

Culture-Based Situational Leadership Model in Improving the Organization Nurse Performance

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Abstract

The decline in the performance of nurses has created problems in hospitals, especially the quality of health services. This study was aimed to develop a situational leadership model based on organizational culture in improving nurse performance.

This was an explanatory research design with a sample of 135 nurses selected using cluster sampling. Variables include internal leader factor, nurse factor, job characteristic, organizational culture, situational leadership, and performance. The data collection used a closed questionnaire which was tested for validity and reliability. Analysis used partial least squares. Focus group discussions were conducted with the nurse, ward head, and head of nursing to identify strategic issues and make recommendations.

This study showed that the internal factors of the leader and individual nursing factors had an effect on organizational culture, situational leadership and performance. Organizational culture influences situational leadership and performance. The organizational culture-based situational leadership model increased the performance of nurses by 53.4%.

Situational leadership model based on organizational culture style participatory and consultation improved the performance of nurses through the internal factors of the leader and the factors that nurses must apply as nursing manager.

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Introduction

Performance in an organization is inseparable from the competence and productivity applied in achieving organizational goals¹. Problems related to performance in hospitals become an evaluation in assessing the quality of health services, especially those related to nursing performance. This is because nurses are the largest human resource element in health organizations. Nursing performance problems are influenced by various factors including leadership and organizational culture. Declining nurse performance can cause various problems in hospitals, especially the quality of health services. Other impacts can also increase

hospital operating expenses or annual costs by more than 5%², decreasing the quality of health services, which can affect patient satisfaction. Also, another negative impact can occur, namely, a decrease in customer loyalty influenced by customer perceptions about service quality³. Thus, performance issues need to be addressed properly by leaders with the application of appropriate leadership styles based on organizational culture that is currently not proven by research.

Some hospitals have implemented situational leadership, although not yet optimal. The majority of the room heads stated the style of consultation that was often applied. Another thing that is done in certain conditions is instruction and participation while the delegation process is carried out by the team leader for the implementing nurse. Study results from 46 hospitals in the United Kingdom show patient perceptions of satisfaction with services are strongly related to nurse performance⁴. The study was conducted at a hospital in October

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2019 of 15 nurses related to nursing performance and job satisfaction of nurses. Nursing performance is good based on aspects of caring (93%), collaboration (100%), empathy (100%), speed of response (87%), courtesy (100%), and sincerity (93%). While nurse job satisfaction included in the category of satisfaction was only 53%. A service quality survey coverage related to community satisfaction in 2016 reported an average value of 80.33 with good service quality, in 2017 an average of 78.5 with good service quality and in 2018 an average of 79.65 with good service quality despite having experienced average decreases of 1.83 and 0.68, so they need to be maintained and increased again.

Factors that affect performance, in general, can be categorized into worker factors and work environment factors. Worker factors come from within the individual, such as skills, abilities, demographic background, perception, attitude, learning, and motivation, whereas working environment factors are such as resources, job design, structure, rewards, and leadership. Other factors are organizational climate, work quality, workability, initiative, endurance, a quantity of work, and work discipline. The focus in this research is leadership factors, especially situational leadership which is applied based on organizational culture that influences performance improvement.

Situational leadership needs to be applied based on certain conditions and situations, especially as the abilities or competencies of followers sometimes differ in the application of organizational culture. Appropriate leadership based on situations or situational leadership can be a solution in improving the performance of nurses to be able to work and achieve organizational goals. In this case, a leader must pay attention to the maturity or maturity of subordinates to be able to determine the direction of leadership style, both the ability to say (instructions), sell (consultation), participate (participation) and delegate (delegation). The results of⁵ study in the United Arab Emirates concluded that consultative or participative leaders who are more committed to the organization can influence employee satisfaction and performance at work. In nursing, leadership behavior also has an effect on increasing organizational commitment and productivity. which has an impact on performance

improvement as⁶ research in Taiwan stated that there is a positive correlation between organizational commitment and performance. Supporting management practices is important for achieving high nursing performance⁷ and vice versa. if management support is lacking then nurse performance is low⁸.

Efforts to improve employee performance can be done by implementing situational leadership based on organizational culture. Situational leadership is applied by applying the leadership style that suits the conditions of employees includes the style of instruction, consultation, participation and delegation with innovation and risk-taking, attention to detail, outcome orientation, individual orientation, team orientation, aggressiveness, and stability. Efforts to increase employee commitment to the organization are very important⁹. High commitment will have an impact on increasing job satisfaction and work productivity, in this case, performance¹⁰. The results of the study concluded that there is a relationship between organizational culture and nurse performance with the dominant variable related to the performance of implementing nurses being adjustment¹¹. Leadership and organizational culture in general can be concluded about performance. This study has developed a situational leadership model, especially in the situational leadership style elements, by incorporating elements of organizational culture to improve the performance of nurses in hospitals.

Materials and methods

This research uses exploratory design. The population in this study amounted to 265 with a sample of 135 nurses, taken with cluster sampling technique based on the inclusion criteria of nurses who had worked at least one year. The independent variables consist of internal factors such as personality, motivation, and self-concept, nurses' factors such as knowledge and expectations, job characteristics such as objective performance, feedback, corrections, work dimensions, and work schedules, organizational culture in the form of innovation and risk-taking, attention to detail, result orientation, individual orientation, team orientation, aggressiveness, and stability. The dependent variable is situational leadership in the

form of the leadership style of instruction, consultation, participation, delegation, and nurse performance in the form of caring, collaboration, empathy, response, courtesy, and sincerity.

The instrument was in the form of a questionnaire related to the independent variable of leader's internal factors with a total of 25 questions, nurse factors with a total of 13 questions, job characteristics with a total of 10 questions, organizational culture with a total of 35 questions, situational leadership with a total of 32 questions, and performance with 12 questions in total. All questionnaires were taken based on related theories, Eysenck Personality Inventory (EPI) personality questionnaire, motivational questionnaire from Mathis, Robert and Jackson (2002 cited in Stephen, Ybarra and Morrison, 2014), Indonesian National Nursing Association (PPNI), Association of Indonesian Nurse Education Institutions (AIPNI) and Association of Indonesian Nursing Diploma Three Educational Institutions (AIPDiKI) (2012)¹², self-concept questionnaire from Calhoun and Acocella, knowledge and expectations questionnaire from Mathis and Jackson (2002)¹³,¹² and¹⁴, Hersey and Blanchard, questionnaire work characteristics from Hackman and Oldham (1980)¹⁵; Journal of¹⁶¹⁴, organizational culture questionnaire Modified Robbins and Judge theory (2008), Hersey and Blanchard's leadership style model situational leadership questionnaire and Nursalam's performance questionnaire (2017)¹¹⁷. The questionnaires were then modified and a validity and reliability test was carried out which was declared valid and reliable before data collection. The procedure for data collection applies ethical principles starting from explanation and informed consent as approval. Inferential analysis used a structural equation model based on variations and partial least squares (PLS) components. This research has passed the ethical test number: 1872-KEPK.

Results

Data characteristics of 135 respondents as the majority of nurses in this study were 82 respondents (60.7%), aged 26-45 years as many as 107 respondents (79.3%), married 100 respondents (74.1%), last education D3 Nursing 77 respondents (57%), the status of staff as contract workers 67 respondents (49.6%), length

of work 1-5 years 92 respondents (68.1%), and income range 1,5 to 2,5 million as many as 41 respondents (30.4%).

No.	Characteristics of Respondents	Frequency	Percentage
1.	Gender		
	Male	53	39.3 %
	Girl	82	60.7 %
2.	Age		
	17-25 Years	22	16.3 %
	26-45 Years	107	79.3 %
	46-65 Years	6	4.4 %
3.	Marriage Status		
	Single	34	25.2%
	Married	100	74.1 %
	Widower/widow	1	0.7%
4.	Last Education		
	Associate's degree	77	57%
	Bachelor of Nursing	8	5.9%
	Nurse Profession	50	37%
5.	Employment Status		
	Government employee	56	41.5 %
	Contract	67	49.6 %
	Honorary	12	8.9 %
6.	Length of working		
	1-5 Years	92	68.1 %
	6-10 Years	18	13.3 %
	11-15 Years	16	11.9%
	16-20 Years	6	4.4%
	>20 Years	3	2.2%
7.	Income		
	>5 million	25	18.5 %
	>3.5- 5.million	41	30.4 %
	> 2.5 - 3.5 million	27	20%
	> 1.5- 2.5 million	28	20.7%
	< 1.5 million	14	10.4%

Table 1. Characteristics of Respondents (n = 135).

Based on the table above from 135 respondents' perceptions, the internal factor of the leader in the form of the personality of the majority of extroverted leaders is 111 respondents (82.2%); the leader is considered to have strong motivation as many as 87 respondents (64.4%) and is considered to have a positive self-concept only 63 respondents (46.7%). Nurse factors in the form of good knowledge were only 58 respondents (43%) and nurses had high expectations as many as 78 respondents (57.8%). Job characteristics in the form of objective performance were only 55 respondents (40.7%), 44 respondents (32.6%) responded, 45 respondents (33.3%) corrected, 78 respondents (57.8%) job design, and 67 respondents' work schedule. (49.6%). Organizational culture in the form of innovation and good risk-taking was 58 respondents (43%),

good attention to detail was 70 respondents (51.9%), good result orientation was 98 respondents (72.6%), good people-orientation was 69 respondents (51.1%), 114 respondents (84.4%) good team orientation, 124 good aggressiveness (91.9%), and 91 respondents (67.4%) good stability. Situational leadership applied by leaders both for teaching styles were 49 respondents (36.3%), the consultation was 127 respondents (94.1%), participation was 133 respondents (98.5%), and delegates were 51 respondents (37, 8%). Professional performance of nurses is mostly good with courtesy as many as 127 respondents (94.1%), good sincerity as many as 123 respondents (91.1%), good collaboration is 124 respondents (80%), good responses are 98 respondents (72.6%), good care for 76 respondents (56.3%) and good empathy for 59 respondents (43.7%).

The table above shows the results of the analysis of the variables in the study with the provisions of the T statistical value > 1.98 and p value < 0.005 which answers the hypothesis that there is an influence of internal factors on the organizational culture ($t = 9.550$), situational leadership ($t = 2.339$) and performance ($t = 5.064$); individual characteristics of nurses on organizational culture ($t = 2.495$), situational leadership ($t = 2.557$) and performance ($t = 2.549$); organizational culture on situational leadership ($t = 9.039$) and situational leadership on performance ($t = 4.639$). While job characteristics have no effect on organizational culture ($t = 0.708$), situational leadership ($t = 0.053$) and performance ($t = 0.803$).

Based on Table 3 it is concluded that the organizational culture-based situational leadership model increases the performance of nurses by 53.4%. This is explained by internal leadership factors, individual nurse factors, job characteristics, and organizational culture.

The new findings of a situational leadership model based on organizational culture on nurse performance are mediated through internal leadership factors and individual nurse factors that have a positive effect on organizational culture, situational leadership, and performance. Leader's internal factors (motivation and self-concept) and nurse's individual factors (knowledge and expectations) can improve performance by applying situational leadership based on organizational culture that is built with innovation and risk taking, attention to

detail, outcomes in orientation, people orientation, team orientation, aggressiveness, and stability. The application of situational leadership based on organizational culture will improve performance in the form of caring, collaboration, empathy, response, courtesy, and sincerity based on the following figure 1.

Discussion

In general, organizational culture has a significant effect on situational leadership and both have an effect on nurse performance. Organizational culture influences the situational leadership style according to the results of this study. Situational leadership style is a leadership style model that focuses on followers, the followers in question are employees in a company. The situational leadership style is applied by looking at the readiness and maturity of its employees in carrying out the work given by the leader. This readiness and maturity is obtained from the level of direction and guidance provided by the leadership as well as the emotional support provided by the leadership to the employees. The formation of employee readiness and maturity can lead to increased performance. Situational leadership style has a relationship with employee performance.

An effective situational leadership style can improve the performance of all employees in achieving company goals. Thus, the situational leadership style can be a good guide in improving employee performance. The role of leadership style is important and necessary to align various needs and also to create a conducive work atmosphere. In addition, it can encourage employees to behave in accordance with established company goals. Of the various ways taken by leaders in moving their subordinates to achieve company goals, in the end they must also be able to increase the performance of their subordinates. Indirectly, the leadership style of a leader determines the formation of employee performance. The better one's leadership style toward subordinates, the higher their performance. This is in line with research conducted by¹⁸ with the situational leadership style variable which also shows that the situational leadership style consisting of instructional behavior, consulting behavior, participatory behavior, and delegate behavior makes a significant contribution to employee

performance.

This situational leadership style shows that effective leaders have a different style from the "readiness" of their followers. Readiness refers to the ability of the employee or work team and the willingness to achieve certain tasks. Ability refers to the extent to which followers have the skills and knowledge to carry out their duties without guidance from the leader. Willingness refers to self-motivation and follower commitment to carry out the assigned task¹⁹. In essence, with the application of a good situational leadership style, making employees independent and having readiness to carry out their work, this shows that the emergence of employee readiness will lead to employee motivation. This work motivation will ultimately lead to an increase in employee performance.

Employee performance is closely related to the leadership style adopted by their superiors. The type of leadership style that is applied in an organization can have a good impact on its employees, especially to create optimal performance for these employees. With a leadership style that is in accordance with the situation and conditions of the organization, employees will be more enthusiastic in carrying out their duties and obligations and will increase the ability of employees to work. So that employee performance can be maximized in accordance with the existing competencies of each employee²⁰. Leaders who can apply a good leadership style can improve employee performance. This is in accordance with the research put forward by²¹. Regarding the formation of employee performance based on what the company expects, the role of leadership style is something that needs attention.

The application of a participative style is applied by the head of the room in this study because it is considered to be involved in completing work, making two-way communication and cooperation, exchanging opinions, and being mutually responsible, especially in handling work-related problems and nursing performance. However, the application of a participatory style shows that nurses are not confident and do not want to be responsible for carrying out a task even though they already have competence. While the consultation style is also applied by the head of the room in applying the leadership style, which is considered by the head of the room to explain in detail, exchange

information well and communicate openly, be willing to accept employee opinions before deciding on policies, and carry out reasonable and planned work supervision. The application of the satisfaction and consultation style in this study is good because of the theory that a leader is a leader for each of his subordinates, is responsible, and plays an important role in achieving a goal. Leaders must involve employees in decision-making so that employees have the opportunity to issue ideas, opinions, and ideas for the success of the company²².

The application of the leadership style of counseling and delegation in this study is still not maximally applied to the head of the room because it still upholds the values of organizational culture related to prioritizing deliberation in terms of decision-making regarding the room; the head of the room also felt the need to involve the team. The application of the instructional style also takes into account the absence of the nurse's desire to work. Meanwhile, the delegation has not been maximally implemented because the competence of nurses in each room is still not the same as their competences, for example, ICU nurses and hemodialysis that delegates can have.

Efforts that can be made by the head of the room to apply situational leadership well are by following training and understanding related to the application of situational leadership. The findings in this study are that the application of organizational culture-based situational leadership styles can improve the performance of nurses including: caring attitude toward patients and families by using sincerity, and polite, simple and patient communication as well as being responsive and paying attention to patient complaints; collaboration with various other professions and involving patients and families in providing the best service; empathy by listening to each patient's complaints carefully and feeling them; the speed of response if the patient needs help related to health services; courtesy is always being polite and blessing everyone, and being sincere: honesty between thoughts and actions and being responsible for actions and maintaining patient confidentiality with supporting factors in the form of internal factors of leadership and nurse factors.

Based on new findings, organizational culture-based situational leadership models on nurse performance are mediated through internal

leadership factors and individual nurse factors have a positive effect on organizational culture, situational leadership, and performance. Leader's internal factors (motivation and self-concept); and nurse factors (knowledge and expectations) can improve performance by implementing situational leadership based on organizational culture that is built with innovation and risk-taking, attention to detail, results in orientation, people orientation, team orientation, aggressiveness, and stability. The application of organizational culture-based situational leadership will improve performance in the form of caring, collaboration, empathy, response, courtesy, and sincerity. This research can be used to provide an understanding of the theory of situational leadership for the head of the room developed by Hersey and Blanchard, Robbins, and Kopelman. These findings become a reference for developing a situational leadership model based on organizational culture by increasing internal leadership factors, especially motivation, and individual nurse factors, especially knowledge. The application of situational leadership then has an impact on improving performance.

Conclusion

This study concludes that the situational leadership model of participatory and consultative styles based on organizational culture is developed through an increase in internal leader factors; the nurse factor has an impact on improving nurse performance. The application of a leadership style of participation and consultation that affects the performance of nurses will have an impact on job satisfaction and improve the quality of health services.

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Table 1. Characteristics of Respondents (n = 135).

No.	Variable / Sub-Variable	Category Distribution								
		Extrovert	Introvert	Strong / Positive	Weak/ negative	Corresponding	Not Corresponding	Good / High	Fair / Medium	Less / Low
Leaders Internal Factor										
1	Personality	111 (82.2%)	24 (17.8%)							
2	Motivation			87 (64.4%)	48 (35.6%)					
3	Self-Concept			63 (46.7%)	72 (53.3%)					
Individual Nurse Factor										
4	Knowledge							58 (43%)	75 (55.6%)	2 (1.5%)
5	Expectations							78 (57.8%)	57 (42.2%)	0 (0%)
Job Characteristics										
6	Objective Performance					55 (40.7%)	80 (59.3%)			
7	Feedback					44 (32.6%)	91 (67.4%)			
8	Correction					45 (33.3%)	90 (66.7%)			
9	Job Design					78 (57.8%)	57 (42.2%)			
10	Job Schedule					67 (49.6%)	68 (50.4%)			
11	Organizational Culture							58 (43%)	77 (57%)	0 (0%)
12	Attention to Detail							70 (51.9%)	65 (48.1%)	0 (0%)
13	Result Orientation							98 (43%)	37 (27.4%)	0 (0%)
14	People Orientation							69 (51.1%)	66 (48.9%)	0 (0%)
15	Team Orientation							114 (84.4%)	21 (15.6%)	0 (0%)
16	Aggressiveness							124 (91.9%)	11 (8.1%)	0 (0%)
17	Stability							91 (67.4%)	44 (32.6%)	0 (0%)
Situational Leadership										
18	Instructions							49 (36.3%)	85 (50.4%)	1 (0.7%)
19	Consultation							127 (94.1%)	8 (5.9%)	0 (0%)
20	Participation							133 (98.5%)	2 (1.5%)	0 (0%)
21	Delegation							51 (37.8%)	84 (62.2%)	0 (0%)
Performance										
22	Caring							76 (56.3%)	59 (43.7%)	0 (0%)
23	Collaboration							108 (80%)	27 (20%)	0 (0%)
24	Empathy							59 (43.7%)	73 (54.1%)	0 (0%)
25	Response							98 (72.6%)	37 (27.4%)	0 (0%)
26	Courtesy							127 (94.1%)	8 (5.9%)	0 (0%)
27	Sincerity							123 (91.1%)	12 (8.9%)	0 (0%)

Table 2. Distribution of categories of leader internal factors, nurse factors, job characteristics, organizational culture, situational leadership and performance (n = 135).

Influence	Original Sample (O)	T Statistics (O/STDEV)	P Values	Information
Internal factors of leadership on organizational culture	0.566	9.550	0.000	Influence
Internal leadership factors on situational leadership	0.165	2.339	0.020	Influence
Internal leadership factors on performance	0.331	5.064	0.000	Influence
Characteristics of individual nurses on organizational culture	0.201	2.495	0.013	Influence
The characteristics of individual nurses on situational leadership	0.137	2.557	0.011	Influence
Characteristics of individual nurse leadership on performance	0.191	2.549	0.011	Influence
Job characteristics of organizational culture	0.047	0.708	0.480	Non Influence
Job characteristics of situational leadership	-0.003	0.053	0.957	Non Influence
Characteristics of job leadership on performance	-0.049	0.803	0.423	Non Influence
Organizational culture on situational leadership	0.643	9.039	0.000	Influence
Situational leadership on performance	0.376	4.639	0.000	Influence

Table 3. Hypothesis Testing Results for Development of a Situational Leadership Model Development Model Based on Organizational Culture on Nurse Performance.

Dependent Variable	R Square
Organizational Culture	0.449
Situational Leadership	0.676
Performance	0.534

Table 4. The results of the coefficient of determination (R2).

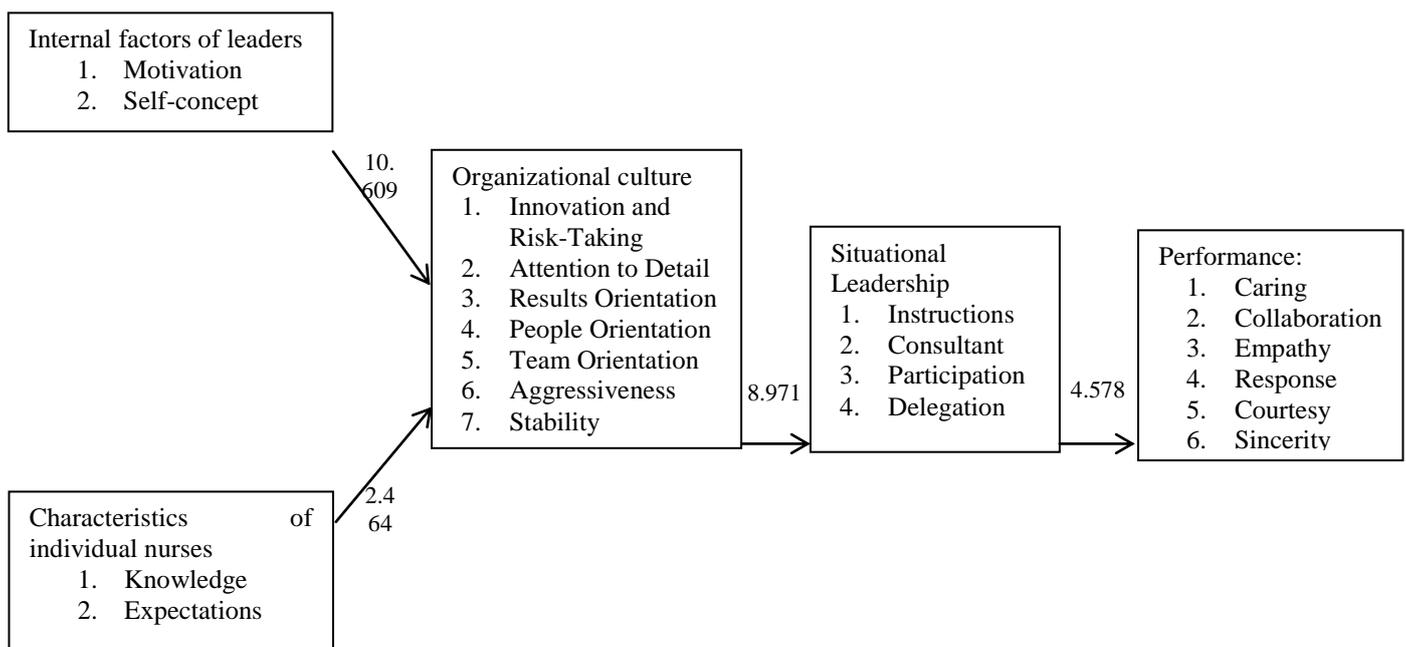


Figure 1. The organizational culture-based situational leadership model improves nurse performance.

Declaration of Interest

No conflicts of interest have been declared.

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