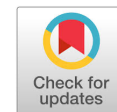


# Nursing Manager Leadership for Developing Professional and Commitment a Novice Nurse in Hospital



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## Abstract

**Introduction:** Transitioning from student to professional nurse is a complex and challenging process that requires effective leadership support. Nurse managers play a vital role in fostering professionalism and commitment among novice nurses, which are essential to quality patient care and nurse retention.

**Methods:** This cross-sectional study involved 100 novice nurses working in a tertiary hospital. Data were collected using validated questionnaires assessing perceived leadership styles of nursing managers, levels of professionalism, and organizational commitment. Statistical analyses included descriptive statistics and multiple regression to examine the relationship between leadership style and outcomes.

**Result:** Findings indicate that transformational leadership style significantly correlates with higher levels of professional behavior ( $p < 0.01$ ) and organizational commitment ( $p < 0.05$ ). Transactional leadership showed moderate association, while passive-avoidant leadership demonstrated a negative relationship.

**Conclusion:** Nurse manager leadership style, particularly transformational leadership, is positively associated with the development of professionalism and commitment in novice nurses. Strategies to enhance leadership capabilities among nurse managers should be prioritized to ensure effective support for novice nurses during their transition period.

**Keywords:** Leadership, Novice Nurse, Professional

## INTRODUCTION

The quality and sustainability of healthcare systems are increasingly dependent on the capacity and resilience of nursing personnel. Among the crucial phases in nursing careers is the transition from student to novice nurse, a period often marked by stress, uncertainty, and role adaptation. Novice nurses face multiple challenges, including competence development, time management, communication with multidisciplinary teams, and managing patient care responsibilities independently. Inadequate support during this transition can lead to poor clinical performance, reduced job satisfaction, and increased turnover rates.(1,2) Studies have underscored the role of organizational environments and, more specifically, nursing leadership in shaping the professional development of new nurses.(3) Effective nurse managers not only supervise but also mentor, guide, and model behaviors that promote a strong sense of professional identity and organizational belonging. Research from various countries has revealed that leadership quality significantly affects nurse outcomes, including burnout, retention, and job satisfaction.(4,5)

Despite the recognized importance of leadership, many hospitals still struggle to establish consistent leadership development programs targeting nurse managers. Consequently, the variation in leadership styles impacts novice nurse adaptation differently, creating inconsistencies in patient care quality and staff morale. In

particular, transformational leadership has been found to exert positive influences on nurse motivation and organizational outcomes, compared to transactional or laissez-faire styles.(6)

Previous studies have also proposed that novice nurses require structured support systems led by committed leaders who can instill a sense of purpose and engagement in their roles. Interventions that integrate mentorship, professional socialization, and reflective practices are suggested as effective strategies for leadership-driven development.(7,8) However, these models are often poorly implemented in resource-constrained hospitals or those with limited leadership training.

Empirical findings in various global settings have supported the association between leadership style and novice nurse professionalization. For instance, a study in South Korea found that leadership styles significantly predicted job satisfaction and intent to stay among new nurses.(9) Another study in Canada linked transformational leadership with increased ethical climate perception and professional growth.(10) These findings illustrate the potential of leadership as a lever for improving nursing practice outcomes.

However, there remains a significant research gap in understanding this dynamic within the context of Indonesian hospitals, particularly in public and teaching hospital settings. Few studies have quantitatively explored how nurse managers influence the development of professionalism and commitment among novice nurses in Indonesia. Therefore, the present study aims to investigate the relationship between nurse manager leadership and the development of professionalism and organizational commitment among novice nurses. The novelty of this study lies in its focus on early-career nurses and the use of a cross-sectional framework to quantitatively assess the impact of leadership styles. The results are expected to inform hospital policies and leadership development programs tailored for improving nursing practice environments in Indonesia.

## **METHOD**

This study employed a cross-sectional quantitative design to explore the relationship between nurse manager leadership styles and the development of professionalism and organizational commitment among novice nurses in a hospital setting. The research was conducted in a tertiary referral hospital in Indonesia between January and March 2025.

### ***Study Population and Sampling***

The target population consisted of novice nurses with less than two years of clinical experience working in inpatient departments. A total of 100 participants were selected through stratified random sampling, ensuring proportional representation from various nursing units, including medical, surgical, pediatric, and intensive care. Inclusion criteria included being a full-time nurse, having completed nurse orientation, and working under direct supervision of a nurse manager.

### ***Instrumentation***

Three main instruments were used in this study: (1) the Multifactor Leadership Questionnaire (MLQ-5X) to assess nurse managers' leadership styles (transformational, transactional, and passive-avoidant); (2) the Professionalism Assessment Scale (PAS), adapted for novice nurses to measure professional behavior; and (3) the Organizational Commitment Questionnaire (OCQ), measuring affective, continuance, and normative commitment. All instruments have demonstrated adequate psychometric properties in prior studies.

### ***Validity and Reliability***

Prior to data collection, instruments were translated into Bahasa Indonesia and back-translated to ensure semantic equivalence. Content validity was evaluated by a panel of five nursing experts. A pilot test with 20 novice nurses (not included in the final analysis) confirmed acceptable internal consistency, with Cronbach's alpha values of 0.89 for MLQ, 0.87 for PAS, and 0.84 for OCQ.

**Data Collection Procedure**

Data collection was conducted over a four-week period. After obtaining institutional ethical clearance and informed consent from participants, paper-based questionnaires were distributed during work breaks in coordination with ward managers. Data confidentiality was maintained throughout the process. Response rate was 94%, with 100 complete datasets included in the final analysis.

**Variables and Operational Definitions**

The independent variable was the perceived leadership style of nurse managers. Dependent variables were the levels of professionalism and organizational commitment among novice nurses. Professionalism was defined as adherence to nursing standards, ethics, and reflective practice. Commitment encompassed emotional attachment (affective), perceived cost of leaving (continuance), and moral obligation (normative).

**Data Analysis**

Data were entered and analyzed using SPSS version 26. Descriptive statistics (mean, SD, frequency, and percentage) were used to describe demographic variables and distribution of leadership styles. Pearson correlation analysis was conducted to explore associations between leadership styles and dependent variables. Subsequently, multiple linear regression was applied to identify predictors of professionalism and organizational commitment, adjusting for age, gender, and unit placement. A significance level of  $p < 0.05$  was adopted for all inferential analyses. Data assumptions for regression (normality, linearity, homoscedasticity, multicollinearity) were verified prior to model interpretation.

**Ethical Considerations**

The study protocol received approval from the hospital's Institutional Review Board. Participation was voluntary, and written informed consent was obtained. Participants were assured of anonymity and the right to withdraw at any time without consequences. Data were stored securely and used solely for research purposes.

**RESULTS**

**Respondent Characteristics**

Table 1 presents the demographic characteristics of the 100 novice nurses who participated in this study. The majority were female (72%), with most participants aged between 22 and 26 years. The average duration of work experience was 14.3 months (SD = 5.2). More than half were assigned to medical-surgical wards (54%), followed by intensive care (24%), pediatrics (12%), and others (10%).

Table 1. Demographic Characteristics of Respondents (n = 100)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	28	28%
	Female	72	72%
Age	21–23 years	26	26%
	24–26 years	54	54%
	27–29 years	20	20%
Work Unit	Medical-Surgical	54	54%
	Intensive Care	24	24%
	Pediatric	12	12%
	Others	10	10%
Experience Duration (months)	Mean = 14.3 (SD = 5.2)		

### Leadership Styles of Nurse Managers

Based on respondents' assessment using the MLQ-5X, the majority of novice nurses perceived their managers as demonstrating a transformational leadership style (mean score = 3.62, SD = 0.41), followed by transactional (mean = 3.09, SD = 0.52) and passive-avoidant styles (mean = 2.11, SD = 0.64). The highest scoring subdimensions under transformational leadership were individualized consideration and inspirational motivation.

Table 2. Mean Scores of Leadership Styles and Outcome Variables

Variable	Mean	SD
Transformational Leadership	3.62	0.41
Transactional Leadership	3.09	0.52
Passive-Avoidant Leadership	2.11	0.64
Professionalism	4.21	0.38
Organizational Commitment	3.95	0.44
Affective Commitment	4.08	0.35
Normative Commitment	3.88	0.42
Continuance Commitment	3.77	0.46

### Professionalism and Organizational Commitment Scores

The Professionalism Assessment Scale (PAS) yielded a mean score of 4.21 (SD = 0.38) on a 5-point Likert scale, indicating a generally high level of professional conduct among participants. For organizational commitment, the overall mean score was 3.95 (SD = 0.44). Among the subdomains, affective commitment scored the highest (mean = 4.08), followed by normative (mean = 3.88) and continuance commitment (mean = 3.77).

Table 3. Correlation Between Leadership style and Outcome Variables

Leadership Style	Professionalism (r)	Organizational Commitment (r)	Significance (p)
Transformational	0.612	0.523	< 0.01
Transactional	0.398	0.346	< 0.05
Passive-Avoidant	-0.317	-0.279	< 0.05

### Correlation and Regression Analysis

Pearson correlation tests showed a strong positive correlation between transformational leadership and professionalism ( $r = 0.612$ ,  $p < 0.01$ ) as well as organizational commitment ( $r = 0.523$ ,  $p < 0.01$ ). Transactional leadership had moderate positive correlations with professionalism ( $r = 0.398$ ,  $p < 0.05$ ) and commitment ( $r = 0.346$ ,  $p < 0.05$ ). Passive-avoidant leadership was negatively correlated with both professionalism ( $r = -0.317$ ,  $p < 0.05$ ) and commitment ( $r = -0.279$ ,  $p < 0.05$ ). Multiple linear regression analysis identified transformational leadership as a significant predictor of professionalism ( $\beta = 0.47$ ,  $p < 0.001$ ) and organizational commitment ( $\beta = 0.39$ ,  $p < 0.01$ ) after adjusting for demographic variables. The overall model for professionalism accounted for 38% of the variance ( $R^2 = 0.38$ ), and for commitment, 31% of the variance ( $R^2 = 0.31$ ).

Table 4. Regression Analysis Summary

Dependent Variable	Predictor	Beta ( $\beta$ )	p-value	R <sup>2</sup>
Professionalism	Transformational Leadership	0.47	< 0.001	0.38
Organizational Commitment	Transformational Leadership	0.39	< 0.01	0.31

## **DISCUSSION**

This study aimed to explore the relationship between nurse manager leadership styles and the development of professionalism and organizational commitment among novice nurses in a hospital setting. The findings confirm that transformational leadership is positively and significantly associated with both outcomes, supporting the growing body of international evidence on the importance of leadership behaviors in nursing workforce development.

The predominance of transformational leadership among nurse managers, as perceived by the respondents, aligns with previous studies emphasizing its effectiveness in enhancing nursing practice environments. For instance, Wong et al. (2013) highlighted that transformational leaders inspire trust and motivation, leading to improved staff satisfaction and performance.(11) In the current study, transformational leadership demonstrated a strong predictive value for professionalism ( $\beta = 0.47$ ) and organizational commitment ( $\beta = 0.39$ ), suggesting its critical role in shaping both individual and institutional nursing goals.

Moreover, the observed correlation between professionalism and transformational leadership ( $r = 0.612$ ) mirrors earlier findings by Boamah, who reported that new graduate nurses under transformational leaders exhibited higher levels of clinical accountability and adherence to standards.(12) In our study, this leadership style fostered not only technical competence but also ethical commitment and reflective practice among novice nurses.

The data also revealed that transactional leadership had a modest positive effect, consistent with studies that suggest this style may reinforce role clarity and reward compliance.(13) However, its limited impact compared to transformational leadership implies that transactional mechanisms alone are insufficient to cultivate deep-rooted professional identity and sustained commitment. Additional research by Asif in clinical teaching also demonstrated that transactional leadership, while promoting rule-following behaviors, does not stimulate innovative or reflective practices.(14)

Conversely, passive-avoidant leadership was negatively correlated with both outcome variables, reinforcing its characterization as a disengaged approach that undermines nurse morale and professional growth.(15) Nurses reporting passive leadership may lack necessary feedback and support, contributing to disillusionment and increased turnover intentions, particularly during the early stages of professional integration. Similar patterns were identified by Arnold who noted that passive leadership predicted poor perceptions of ethical climate and low patient safety ratings.(16)

This study contributes to the Indonesian context by providing quantitative evidence on leadership dynamics within the hospital nursing system. It confirms that leadership development programs targeting nurse managers should prioritize transformative behaviors, such as individualized consideration, intellectual stimulation, and inspirational motivation. These competencies not only support novice nurse adaptation but also contribute to long-term workforce retention and institutional effectiveness. An Indonesian qualitative study by Utami & Suryani (2022) also emphasized the importance of emotional leadership and relational support in the retention of early-career nurses.(17) Furthermore, the findings have implications for hospital management and nursing education. Leadership training modules should be incorporated into both pre-service and in-service programs to cultivate a leadership pipeline that is responsive to clinical and organizational realities. By embedding leadership principles into nursing orientation and mentoring systems, hospitals can ensure a more cohesive, committed, and professional nursing workforce.

Limitations of the study include its cross-sectional nature, which restricts causal inference. The reliance on self-report instruments may also introduce response bias. Nevertheless, the robust sample size and validated tools used provide confidence in the study's internal validity. Similar limitations were acknowledged by Lee in their multi-center nursing leadership study, yet the findings were still influential in guiding policy development.(18)

Future research should consider longitudinal designs to capture the sustained influence of leadership over time and incorporate qualitative components to explore the lived experiences of novice nurses in various institutional cultures. Investigations comparing private and public hospital settings would also be beneficial in tailoring leadership strategies across diverse healthcare systems.

In summary, this study highlights the significant influence of transformational leadership on novice nurse professionalism and organizational commitment. By investing in leadership capacity-building among nurse managers, healthcare institutions can enhance clinical performance, staff satisfaction, and continuity of care.

## **CONCLUSIONS**

This study demonstrates a significant relationship between nurse manager leadership styles and the development of professionalism and organizational commitment among novice nurses. The findings underscore the prominent role of transformational leadership in promoting desirable professional behaviors and emotional engagement within healthcare institutions. Nurse managers who exhibit transformational qualities such as motivation, individualized support, and vision have a substantial impact on enhancing the work values and retention of early-career nurses.

Transactional leadership, while moderately effective, does not substitute for the need for visionary and supportive leadership styles that foster long-term commitment and intrinsic motivation. In contrast, passive-avoidant leadership was shown to negatively influence professional and organizational attitudes, signaling a need for leadership capacity-building and performance monitoring at the managerial level.

These insights are especially relevant for hospital administrators, nurse educators, and policymakers striving to improve nursing workforce sustainability. Integration of leadership training into both undergraduate nursing curricula and in-service development programs should be a priority. Structured mentoring, leadership modeling, and regular feedback mechanisms can strengthen the link between clinical leadership and professional socialization. Ultimately, empowering nurse managers with transformational competencies will not only elevate novice nurse performance but also contribute to higher quality of care, better organizational climate, and reduced attrition in the healthcare sector.

## **AUTHOR'S CONTRIBUTION STATEMENT**

Conceptualization: HA; Methodology: HA, ASB; Data Collection: HA; Formal Analysis: ASB; Writing Original Draft: ASB, HA; Writing Review & Editing: HA, ASB. All authors have read and approved the final manuscript.

## **CONFLICTS OF INTEREST**

The authors declare no conflict of interest related to this study.

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