mean score that is greater than the pre-test mean indicates significant improvement. The management function implementation category in the poor category decreased from 75.0% to 5.0%, while the moderate category decreased from 25.0% to 10%, and the good category appeared in the post-test treatment group at 85.0%, which previously not in that category. Wilcoxon Signed Ranks shows that the negative difference between the pre-test and post-test is 0, indicating there is no decrease in value. However, there were 19 positive data showing an increase in value, with an average increase of 10 and a total positive ranking of 190.00. Ties shows that there is 1 respondent with the same score between the pre-test and post-test.

Leininger's theory, or Cultural Care Diversity and Universality Theory, focuses on the importance of understanding culture in nursing practice, emphasizing that effective care must take into account the patient's cultural values (Kusnanto, 2019). This theory-based training is designed to improve nurses' leadership and managerial skills with a focus on effective communication, decision making, problem solving, and team management. This training has been proven to have a significant influence on the implementation of managerial functions, with improved interpersonal skills, decision making, conflict management, as well as better motivation and leadership. Research by Yusnilawati and Indah Mawarti (2021) shows the significant influence of planning and organizing functions on nurse performance, while research by Abdul and Majid (2016) highlights the influence of training and supervision on nurse performance. Sutriyani (2014) also showed that there was a significant

difference in nurses' commitment after leadership training. For better implementation, some practical steps include integrating culture in the training curriculum, providing ongoing training, and establishing mentorship programs. Further research is recommended to evaluate long-term impacts, compare with other training methods, as well as obtain patient perspectives to optimize Leininger Theory-based training.

2. The influence of providing Leadership and Management in Nursing Training based on Leininger Theory on the Implementation of Managerial Functions of Heads of Rooms with Executives at Lukas Enembe Hospital - Central Memberamo in the control group

The results of the research showed that there was no difference in the implementation of the managerial functions of room heads and executors at Lukas Enembe Regional Hospital - Central Memberamo in the control group before and after providing Leadership and Management in Nursing Training based on Leininger Theory. The Wilcoxon Signed Ranks test showed a negative difference between the pre-test and post-test for 5 respondents, with an average decrease in mean rank of 13.40 and the number of negative rankings of 67.00. On the other hand, there are 15 positive data showing an increase in value with an average increase of 9.53 and a number of positive rankings of 143.00. The Ties value is 0, indicating there are no respondents with the same score between the pre-test and post-test in the control group. Based on Asymp.Sig. which has a value of 0.155, which is greater than 0.05, it can be concluded that there is no significant influence between the implementation of managerial functions before and after training in the control group, so the alternative hypothesis is rejected.

The control group in this study did not receive the training intervention, serving to provide a comparison to the experimental group that received training. The goal is to ensure that the changes observed in the experimental group are truly caused by the training intervention and not by other external factors. With no significant changes in the control group, these results underscore the importance of training interventions in improving managerial competence. This study suggested that the changing effects in the experimental group were most likely caused by Leininger's Theory-based "Leadership and Management in Nursing" training. This is in accordance with research by Safitra (2019), which shows that the inquiry learning method influences critical thinking skills, and Sutam Tomi (2022), which reveals the effectiveness of positive thinking training on reducing stress levels, showing that investment in relevant training can produce significant changes. significant in managerial practice and nursing services.

In this study, the absence of differences in the implementation of managerial functions in the control group confirms that any changes that will be observed in the experimental group after training can be directly attributed to Leininger Theory-based Leadership and Management in Nursing training. The control group served as a valid comparison to assess the effectiveness of the training intervention. Research using a control group in the "Leadership and

Management in Nursing based on Leininger Theory" training study at Lukas Enembe Hospital - Central Memberamo provides strong evidence of the positive influence of the training on managerial abilities.

The group without treatment (control group) had no effect on training indicating that the differences observed in the group receiving training were indeed caused by the training itself, not by other factors. This conclusion supports the internal validity of the study, indicating that the changes measured in the group that received the training were due to the training itself. The control group did not show significant changes while the training group showed improvements, this strengthens the argument that the training was effective, indicating that other variables that may have influenced the results have been successfully controlled or did not have a significant impact. Based on these findings, the training provided can be recommended for wider application with the assumption that the training will provide the same positive results. These findings also provide a strong basis for continued research, including further development of training programs or exploration of variations in training methods for improved outcomes.

## **CONCLUSION**

Based on the research results, it can be concluded that the characteristics of the respondents show that in the treatment group, the majority were female (70.0%), while in the control group, 65.0% were also female. In terms of age, in the treatment group, the majority were aged <30 years and 30-40 years (45.0% respectively), while in the control group, the majority were aged 30-40 years (55.0%) . Based on work experience, in the treatment group, 50.0% had work experience of ≤5 years, while in the control group, 45.0% had work experience of >5-10 years. The implementation of management functions in the treatment group showed a decrease in the less than 75.0% category to 5.0%, and the moderate category from 25.0% to 10%, with the good category increasing significantly to 85.0% after training. Statistical analysis shows the value of Asymp.Sig. 0.000, which means there is a significant influence of training on the implementation of managerial functions. The suggestion for Lukas Enembe Hospital – Central Memberamo is that training be carried out on an ongoing basis with follow-up sessions and using relevant case studies to increase practical understanding. Periodic evaluations need to be carried out to measure and improve the quality of training with full support from management. For educational institutions, it is important to integrate Leininger's theory in the curriculum and collaborate with RSUD for field practice. Institutions are also advised to organize workshops and research projects involving students and nursing staff. For researchers, it is advisable to choose an appropriate research design, such as a comparative or longitudinal study, and conduct in-depth data analysis to evaluate the impact of training in a statistically significant way.

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