JTH: Journal of Technology and Health *ISSN 3025-1168*
Vol. 4, No. 2, 2026, pp. 980 ~ 990
Open Acces: *https://doi.org/10.61677/jth.v4i2.955*

THE RELATIONSHIP BETWEEN PRACTICING NURSES' PERCEPTIONS OF THE WARD SUPERVISOR'S LEADERSHIP STYLE AND THEIR PERFORMANCE IN COMPLETING NURSING CARE DOCUMENTATION

Desi Afriyanti[1*], Tressia Febrianti[2], Masdiana[3], Dina Nurdiana[4]

Diploma 3 Keperawatan, Sarjana Keperawatan, Profesi Ners Keperawatan STIKes Raflesia, Indonesia
desiafriyanti21@gmail.com[1], tressiafebrianti24@gmail.com[2], dianyeppo@gmail.com[3], dinanurdiana06@gmail.com[4]*
**Corresponding author*
Received July 30, 2026; Revised August 21, 2026; Accepted August 22, 2026; Published August 31, 2026

ABSTRACT

Nursing care documentation serves as a key indicator of service quality and patient safety, with nurse performance in completing documentation influenced by factors such as the head nurse's leadership style. At Military Hospital, characterized by a highly disciplined military organizational culture, identifying an appropriate leadership approach is essential to optimizing staff performance. This study aimed to analyze the relationship between staff nurses' perceptions of head nurse leadership style and their performance in completing nursing care documentation. A quantitative correlational design with a cross-sectional approach was employed. The population comprised 79 staff nurses across inpatient wards, with 66 respondents selected via stratified proportional random sampling. Data were collected using structured questionnaires with established validity and reliability (Cronbach's alpha > 0.95), and analyzed through univariate and bivariate methods using Spearman's rho. Results showed that most staff nurses (77.3%; n = 51) perceived their head nurse as exhibiting a democratic leadership style, while 22.7% (n = 15) perceived an autocratic style. Overall staff nurse performance fell into the very good category (mean score 55.68/60). Spearman's rho revealed a significant positive relationship between perceived leadership style and staff nurse performance (p < 0.001; r = 0.420). These findings confirm a significant relationship between staff nurses' perceptions of leadership style and their documentation performance, with democratic leadership associated with better outcomes than autocratic leadership—even within a highly disciplined, hierarchical hospital culture.

Keywords: *Leadership style, head nurse, nurse performance, nursing documentation, patient safety.*

INTRODUCTION

The quality of healthcare services in the current global era is highly dependent on the effectiveness of information management systems and the professionalism of human resources, particularly nursing personnel. As the frontline providers of hospital care, nurses hold a vital role in ensuring patient safety through accurate, systematic, and continuous documentation. Nursing documentation is not merely an administrative activity but a legal, professional, and clinical communication instrument that reflects the quality of nursing care provided (Samani & Rattani, 2023). Globally, the challenge of maintaining high documentation standards remains a critical issue. The World Health Organization (WHO) emphasizes that medical errors are frequently rooted in poor communication, with incomplete documentation constituting one of the primary risk

factors contributing to errors in the delivery of nursing care (Wahyuni et al., 2024).

At the international level, the transition toward electronic documentation systems utilizing NANDA-I, NIC, and NOC has emerged as a major trend aimed at minimizing errors in the delivery of nursing care. Nevertheless, the success of this implementation is highly contingent upon the competence and individual performance of staff nurse (Ibrahim & Amal, 2024). Recent data indicate that despite the adoption of digital systems, issues of nurse non-compliance in completing clinical records persist, adversely affecting the quality of hospital services across various regions. Evidence consistently shows that technology without leadership leads to suboptimal adoption. However, there is an important nuance: one study found that supervision had no significant direct effect on documentation compliance ($\beta = 0.220$; $p = 0.109$), and organizational commitment was a stronger predictor (Suryanti et al., 2026). This implies that it is not merely direct supervision, but rather broader organizational ties and a culture of leadership that encourage optimal documentation practices.

The quality of healthcare services is deeply rooted in accurate and professional nursing documentation, which serves as a legal and clinical record of patient care. Globally, documentation non-compliance remains a persistent risk; recent data (2020–2024) indicates that more than 50% of nurses worldwide struggle with documentation completeness, directly impacting patient safety outcomes (Wahyuni et al., 2024). In Indonesia, recent findings at similar facilities, such as RS Bhayangkara TK.II Jayapura, show compliance rates of approximately 59.8%, indicating a significant gap in meeting national accreditation standards (Nurani et al., 2025; Purwandari et al., 2022).

The performance of nurses in documentation is heavily influenced by the leadership style of the ward manager. Leadership improvement, particularly through democratic and transformational approaches, addresses documentation gaps by fostering a supportive work climate, increasing intrinsic motivation, and enhancing nurse self-efficacy. Democratic leaders involve staff in decision-making, which encourages a sense of ownership and accountability for clinical records (Awasthi et al., 2024). In contrast, autocratic styles may stifle professional growth and lead to passive compliance (Alabdullatif et al., 2025).

The performance of practicing nurses in documentation does not stand alone but is strongly influenced by the leadership style employed by the ward manager. As first-line managers, ward managers have the authority to shape the work environment, motivate staff, and provide direct clinical supervision (Rahmatulloh et al., 2023). The strength of the association between transformational leadership and quality of care ranges from insignificant to a strong direct association, influenced by mediating factors such as gender, organizational culture, and job satisfaction (Ystaas et al., 2023). Conversely, autocratic or laissez-faire leadership styles tend to create a passive work environment, where compliance with documentation standards is low due to a lack of intellectual stimulation and emotional support from supervisors (Mhaaezar et al., 2024).

Practicing nurses' perceptions of their ward manager's leadership style are a key factor determining their behavior on the job. Positive perceptions of their leader foster

organizational commitment and intrinsic motivation to work beyond minimum standards, including in terms of the accuracy of nursing care documentation (Samani & Rattani, 2023). However, if nurses perceive their ward manager's leadership as a threat or a burden, their performance tends to decline, which ultimately jeopardizes patient safety due to the loss of important clinical information in nursing care records (Aisyah et al., 2024).

While numerous studies have explored leadership styles and nurse performance, a significant research gap exists regarding hospitals with highly structured, command-based cultures. Most existing literature focuses on general public or private hospitals (Suroso et al., 2025). This study provides a unique contribution by focusing on a military hospital. This facility operates within a semi-military organizational culture emphasizing hierarchy and strict compliance. Understanding how leadership perceptions operate in an environment that already has high baseline discipline is crucial. It tests whether democratic leadership—often associated with flexible environments—remains superior in a setting where "orders" are the norm.

Incomplete nursing care documentation, if left unaddressed, will have far-reaching negative consequences, ranging from potential failure to achieve hospital accreditation, financial losses due to rejected insurance (BPJS) claims, to the risk of legal malpractice due to the lack of authentic evidence of medical procedures (Nurani et al., 2025). This study is unique as it explores these dynamics within a military hospital environment. While such settings emphasize hierarchy and discipline, understanding whether democratic leadership remains effective is crucial for managerial strategy. This research aims to analyze how these perceptions correlate with documentation performance to provide evidence-based recommendations for hospital management.

The objective of this study is to analyze the relationship between practicing nurses' perceptions of their ward managers' leadership styles and their performance in nursing care documentation at a military hospital. Scientifically, this research contributes to the "Contingency Theory" of leadership by evaluating how participative models function within rigid organizational structures, providing a blueprint for leadership development in specialized healthcare sectors..

RESEARCH METHOD

This study employed a quantitative correlational design with a cross-sectional approach, selected for its efficiency in describing relationships between variables across a diverse group of respondents within a limited timeframe (Mardiati et al., 2025). The study population consisted of 79 nurses working in the inpatient wards of Military Hospital. The sample size of 66 respondents was determined using the Slovin formula with a 5% margin of error.

Sampling was carried out in two stages. First, a purposive step was used to define the inclusion and exclusion criteria for eligible respondents, rather than to hand-pick specific individuals. The inclusion criteria were: (1) staff nurses working in the inpatient wards of Military Hospital; (2) willingness to participate as a respondent and to provide

informed consent; and (3) staff nurses who were actively on duty at the time of data collection (i.e., not on leave or external assignment). The exclusion criteria were: (1) staff nurses who were not on duty during the study period (e.g., on annual leave, maternity leave, or sick leave); and (2) staff nurses who did not complete the questionnaire in full or declined to participate. Once the eligible pool was defined against these criteria, a stratified proportional random sampling technique was applied: the number of respondents drawn from each inpatient ward was set proportional to that ward's total eligible nursing staff, and respondents within each stratum (ward) were then selected at random until the proportional quota was met.

Two structured instruments, both administered as closed-ended questionnaires via Google Form, were used to collect data from staff nurses across the three inpatient floors of Military Hospital (Floor 2 – pediatric ward; Floor 3 – adult class II/III wards; Floor 5 – adult class I and VIP wards). Respondents selected a single response per item from the options provided; no open-ended items were included.

Instrument A (Ward Manager Leadership Style Questionnaire) consisted of 12 closed-ended items adapted. For each item, respondents selected one of three response options (A, B, or C), corresponding respectively to autocratic, democratic, and laissez-faire leadership behavior. A respondent's overall perceived leadership style was determined by the modal (most frequently selected) response option across the 12 items — that is, a respondent was classified as perceiving an autocratic style if option A was the most frequent choice, a democratic style if option B predominated, and a laissez-faire style if option C predominated.

Instrument B (Nurse Performance Questionnaire) consisted of 20 items adapted from Afriyanti, (2025), covering the five stages of the nursing process reflected in documentation: assessment, diagnosis, planning, implementation, and evaluation.instrument A who reported r-computed values exceeding the r-table value (0.2787) for all 12 items, indicating that every item was valid. Instrument B's validity, as adapted from Afriyanti, (2025), was reported with item validity coefficients ranging from 0.532 to 0.902, all exceeding the r-table threshold, indicating that all 20 items were valid. Reliability. Reliability was assessed using Cronbach's alpha, with an instrument considered reliable at $\alpha > 0.60$ and not reliable at $\alpha < 0.60$. Instrument A with a Cronbach's alpha of 0.97 (very highly reliable). Instrument B with a Cronbach's alpha of 0.959, likewise indicating very high reliability. On this basis, both instruments were judged suitable for use in the present study without further re-validation. Data collection took place in March 2026 using digital questionnaires distributed to eligible nurses across the inpatient units. Hypothesis testing was conducted using Spearman's rho bivariate correlation analysis, with statistical significance set at $\alpha = 0.05$.

RESULTS AND DISCUSSION

Results

This study involved 66 practicing nurses as respondents. As shown in Table 1, univariate analysis of the leadership style variable revealed a clear predominance of

democratic-style perceptions: 51 respondents (77.3%) perceived their ward manager as employing a democratic style characterized by discussion and staff participation in decision-making, while 15 respondents (22.7%) perceived an authoritarian style, and no respondents reported a laissez-faire style. This distribution suggests that, at this study site, participative supervisory behavior is markedly more common than directive or permissive styles, which sets up the comparison examined in Table 3.

Table 1. Overview of Respondent Characteristics Based on Leadership Styles in the Inpatient Ward (n=66)

Characteristics	Frequency	Presentase (%)
Leadership Styles		
Otoriter	15	22,7%
Demokratis	51	77,3%

Table 2, presented below, summarizes the distribution of nurse performance scores. As shown in Table 2, the mean performance score was 55.68 (median 58.00, SD = 5.46), with scores ranging from 40 to 60 and a 95% confidence interval of 54.34–57.02; taken together with the maximum possible score of 60, this places overall staff nurse performance in the very good category, though the gap between the mean and the ceiling score indicates that a subset of nurses still fall short of optimal documentation performance.

Table 2. Overview of Respondent Characteristics Based on Nurse Performance in the Inpatient Ward (n=66)

Nurse Performance	Mean/Median	Standard Deviation	Minimum-Maximum	95% Confidence Interval
Performance	55.68 / 58.00	5.46	40 - 60	54.34 - 57.02

Table 3 presents the cross-tabulation of leadership style perception against performance category, together with the Spearman's rho hypothesis test. As shown in Table 3, of the 15 nurses who perceived an autocratic style, 9 (60.0%) fell in the Good performance category and 6 (40.0%) in the Less category; of the 51 nurses who perceived a democratic style, 40 (78.43%) fell in the Good category and 11 (21.57%) in the Less category. Bivariate analysis using Spearman's rho confirmed a significant positive relationship between perceived leadership style and performance ($p < 0.001$), with a correlation coefficient of $r = 0.420$, indicating a moderate association: nurses who perceived a democratic leadership style were markedly more likely to fall in the Good performance category than those who perceived an autocratic style.

Table 3. Relationship Between Practicing Nurses' Perceptions of Ward Managers' Leadership Styles and Their Performance in Completing Nursing Care Documentation

Leadership Styles	Performance		Total	*p-value*
	Less	Good		
Otoriter	6 40,00%	9 60,00%	15 100%	0,000
Demokratis	11 21,57%	40 78,43%	51 100%	

Discussion

The results of this study show that the leadership style perceived by ward managers is associated with the performance quality of practicing nurses in completing nursing care documentation. A p-value of 0.000 and a positive correlation coefficient (r = 0.420) indicate that a more democratic perceived leadership style is associated with higher performance in clinical and administrative documentation tasks. Because this is a cross-sectional correlational design, this relationship should be read as an association rather than a causal effect: the data cannot establish whether democratic leadership behavior drives higher performance, whether higher-performing nurses are more likely to perceive their supervisor favorably, or whether both are shaped by a third factor not measured in this study, such as ward-level workload or staffing ratios. Despite a baseline environment of high discipline and hierarchical command in which compliance is expected, leadership style remains associated with a substantial difference in performance category, suggesting that documentation quality in this setting is not explained by "following orders" alone.

The findings suggest that democratic leadership is strongly associated with high-quality documentation. This aligns with Hartono et al. (2020), who found that leadership and motivation significantly impact performance. Accurate nursing documentation serves as a formal communication tool among healthcare teams to ensure continuity of care and patient safety. Two-way communication within a democratic leadership framework ensures that clinical decisions are understood, interpreted, and safely implemented by all team members. Patient participation in electronic documentation also improves the accuracy of records, as patients can help correct and supplement the information recorded. Open communication allows nurses to discuss clinical challenges openly, ensuring that documented information reflects the patient's actual condition and the team's collaborative decisions (Ruswati et al., 2026).

Who found that democratic styles facilitating two-way communication were associated with more accurate documentation practices. At the same time, the association observed here should be interpreted cautiously Putri et al. (2021) found that in some Indonesian hospitals, leadership style alone was not significantly associated with the completeness of nursing assessment documentation, with tenure and education emerging as additional correlates — variables that were not measured in the present study and should be considered as candidate confounders in future work. Similarly, Suroso et al. (2025) suggest that in military or highly disciplined settings, the combination of participative leadership and structured supervision, rather than leadership style in

isolation, may be what sustains documentation compliance. The moderate correlation observed here ($r = 0.420$) is consistent with leadership style being one of several correlates of documentation performance rather than a sole determinant.

These findings are also consistent with the study by Nasution et al. (2025) at Perta medika Ummi Rosnati Hospital, which also found a significant correlation between democratic leadership style and the discipline and responsibility of practicing nurses. Convergent evidence suggests that relational leadership styles are generally associated with higher job engagement among nurses. Transformational leadership has a strong positive correlation with nurses' job engagement ($r = 0.65$, $p < 0.01$). This style enhances intrinsic motivation and professional commitment through inspirational motivation and individual consideration. Nurses feel more engaged when leaders communicate effectively, demonstrate fairness, and provide emotional support. Supportive and collaborative leadership has a positive impact on nurses' levels of work engagement (Alluhaybi et al., 2023). Participative leadership boosts motivation because nurses feel valued when their ideas and suggestions are taken into account in decision-making. In contrast, directive leadership does not significantly affect nurses' motivation or performance (Batewa et al., 2025).

Even disciplined, hierarchical hospitals still need spaces for communication to discuss documentation challenges. Healthcare organizations do tend to be highly hierarchical, and this hierarchy influences who can speak up, what is considered appropriate to say, and when staff feel comfortable raising issues (Essex et al., 2023). A democratic leadership style facilitates two-way communication and staff participation in decision-making (Pangestuti et al., 2023). In a military-style setting, this provides a necessary "creative buffer" that allows nurses to manage clinical complexities without the fear of rigid repercussions, thereby improving the accuracy of documentation.

From a scientific perspective, the prevalence of the democratic leadership style (77.3%) at the study site explains why the average performance score for nurses was high (55.68). The democratic style facilitates two-way communication, in which the unit head involves practicing nurses in decision-making regarding the unit's workflow. This involvement enhances nurses' sense of ownership and professional responsibility toward their duties, including the completion of nursing care documentation as evidence of work accountability. Additionally, the fact that the majority of respondents had long tenure also influenced these results. Senior nurses tend to have a more mature understanding of the importance of documentation standards, and they respond more positively to a leadership style that values their expertise (democratic) than to a style that is overly dictatorial (authoritarian). Conversely, the authoritarian style—which is still perceived by 22.7% of respondents—may be effective in emergency situations requiring quick decisions; however, in the long term, this style leaves little room for the development of nurses' professionalism, resulting in a lower percentage of "excellent" performance in this group (40.00%) compared to the democratic style (78.43%).

The novelty of this study lies in its setting: whereas most existing evidence on leadership style and nurse performance comes from general public or private hospitals

Pangestuti et al., (2023), this study examines the relationship in a military hospital operating under a semi-military, command-based organizational culture. Recent comparative work suggests that leadership–performance associations documented in civilian settings do not automatically transfer to high-discipline environments, where compliance with orders is already the behavioral norm (Suroso et al., 2025). By showing that perceived leadership style remains significantly associated with documentation performance even under a strong baseline command structure, this study extends prior civilian-hospital findings, such as those of Nasution et al. (2025) at a private hospital, to a setting where the relative contribution of participative leadership had not previously been tested.

These findings carry practical implications for hospital management. Because perceived democratic leadership was associated with a markedly higher likelihood of Good documentation performance, hospital management may consider incorporating structured, ongoing training in democratic and transformational supervisory behaviors into ward managers' professional development, consistent with recommendations from recent leadership-training literature (Alabdullatif et al., 2025). Ward managers might also be supported in a dual role — as both clinical supervisors and facilitators of staff self-efficacy in documentation — through periodic clinical supervision sessions focused on documentation quality rather than compliance monitoring alone (Ruswati et al., 2026). Given the correlational nature of this study, these are offered as evidence-informed considerations for management rather than as proven interventions; a training or supervision program built on these associations should itself be evaluated prospectively before its effectiveness is assumed

CONCLUSION

This study found a significant, moderate positive relationship between practicing nurses' perceptions of their ward managers' leadership style and their performance in completing nursing care documentation at a military hospital ($p < 0.001$; $r = 0.420$): nurses who perceived a democratic leadership style were more likely to fall in the Good performance category than those who perceived an autocratic style, and this association held even within a hierarchical, high-discipline organizational culture, indicating that a participatory supervisory approach is associated with better documentation outcomes than an autocratic one in this setting. Hospital management is encouraged to consider strengthening ward managers' democratic and transformational leadership competencies and to maintain supportive clinical supervision focused on documentation quality; future research using objective documentation audits, alongside the perceptual measures used here, and designs capable of testing directionality (e.g., longitudinal or intervention studies) would help clarify whether this association reflects a causal effect of leadership behavior on performance.

ACKNOWLEDGMENT

The author would like to express his deepest gratitude and appreciation to all parties who provided support, granted permission, and facilitated the conduct of this research. The Hospital Director and the hospital management team are thanked for granting research permission and assisting with access to the necessary data during the data collection process. The leadership of STIKes Raflesia, who provided academic support and facilities to enable the author to complete this study and research. All Ward Chiefs and Practicing Nurses in the inpatient units, who willingly participated as respondents and provided excellent cooperation throughout the study. It is hoped that this research will provide tangible benefits for the development of nursing management practices, particularly in improving the quality of care within the hospital setting.

REFERENCES

Afriyanti, D. (2025). Analisis Kinerja Perawat Pelaksana Dalam Melaksanakan Dokumentasi Asuhan Keperawatan. *Jurnal Gema Keperawatan*, *18*(1), 108–119. https://ejournal.poltekkes-denpasar.ac.id/index.php/JGK/article/view/4071

Aisyah, S., Elasari, Y., Martalena, Y., & Surmiasih. (2024). Hubungan Gaya Kepemimpinan Kepala Ruangan dan Lingkungan Kerja dengan Kinerja Perawat Ruang Rawat Inap di RSUD Pringsewu. *Health Research Journal of Indonesia (HRJI)*, *2*(4), 258–261. https://doi.org/10.63004/hrji.v2i4.371

Alabdullatif, A. A., Talaqof, A. F., Alhuraiz, H. S., Alhuraiz, H. K., Huraiz, H. E., Alabdulbaqi, A. F., & Alahmaree, E. (2025). Impact of transformational vs. transactional leadership styles among nurse managers on patient safety, nurse satisfaction, and turnover rates: a systematic review aziza abdullah alabdullatif. *Journal of Tianjin University Science and Technology*, *58*(9), 388–395. https://doi.org/10.5281/zenodo.17163758

Alluhaybi, A., Wilson, A., Usher, K., & Durkin, J. (2023). Impact of Nurse Manager Leadership Styles on Work Engagement : A Systematic Literature Review. *Journal of Nursing Management*, *13*(2). 1-9. https://doi.org/10.1155/2023/5090276

Awasthi, S., Zaveri, B., Parida, S., Suri, S., Sidhu, A., & Thorat, M. M. (2024). Impact of Leadership Styles on Healthcare Team Performance and Patient Satisfaction Impacto de los estilos de liderazgo en el rendimiento de los equipos sanitarios yla satisfacción de los pacientes. *Health Leadership and Quality of Life*, *3*(373), 12–30. https://doi.org/10.56294/hl2024.373

Batewa, E., Ellina, A. D., & Peristiowati, Y. (2025). Path-Goal Leadership Style and Its Relationship with Nurse Motivation and Performance : A Cross-Sectional Study. *International Journal of Health Concord*, *1*(2), 121–130. https://doi.org/10.55018/ihc.v12.11

Essex, R., Kennedy, J., & Jameson, J. (2023). A scoping review exploring the impact and negotiation of hierarchy in healthcare organisations. *Nursing Inquiry Wiley*, *30*(4), 1–10. https://doi.org/10.1111/nin.12571

Hartono, B., Hidayati, A., Kurniati, T., & Basir, N. (2020). ORIGINAL RESEARCH the effect of head ' s leadership and nurses ' job motivation on nursing performance in

the hospital inpatient room. *JAKI*, *8*(2), 175–187. https://doi.org/10.20473/jaki.v8i2.2020.175-187

Ibrahim, A. A. J., & Amal, A. S. M. (2024). Saudi Journal of Medicine and Public Health. *Saudi Journal of Medicine and Public Health*, *1*(1), 8–15. https://doi.org/10.64483/20251116

Mardiati, Rahmawati, I., & Asmaningrum, N. (2025). Factors hindering nursing care documentation: a scoping review. *Indonesian Journal of Global Health Research*, *7*(2), 1087–1098. https://doi.org/10.37287/ijghr.v7i2.5760

Mhaaezar, A., Nurindasari, S. N., Suandi, & Nurhikma, A. (2024). Advances in Healthcare Research The Correlation Between the Leadership Style of the Head Nurse and Staff Nurses ' Performance in a Hospital. *Advances in Healthcare Research*, *2*(2), 149–154. https://doi.org/10.60079/ahr.v2i2.600

Nasution, N., Damayanti, S., & Apriani, F. (2025). The Relationship Between the Leadership Style of the Head of the Room and the Performance of Nurses in the Inpatient Room Ummi Rosnati Pertamedika Hospital. *Jurnal of Nursing Management Innovation*, *2*(1), 59–64. https://doi.org/10.58723/jnmi.v1i2.24

Nurani, F., Wiji, D., Sari, P., & Abdurrouf, M. (2025). Hubungan Pelaksanaan Supervisi dengan Tingkat Kepatuhan Perawat dalam Pendokumentasian Asuhan Keperawatan di Ruang Rawat Inap RS Bhayangkara TK . II Jayapura. *Termometer: Jurnal Ilmiah Kesehatan Dan Kedokteran*, *3*(4), 131–148. /https://doi.org/10.55606/termometer.v3i4.5491

Pangestuti, A., Indawati, R., Indriani, D., & Kirana, G. R. (2023). Studi systematic literature review hubungan gaya kepemimpinan terhadap kinerja perawat di rumah sakit. *Jurnal Ners*, *7*(2), 1333–1339. https://doi.org/10.31004/jn.v7i2.17299

Purwandari, R., Kurniawan, D. E., Kotimah, & Kusnul, S. (2022). Nursing Documentation in Accredited Hospital. *Jurnal Keperawatan Indonesia*, *25*(1), 42–51. https://doi.org/10.7454/jki.v25i1.1139

Putri, P., Afandi, A. T., & Fajaryanti, D. W. (2021). Relationship of Leadership Style to Completeness of Filling in The Early Nursing Assessment in Hospital. *Nursing and Health Sciences Journal*, *1*(1), 64–68. https://doi.org/10.53713/nhs.v1i1.19

Rahmatulloh, G., Yetti, K., Nuraini, T., & Hariyati, T. S. (2023). Transformational leadership. *Nursing Management*, *54*(5), 19–24. https://doi.org/10.1097/nmg.0000000000000006

Ruswati, M., Sofiyati, Nevi, L. K., & Winani. (2026). Understanding Leadership Decision Making That Influences Patient Safety Practices in Nursing Teams. *Formosa Journal of Science and Technology (FJST)*, *5*(5), 1265–1274. https://doi.org/10.55927/fjst.v5i5.16

Samani, S., & Rattani, S. A. (2023). Fostering Patient Safety : Importance of Nursing Documentation. *Open Journal of Nursing*, *13*(7), 411–428. https://doi.org/10.4236/ojn.2023.137028

Suroso, Widiastuti, H. S., & Astuti, W. H. (2025). Budaya Dokumentasi Keperawatan Berbasis Android di Rumah Sakit Militer TNI : Studi Deskriptif Kuantitatif. *Jurnal Manajemen Kesehatan dan Keperawatan (JMKK)*, *2*(2), 112–117.

https://doi.org/10.35968/74pf9w12

Suryanti, Supriyantoro, & Jus'at, I. J. (2026). Green Inflation : International Journal of Organizational Commitment Matters More than Supervision in Nursing Documentation Compliance. *Green Inflation: International Journal of Managemen and Strategic Business Leadership*, *3*(1). 83-93. https://doi.org/10.61132/greeninflation.v3i1.681

Wahyuni, D., Erna, Nursalam, N., Dewi, Y. S., Arifin, H., & Benjamin, L. S. (2024). Electronic nursing documentation for patient safety, quality of nursing care, and documentation: A systematic review. *Journal of the Pakistan Medical Association*, *74*(9), 1669–1677. https://doi.org/10.47391/JPMA.9996

Ystaas, L. M. M. K., Nikitara, M., Ghobrial, S., Latzourakis, E., Polychronis, G., & Constantinou, C. S. (2023). The Impact of Transformational Leadership in the Nursing Work Environment and Patients ' Outcomes : A Systematic Review. *Nursing Reports MDPI*, *13*(3), 1271–1290. https://doi.org/10.3390/nursrep13030108