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Association between democratic leadership and nurse performance in an Indonesian hospital: A cross-sectional study

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ABSTRACT

Introduction: Leadership style is an important organizational factor influencing nurse performance and the quality of healthcare services in hospital settings. Effective leadership from nurse managers may improve work motivation, communication, collaboration, and professional responsibility among nurses. This study aimed to examine the relationship between authoritarian, democratic, and laissez-faire leadership styles and nurse performance at Setio Husodo Hospital Kisaran, Indonesia.

Research Methodology: A quantitative cross-sectional analytical design was employed between November and December 2025. The study involved 95 nurses selected using purposive sampling from a total population of 125 nurses. Data were collected using validated questionnaires assessing leadership styles and nurse performance. Statistical analyses included univariate analysis, Chi-square tests, and ordinal logistic regression using SPSS software with a significance level of $p < 0.05$.

Results: Most respondents were aged 26–35 years (69.5%), held diploma-level nursing education (90.5%), and had more than five years of work experience (55.8%). Democratic leadership style showed a significant relationship with nurse performance ($p = 0.002$), while authoritarian leadership ($p = 0.294$) and laissez-faire leadership ($p = 0.605$) demonstrated no significant association. Multivariate analysis confirmed democratic leadership as the strongest predictor of nurse performance ($\beta = -1.869$; 95% CI: -3.308 to -0.429; $p = 0.011$).

Conclusion: Democratic leadership was significantly associated with improved nurse performance and may contribute to better nursing service quality in hospital environments. Strengthening participatory and communicative leadership approaches among nurse managers is recommended to optimize workforce performance and healthcare outcomes.

Keywords: democratic leadership; hospital management; leadership style; nurse performance; nursing management

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INTRODUCTION

Healthcare organizations continue to face substantial challenges in maintaining high-quality nursing services while ensuring patient safety and organizational efficiency. Nurses represent the largest professional workforce in hospitals and play a central role in delivering continuous patient care, coordinating multidisciplinary services, and supporting clinical decision-making processes. Consequently, nurse performance has become one of the most important indicators of healthcare quality, patient satisfaction, and institutional effectiveness (Adams et al., 2025). Poor nursing performance may contribute to medication errors, ineffective communication, patient dissatisfaction, prolonged hospitalization, and increased healthcare costs (Agne et al., 2026). In contrast, optimal nursing performance supports patient-centered care, improves service responsiveness, and strengthens hospital competitiveness in increasingly complex healthcare systems (Alharbi et al., 2026).

One organizational factor consistently associated with nursing performance is leadership style implemented by nurse managers or head nurses (Aminuddin Aminuddin et al., 2023). Leadership in nursing management is not merely administrative supervision but also involves motivating staff, facilitating communication, resolving conflicts, strengthening teamwork, and fostering professional development (Beke et al., 2026). Effective leadership may create a supportive work environment that enhances nurses' motivation, accountability, discipline, and psychological well-being (Carson et al., 2025). Conversely, ineffective leadership can reduce work engagement, increase occupational stress, and negatively influence service quality. Therefore, understanding how leadership styles influence nurse performance remains highly relevant within contemporary healthcare management (Catrambone & Mohr, 2026).

Previous studies have demonstrated that leadership approaches significantly influence organizational outcomes in nursing settings (Dermer et al., 2024). Democratic leadership, characterized by participatory decision-making, open communication, and collaborative problem-solving, has frequently been associated with higher job satisfaction, organizational commitment, and workforce productivity among nurses (Esquisábel-Soteras et al., 2025). Ferreira et al. reported that supportive leadership practices positively affected both professional outcomes and institutional service quality (Fernández-Lorente et al., 2026). Similarly, Al-Hussami et al. found that democratic leadership improved nurses' performance and work satisfaction in hospital environments. These findings suggest that participatory leadership may strengthen professional autonomy and improve interpersonal relationships among healthcare workers (Galeski, 2026).

In contrast, authoritarian leadership tends to emphasize centralized decision-making, rigid supervision, and one-way communication (Galura et al., 2025). Although this leadership style may be useful during emergency situations requiring rapid clinical decisions, several studies have indicated that excessive authoritarian control can reduce staff participation, innovation, and professional confidence. Meanwhile, laissez-faire leadership provides greater autonomy to employees but often lacks adequate supervision and organizational direction (Ghidini et al., 2024). Previous evidence has suggested that insufficient managerial involvement may reduce coordination, accountability, and team effectiveness in healthcare environments characterized by high clinical complexity (Grubaugh et al., 2026).

Despite growing evidence regarding nursing leadership, several important limitations remain within the current literature (Hardie et al., 2025). First, many previous studies have primarily focused on transformational and transactional leadership models, while comparative analyses involving authoritarian, democratic, and laissez-faire leadership styles remain relatively limited, particularly in nursing management contexts in developing countries (Hughes & McSherry, 2026). Second, existing studies often examine leadership outcomes using general organizational indicators such as job satisfaction or turnover intention rather than directly evaluating nurse performance. Third, empirical evidence from Indonesian hospital settings remains insufficient, despite differences in healthcare

infrastructure, organizational culture, staffing patterns, and managerial practices that may influence leadership effectiveness. Furthermore, leadership dynamics in regional hospitals are often shaped by hierarchical communication systems and resource limitations, which may differ substantially from findings reported in developed healthcare systems.

Another critical issue is that previous research has frequently analyzed leadership styles independently without examining their relative influence simultaneously within the same organizational context. As a result, evidence regarding which leadership approach contributes most significantly to nurse performance remains inconclusive. This limitation creates uncertainty for hospital administrators seeking evidence-based leadership strategies to strengthen nursing workforce performance and healthcare quality. Therefore, additional empirical investigation is required to identify the leadership style most strongly associated with positive nursing outcomes in hospital settings.

The present study offers several important contributions to nursing management literature. First, this study simultaneously evaluates three distinct leadership styles authoritarian, democratic, and laissez-faire within a single analytical framework, enabling a more comprehensive comparison of their relationship with nurse performance. Second, the study applies multivariate ordinal logistic regression analysis to determine the dominant leadership factor influencing nursing performance outcomes. Third, this research provides evidence from an Indonesian regional hospital context, contributing to the limited literature concerning leadership effectiveness in Southeast Asian healthcare systems. By integrating organizational leadership perspectives with empirical nursing performance data, this study expands current understanding regarding effective managerial approaches in clinical environments.

This study contributes a comparative assessment of three perceived leadership styles and their associations with nurse performance in one regional hospital. The findings are observational and do not establish causal effects. Unlike previous studies focusing primarily on leadership theory or employee satisfaction, this study specifically investigates practical leadership implications for clinical nursing performance using an evidence-based analytical approach. Therefore, this study aimed to analyze the relationships between authoritarian, democratic, and laissez-faire leadership styles and nurse performance at Setio Husodo Hospital Kisaran, Indonesia. In addition, this study sought to identify the leadership style with the strongest influence on nursing performance outcomes in hospital service settings.

RESEARCH METHODOLOGY

Study Design

This study employed a quantitative analytical survey design using a cross-sectional approach to examine the relationships between leadership styles and nurse performance in a hospital setting. The cross-sectional design was selected because it enables the simultaneous measurement of independent and dependent variables within a specific period, allowing researchers to identify associations between leadership styles and nursing performance outcomes efficiently. This design was considered appropriate for evaluating organizational and behavioral variables in clinical environments where observational data are collected at a single point in time.

Setting and Participants

The study was conducted at Setio Husodo Hospital Kisaran, Indonesia, between November and December 2025. The hospital was selected because it represents a regional healthcare institution with diverse nursing service units and organizational leadership structures. The target population consisted of all registered nurses actively working in inpatient and outpatient service units during the study period. Inclusion criteria included nurses who had worked for at least one year, were actively involved in direct patient care, and agreed to participate voluntarily in the study. Nurses occupying exclusively

administrative positions, those on extended leave during data collection, and respondents who did not complete the questionnaire were excluded from the study. The sampling process used purposive sampling to recruit participants considered capable of providing relevant information regarding nursing leadership and work performance. The total population included 125 nurses, and the final sample consisted of 95 respondents who met the eligibility criteria. Sample size adequacy was determined using the Slovin formula with a confidence level of 95% and a margin of error of 5%. The final sample comprised 95 of 125 eligible or potentially eligible nurses. Because purposive sampling was used, statistical representativeness cannot be assumed; the sample-size calculation and regression model adequacy require further justification.

Variables and Measurement

The independent variables in this study were authoritarian leadership style, democratic leadership style, and laissez-faire leadership style implemented by nurse managers or head nurses. The dependent variable was nurse performance. Leadership styles were operationally defined as nurses' perceptions of managerial approaches applied by head nurses in directing, supervising, communicating, and involving staff in clinical work activities. Nurse performance was defined as the ability of nurses to perform professional responsibilities effectively, including work discipline, communication, responsibility, teamwork, and quality of nursing care delivery. Primary data were collected using structured self-administered questionnaires. The leadership style questionnaire consisted of items measuring authoritarian, democratic, and laissez-faire leadership dimensions based on established nursing leadership theories. Nurse performance was assessed using a performance evaluation questionnaire adapted to nursing service indicators. Prior to implementation, the instruments underwent validity and reliability testing. Content validity was reviewed by nursing management experts and academic supervisors to ensure item relevance and clarity. Reliability testing was conducted using Cronbach's alpha coefficient, with all instrument domains demonstrating acceptable internal consistency values above 0.70.

Data Collection

Data collection was performed after obtaining institutional permission and ethical approval. Eligible respondents received explanations regarding the study objectives, confidentiality procedures, voluntary participation, and their right to withdraw at any stage without consequences. Questionnaires were distributed directly to participants during working hours with coordination from nursing supervisors to avoid disruption of clinical services. Respondents completed the questionnaires independently and returned them to the research team on the same day. Several quality control procedures were implemented during data collection. These included standardized instructions for respondents, verification of questionnaire completeness, monitoring of missing data, and double-checking data entry accuracy before statistical analysis. Incomplete or inconsistent questionnaires were excluded from the final analysis to maintain data integrity.

Data Analysis

Data analysis was conducted using the Statistical Package for the Social Sciences (SPSS) version 26.0. Descriptive statistics were used to summarize respondents' demographic characteristics and study variables, including frequencies, percentages, means, and standard deviations where appropriate. Bivariate analysis was performed using the Chi-square test to identify associations between leadership styles and nurse performance categories. Variables with statistical relevance were subsequently included in multivariate analysis. Multivariate analysis employed ordinal logistic regression to determine the dominant leadership style associated with nurse performance while controlling for potential interactions among variables. The results were presented using regression coefficients (β), confidence intervals (95% CI), and p-values. Statistical significance was determined at a confidence level of 95% with $\alpha = 0.05$.

Ethical Approval

This study received ethical approval from the Health Research Ethics Committee of Prima Indonesia University, Medan, Indonesia, with approval number: 112/KEPK-UNPRI/X/2025. All participants provided written informed consent before participation. Respondents were assured that all collected information would remain confidential and used solely for research purposes. Personal identifiers were removed during data processing to protect participants' privacy and anonymity throughout the study process.

RESULT

A total of 95 nurses participated in this study. Most respondents were aged 26–35 years (69.5%), male (51.6%), had diploma-level nursing education (90.5%), and possessed more than five years of work experience (55.8%). These findings indicate that the majority of participants were within productive working age and had adequate professional experience in hospital nursing services.

Table 1. Demographic Characteristics of Respondents (n = 95)

Variables	Category	n	%
Age	17–25 years	15	15.8
	26–35 years	66	69.5
	36–45 years	14	14.7
Gender	Male	49	51.6
	Female	46	48.4
Education	Diploma in Nursing	86	90.5
	Bachelor in Nursing	9	9.5
Length of Work	≤ 5 years	42	44.2
	> 5 years	53	55.8

The respondent distribution demonstrates that the nursing workforce was dominated by early-adult professionals with considerable clinical experience. The predominance of diploma-educated nurses reflects the workforce composition commonly observed in Indonesian hospital settings, where vocational nursing graduates continue to constitute the primary clinical workforce. Bivariate analysis using the Chi-square test demonstrated that democratic leadership style had a statistically significant relationship with nurse performance, whereas authoritarian and laissez-faire leadership styles showed no significant association.

Table 2. Bivariate Analysis of Leadership Styles and Nurse Performance

Variables	Nurse Performance (High) n (%)	Nurse Performance (Moderate) n (%)	p-value
Authoritarian Leadership	84 (88.4)	11 (11.6)	0.294
Democratic Leadership	75 (92.6)	6 (7.4)	0.002*
Laissez-Faire Leadership	82 (88.2)	11 (11.8)	0.605

**Statistically significant at p < 0.05*

The findings indicate a statistically significant association between reported democratic leadership and the measured nurse performance category; the cross-sectional design does not establish improvement over time. Nurses who perceived stronger democratic leadership from head nurses tended to demonstrate better professional performance outcomes. In contrast, authoritarian and laissez-faire leadership styles did not show statistically meaningful relationships with nursing performance.

Ordinal logistic regression analysis was conducted to identify the dominant leadership style influencing nurse performance.

Table 3. Multivariate Ordinal Logistic Regression Analysis of Leadership Styles and Nurse Performance

Variables	β	SE	95% CI	p-value
Authoritarian Leadership	0.189	0.978	-1.728 to 2.106	0.847
Democratic Leadership	-1.869	0.735	-3.308 to -0.429	0.011*
Laissez-Faire Leadership	-14.718	0.000	-14.718 to -14.718	

**Statistically significant at $p < 0.05$*

In the reported ordinal logistic regression model, democratic leadership was statistically associated with nurse performance; interpretation depends on the coding of outcome categories and confirmation of model validity. The regression coefficient demonstrated a statistically significant association between democratic leadership and improved nursing performance outcomes (β = -1.869; 95% CI: -3.308 to -0.429; p = 0.011). Meanwhile, authoritarian leadership showed no significant influence after controlling for other variables. The laissez-faire leadership variable could not be interpreted optimally because of limited data variation.

The findings of this study highlight the critical role of democratic leadership in strengthening nurse performance within hospital service environments. Participatory leadership practices characterized by open communication, collaborative decision-making, and supportive managerial interactions appear to contribute positively to nurses' professional engagement and work effectiveness. Nurses working under democratic leadership may experience greater psychological empowerment, stronger organizational commitment, and higher motivation to maintain service quality. The absence of significant relationships between authoritarian and laissez-faire leadership styles and nurse performance suggests that rigid control or insufficient managerial involvement may be less effective in contemporary nursing environments. Healthcare systems increasingly require adaptive leadership approaches capable of fostering teamwork, clinical coordination, and responsive communication among multidisciplinary professionals. These findings also carry important managerial implications for hospital administrators and nursing leaders. Leadership development programs should prioritize communication skills, participatory management strategies, and collaborative leadership competencies to improve workforce productivity and patient care outcomes. In addition, organizational policies promoting supportive leadership cultures may strengthen nursing retention, professional satisfaction, and healthcare service quality. The study further contributes empirical evidence supporting democratic leadership as an effective managerial approach in Indonesian hospital settings, particularly within resource-limited healthcare environments.

DISCUSSION

The findings of this study provide important insights into the role of leadership in shaping nursing performance within hospital service systems. Rather than functioning solely as an administrative mechanism, leadership appears to operate as an organizational process that influences communication patterns, professional engagement, workplace culture, and collaborative clinical practice. The significant association identified between democratic leadership and nurse performance indicates that leadership effectiveness in nursing management is closely linked to the ability of leaders to create participatory and supportive organizational environments. In contemporary healthcare systems, where patient care increasingly depends on interdisciplinary coordination and adaptive decision-making, leadership models emphasizing openness and collaboration may become more relevant than traditional hierarchical approaches (Ippolito, 2025).

The conceptual contribution of this study lies in its demonstration that democratic leadership is not merely associated with interpersonal satisfaction but also connected to broader organizational functionality within clinical settings (Johns et al., 2026). Participatory leadership may strengthen nurses' sense of professional value, encourage active involvement in problem-solving, and facilitate

more responsive communication between managerial and clinical staff (Johnstone et al., 2024). These organizational dynamics are particularly important in healthcare institutions because nursing performance is shaped not only by individual competencies but also by relational and structural conditions within the workplace (Lonzo et al., 2026). Through democratic leadership, nurses may experience greater autonomy and psychological empowerment, which can improve accountability, initiative, and service responsiveness.

This finding reinforces the growing perspective that healthcare leadership should be interpreted as a relational and systemic process rather than a purely authoritative function. Nursing services operate within environments characterized by high clinical complexity, emotional demands, and rapid operational changes (Mahoney & Mason, 2026). Under such conditions, leadership approaches based on rigid control may no longer adequately support professional adaptability and collaborative practice (McGrory & Rodney, 2026). Democratic leadership, by contrast, enables reciprocal communication and shared responsibility, allowing healthcare professionals to respond more effectively to clinical challenges and patient care demands (Rahman, 2026).

The absence of significant relationships between authoritarian leadership and nurse performance also carries important conceptual implications. Although authoritarian leadership has traditionally been associated with efficiency and decisiveness, particularly in emergency contexts, the findings of this study suggest that excessive centralization of authority may not consistently produce positive organizational outcomes in routine nursing practice (Ramos et al., 2026). Modern nursing services require not only compliance with procedures but also professional judgment, teamwork, and continuous interaction among healthcare providers (Roybal et al., 2025). Leadership models dominated by one-way communication and strict supervision may reduce opportunities for innovation and limit nurses' participation in organizational improvement processes.

Similarly, the non-significant association between laissez-faire leadership and nurse performance highlights the limitations of passive managerial approaches in healthcare organizations (Syaiful Bachri et al., 2026). While professional autonomy remains essential in nursing practice, the absence of active leadership may weaken coordination and reduce organizational clarity in environments requiring continuous monitoring and integrated patient care (Ward et al., 2026). Clinical nursing work involves complex responsibilities related to patient safety, ethical accountability, and multidisciplinary coordination; therefore, effective leadership still requires visible managerial engagement and structured communication (Whitney & Tucker, 2026).

The implications of these findings extend beyond individual managerial behavior and contribute to broader discussions regarding healthcare governance and organizational resilience. Leadership practices influence how healthcare institutions manage workforce motivation, professional collaboration, and service quality under conditions of operational pressure. Democratic leadership may strengthen institutional resilience by promoting trust, collective problem-solving, and adaptive teamwork among healthcare workers. In resource-limited hospital environments, where workforce burden and service demands are often substantial, collaborative leadership can become an important organizational resource supporting continuity and quality of care.

Another important implication concerns leadership development within nursing management systems. Many healthcare institutions continue to prioritize technical competence when appointing nurse managers while giving less attention to interpersonal and organizational leadership capabilities. The findings of this study suggest that communication skills, participatory management strategies, emotional intelligence, and collaborative decision-making should become central components of leadership training programs for nurse managers. Strengthening these competencies may improve not only nursing performance but also organizational climate, staff retention, and professional satisfaction.

This study also contributes to the contextual understanding of leadership within Indonesian healthcare institutions. Leadership effectiveness is strongly influenced by organizational culture, social hierarchy, and institutional communication patterns. In many developing healthcare systems, managerial structures remain relatively hierarchical, which may affect staff participation and professional interaction. The present findings indicate that even within such organizational environments, democratic leadership retains significant relevance and may support more sustainable workforce performance. Therefore, the integration of participatory leadership approaches into hospital governance systems could represent an important strategy for improving healthcare service quality in regional hospital contexts.

Despite these contributions, the findings should be interpreted carefully because leadership represents only one component within a broader organizational ecosystem. Nursing performance is simultaneously shaped by staffing adequacy, workload distribution, institutional support, professional competence, and psychological well-being. Nevertheless, leadership remains strategically important because it influences how these organizational elements are coordinated and managed in daily clinical practice.

Future research should further explore how leadership interacts with organizational culture, workforce resilience, and patient safety outcomes in different healthcare contexts. Longitudinal and mixed-methods approaches may provide deeper understanding regarding the mechanisms through which leadership influences professional behavior and healthcare quality over time. Additional multicenter studies are also needed to strengthen the generalizability of findings and identify adaptive leadership models suitable for diverse healthcare systems. Overall, this study emphasizes that democratic leadership is not only a managerial preference but also a strategic organizational approach capable of supporting nursing performance and strengthening healthcare service systems. Leadership that promotes participation, communication, and collaborative engagement may provide healthcare institutions with greater capacity to respond effectively to contemporary clinical and organizational challenges.

CONCLUSION

In this single-hospital cross-sectional sample, perceived democratic leadership was associated with the reported nurse performance categories. Evidence for authoritarian leadership was not statistically significant, while the laissez-faire regression estimate requires reanalysis before a firm conclusion can be drawn. The findings indicate that participatory leadership characterized by open communication, collaborative decision-making, and supportive managerial interaction may strengthen nurses' professional engagement, accountability, and service effectiveness within hospital settings. The study also highlights that leadership effectiveness in nursing management should not be viewed solely as administrative control but as an organizational strategy capable of shaping workplace culture and clinical collaboration. Democratic leadership may contribute to stronger organizational responsiveness and improved healthcare service quality, particularly in complex clinical environments requiring multidisciplinary coordination. Based on these findings, healthcare institutions are encouraged to strengthen leadership development programs emphasizing participatory management, communication competencies, and collaborative leadership practices among nurse managers. Evidence-based organizational policies supporting democratic leadership approaches may improve workforce performance, professional satisfaction, and the overall quality of nursing care services.

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Conflict of Interest

The authors declare that there are no conflicts of interest related to the publication of this study.

Authors' Contributions (CRediT Taxonomy)

Tumbur Ojak Jonson Parningotan Sirait: Conceptualization, methodology, data collection, formal analysis, investigation, writing – original draft preparation.

Dwight Mahaputera Marulitua Hutapea: Supervision, validation, methodology review, data interpretation, writing – review and editing.

Lyna M. N Hutapea: Literature review, data curation, manuscript editing, visualization, writing – review and final approval.

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Declaration of Generative AI Use

The authors used generative artificial intelligence tools only for limited language refinement and grammatical assistance during manuscript preparation. All scientific content, interpretation of findings, data analysis, and final manuscript decisions were independently reviewed and validated by the authors. The authors take full responsibility for the accuracy, originality, and integrity of the manuscript.

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