ORIGINAL ARTICLE

Development Transformational Leadership Model to Improve Nurses' Soft Skills

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ABSTRACT

Introduction: In the present scenario there are many qualified nursing human resources with flawless emotional personality but with errors in job accomplishment, lack of accuracy and delays in working completion, low working motivation, as well as careless and insincere working. The qualified nursing human resources must consist of nurses with a passion for work and with creativity. They must be proactive, with great deal of warmth and smiles. Based on the required nursing competences, it is found that the on-duty nurses should acquire several vital proficiencies such as leadership qualities, proper working procedures, interpersonal/soft skills, and environmental control. Soft skills may be developed and improved through various ways like trainings, modification of the environment, and with appropriate nursing education. **Methods:** The research population consists of 18 master's degree nursing students of a hospital divided into a control and experimental group (total sampling), and 47 on-duty nurses who are collected through a random sampling technique. **Results:** The results of the present study show that the implementation of transformational leadership model is effective to improve nurses' soft skills in terms of self-assurance, communication, compliance, teamwork, precision, discipline and problem solving. There were also noteworthy changes after the model implementations based on 1st month and 2nd month and then on those at 1st month and 3rd month. **Conclusion:** The Soft Skills-Based Transformational leadership model is highly applicable in nursing care units of all hospitals to meet the challenges of the world in improving human resources by means of improvement of performance. With respect to soft skills and intrapersonal skills as well as the frequently neglected nurses' daily activities and portfolio worksheets are highly effective in dealing with the model applications.

Keywords: Transformational Leadership, Soft Skills, Nurses

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INTRODUCTION

Nurses are part of human resources who provide direct services to patients, in health care units. The organization of Human Resources management on nursing units is conducted due to achieve the goals resulting in qualified nursing cares which are well accepted by patients as customers. Qualified nursing cares are defined as nurses' professional attitudes in providing nursing cares which indicate high level of nursing services as reported by patients' satisfaction with nursing services. The better the quality of nursing cares provided; the costumers satisfied the more.

Satisfaction is an impact resulted from qualified nursing care generated from interactions between nurses, as providers, and patients, as recipients, of nursing care services. To understand those expectations, good managerial process is compulsory (1). Achievement on aspects of qualified nursing services is expected to meet the required patients' satisfaction that results in satisfaction of the nurses. Nurses are expected to have competences as professional nurses, both on hard and soft skills. Soft skills are skills that everyone, especially nurses, should possess. Soft skills training are important to support hard or technical skills obtained by nurses when attending nursing education (2). Several aspects included in soft skills are adaptation, leadership, communication, decision making, problem solving and conflict resolution skills (3). Therefore, soft skills are extremely important in working environments. Consequently, it must be noted that success is not only determined by intellectual intelligence but also by soft skills which are essential in pursuing the working achievements.

Soft skills profound effect on individual's success in the real working environments. Having sophisticated hardskills without consideration of good personality or soft skills is of no use (4). A study was conducted on human resource problems in the last decade by an Emotional Quality Inventory (EQI) institution where professionals from all over the world were collected as samples. According to that research maximum 20% intelligence quotient(IQ)

of the brain capacity is responsible of 6% individual's success compared Emotional Quotient (EQ). According to 10,000 successful persons, 15% are determined by their technical skills, but 85% are dominated by personality or soft skill search by Carnegie Institute of Teknology. Another study reported that due to technical inability 10% of 4,000 people lose their jobs. It is clear that personality problem is the main reason of jobless for the other 90% people (5).

Soft skills are life skill competences either for individuals, groups, or communities (1,3) including skills in dealing with others (interpersonal competences) and those in self organization (intrapersonal competences) to maximally improve the working productivity (4). Soft skills are interpersonal competences that every individual should acquire to support the technical skills, such as Motivation, Leadership, Negotiation, Presentation, Communication, relationship building, public speaking, and self-marketing skills in particular field or profession (5).

Interpersonal competences are beneficial for the achievements of individuals' technical skills in performing a certain profession. Beside that in case of interpersonal competences, soft skills are also considered as intra-personal skills that include time management, stress management, probability management, transforming beliefs, transforming characters, creative thinking processes, goals setting and life purposes, accelerated learning techniques (1,2).

The management organizations of nursing care units are the room leader's roles and responsibilities, including the application of main nursing competencies which are very dominant, such as soft skills (6). Leadership must provide opportunities to properly express emotions, empowers the resources effectively, and must not only focus on the working result. This is frequently considered as transformational leadership (7,8,9).

Transformational Leadership is a leadership model for a leader who tends to motivate his/her subordinates to work better and focus on behaviors to assist the transformation between individual and organization (10,11). The transformational leadership style includes charisma, idealistic influence, inspirational motivation, intellectual stimulation and individual consideration (12,13).

Transformational Leadership is a leadership model to improve human resources and the relationship of leaders' influences to subordinates. Those can be measured using indicators of trust, admiration, loyalty, and respect to leaders who try to motivate their believers to do something better and accelerate their own expectations (5). In other words, the transformational process may be seen through numerous transformational leadership behaviors such as; charismatic, idealistic influence,

inspirational motivation, intellectual simulation, and individual consideration.

MATERIALS AND METHODS

This research used a research and development method to develop a model, and an action research method to find a model suitable for implementation. This research consists of three stages: a preliminary study, a stage preceded with literature review and analysis of the findings related to transformational leadership implemented by the room leader of nursing care units.

The population of this research is the room leader and nurses of Roemani Hospital as the treatment group and those of Sultan Agung Hospital as the control group. The number of samples is 47 nurses from the treatment group (Roemani Hospital) and 47 nurses from the control group (Sultan Agung Hospital). The inclusion criteria consist of nurses with poor soft skills, permanent employment, not in internship duty, with minimum 2 years of services. Sampling is proportionally conducted and evenly distributed to each nursing care unit.

The sampling results show that there are 18 treatment rooms for each hospital taken as the research locations, and in each room, 2-3 nurses are selected. There are 10 rooms with 3 selected subjects and 7 rooms with 2 selected subjects. Ethical approval for this study was obtained from the Research Ethics Committee, University of Indonesia.

The non parametric statistical analysis was used for a group of more than two paired groups. Since the data are categorical, then ANOVA was used for repeated testing followed by post hoc testing on the test results with p-value of less than α 0.05, with Wilcoxon testing analysis to detect the differences, and is controlled with multivariate analysis using Mentel Henzel testing to see if there are differences of respondents' characteristics.

RESULTS

Table I show that the average age of room leaders in both treatment and control group as 39.17 5.20 and 34.61 4.34 years respectively. Statistically, there are significant differences between those groups (p=0.007). The average age in treatment group is ranging between 30 to 48, while that in control group is ranging between 30 to 41 years old.

Respondents are usually adult to middle aged nurses with experience of optimum growth both physically and spiritually including open minded and assertiveness. So, these individuals do not hesitate in planning his/her career development. At this age, a person is adaptable to the realistic situational changes. It is proven that respondents who previously have low transformational competences are improving significantly due to the

Table I: Respondents' Distribution of based on Room Masters' characteristics in both treatment and control groups (n1 = n2 = 18)

Variable	Treatment Group		Control Group		p Val
	(x±SD)	f (%)	(x±SD)	f (%)	
Age	39.17 5.205		34.61 4.340		0.007
Years of Service	16.83 4.842		4.17 2.065		0.000
Sex:					1.000
Male		3 (48)		3 (48)	
Female		15 (52)		15 (52)	
Education:					0.939
Three years Diploma (D3)		8 (49)		9 (51)	
Bachelor degree (S1)		8 (53)		7 (47)	
Nurse Profession (Ns)		2 (50)		2 (50)	

application of transformational leadership model.

From table II, it can be seen that the average age of nurses classified in both treatment and control group is 29.66 2.06 and 25.11 4.84 years respectively. Statistically, there are significant differences between those groups (p=0.000). The age in the treatment groups is ranging between 21 to 47 while that in control group is ranging from 21 to 31 years old.

Table II: Respondents Distribution Based on characteristics of on-duty nurses in both treatment and control groups (n1 = n2 = 47)

Variable	Treatment Group		Control Group		P
	(x±SD)	f (%)	(x±SD)	f (%)	
Age	29.66 7.25		25.11 2.41		0.000
Years of Service	7.40 5.98		2.94 1.43		0.000
Sex:					0.276
Male		19(59)		13(41)	
Female		28(45)		34(55)	
Education:					1.000
Three years Diploma (D3)		46(49)		47(51)	
Bachelor degree (S1)		1(100)		0	
Nurse Profession (Ns)		0		0	

Based on the results of statistical analysis shown in Table III, it is found that there is no difference between the room leader transformational leadership skills in treatment group and those in control group (p=1.000). It proves that there are homogeneities of room leader's transformational leadership skills in both treatment and control group prior to model implementation.

Table IV shows that the on-duty nurses' soft skills both in treatment and control group have no difference, prior to the model implementation. It means that there is homogeneity of nurses' soft skills in both treatment and control group prior to the model implementation.

From table V it is shown that there are significant differences between all criteria of the on-duty nurses' soft skills in treatment group and those in control group including adaptability, communication, teamwork, problem solving, self-confidence, discipline and accuracy, during the assessments 1st, 2nd and 3rd

Table III: Frequency Distributions of Room Masters' Transformational Leadership in both Treatment and Control Group Prior to model Implementation (n1 = n2 = 18)

Transformational Leadership	Treatment Group				Control Group				p
	Yes		No		Yes		No		
	f	%	f	%	f	%	f	%	
Charisma	3	17	15	83	6	34	12	66	0.448
Idealistic Influence	9	50	9	50	9	50	9	50	1.000
Inspirational Motivation	3	17	15	83	6	34	12	66	0.448
Intellectual Stimulation	4	22	14	78	5	28	13	72	1.000
Individual Consideration	7	39	19	61	14	78	4	22	0.040
Collaboration	3	17	15	83	4	22	14	78	1.000

Table IV: Frequency distributions of on-duty nurses' soft skills in both treatment and control groups prior to model implementation (N1 = n2 = 47)

Nurses' soft skill Competences	Treatment Group				Control Group				p
	Good		Poor		Good		Poor		
	f	%	f	%	f	%	f	%	
Adaptation	20	43	27	57	12	25	35	75	0.130
Communication	15	32	32	68	9	20	38	80	0.239
Teamwork	20	43	27	57	22	26	35	74	0.130
Problem Solving	11	23	36	77	5	11	42	89	0.172
Self-Confidence	13	28	34	72	9	20	38	80	0.467
Discipline	16	34	31	66	22	47	25	53	0.296
Accuracy	11	23	36	77	8	17	39	83	0.609

Table V: Frequency distributions of on-duty nurses' soft skills in both treatment and control groups after to model implementation (N1 = n2 = 47)

Nurses' soft skill Competences	Treatment Group				Control Group				p
	Good		Poor		Good		Poor		
	f	%	f	%	f	%	f	%	
Adaptation	21	42.6	26	57.4	26	55.3	21	44.7	0.000
Communication	23	48.9	24	51.1	28	59.6	19	40.4	0.000
Teamwork	27	57.4	20	43.6	29	61.7	18	38.3	0.000
Problem Solving	22	46.8	25	53.2	25	53.2	22	46.8	0.000
Self-Confidence	22	46.8	25	53.2	25	53.2	22	46.8	0.000
Discipline	22	46.8	25	53.2	23	53.2	24	46.8	0.000
Accuracy	20	43.6	27	57.4	25	53.2	22	46.8	0.000

month after model implementation, with p value=0.000. When the soft skills of nurses were compared, for nurses' in 3rd month after model implementation with the assessments conducted in 1st month, there were significant differences (Table VI).

According to researchers, communication may improve nurses' motivation by explaining what and how to do as well as the method to improve performance when it is below the standard. Communication also has a function in controlling the behavior of team members in several ways. Each institution has authorities and formal guidelines which should be obeyed by all employees

Table VI: Differential Analysis on nurses' Soft skills in treatment group after model implementation in month I and month III (n = 47)

Soft skill Competences	Category	Evaluation /Assessment				P
		Month I		Month IIII		
		f	%	f	%	
Adaptation	Fair	26	55	20	43	0.005
	Good	21	45	27	57	
Communication	Fair	32	68	26	55	0.005
	Good	15	32	21	45	
Teamwork	Fair	32	68	20	43	0.030
	Good	15	32	27	57	
Problem Solving	Fair	29	62	21	45	0.000
	Good	18	38	26	55	
Self-Confidence	Fair	30	64	29	62	0.050
	Good	17	36	18	38	
Discipline	Fair	29	62	26	55	0.157
	Good	18	38	21	45	
Accuracy	Fair	32	68	27	57	0.025
	Good	15	32	20	43	

including nurses.

So, the room leader's soft skills-based transformational leadership model effectively improved the on-duty nurses' soft skills taking into account adaptability, communication, teamwork, problem solving, self-confident, discipline and accuracy in in the 3rd month of implementation compared to 1st month of transformational leadership model implementation (Table VII).

DISCUSSION

It was found that the room leader' soft skills-based transformational leadership model effectively improves the on-duty nurses' soft skills covering adaptability, communication, teamwork, problem solving, self-confident, discipline and accuracy in the 3rd month than those in 1st month after model implementation.

According to some researches, leadership by women stress more on welfare than on working performance or achievements. As women are more emotional so they pay more attention to people around them than men do, and they are more serious in performing their works. Even women's leadership is considered better than men's (9,10).

Education is the basis of an individual to have more concepts and understanding on something. A leader is expected to have a good level of education. The higher the level of education of a leader, the better the leader performance. The transformational leadership pattern is determined by years of service/ relatively long dedication, seniority, experience in career positions and individual potential (charisma). The researchers undoubtedly selected room leaders as respondents were classified into the treatment group as the transformational leadership model based on soft skills implemented, even soft skills improvement may be obtained by the on-duty nurses, as objects of its implementation (14).

Based on integrated management theory (15), consisting of input-process-output, the Human Resources management can be explained. The room leaders are inputs who greatly influence the process, in this case soft skills-based leadership model to improve performance. As a result, the output is in line with the expectations with respect to the output of on-duty nurses' soft skills development in treatment group after model implementation.

In the treatment group, age variation is more varied, and the respondents are older than the control group, individual's soft skills are influenced by their maturity (16, 17,18) the more aged an individual, it will be followed by the maturity of his thinking. Thus, respondents in treatment group may improve easily than those in the control group.

Nurse profession is a profession dominated by women as this profession focuses on support to others who are experiencing health problems. Those are in the form of empathy, assistive readiness, attention, and affection. So, this profession is often referred to as a profession with maternal instincts. To meet expectation of these roles, the nurses are required to have caring competences, as a concrete manifestation of soft skills (19).

Education is a predisposing factor which changes personal behaviors towards betterment (20,21). Thus, nurses with low soft skills can enhance this though education level is one determining factor in developing

Table VII: The Effectiveness Analysis on the Development of Nurses' Soft skills in both treatment and control group (N = 47)

Soft Skill Competences	Comparison Between Month 1&2		Comparison Between Month 2&3		Comparison Between Month 1&3	
	Treatment Group	Control Group	Treatment Group	Control Group	Treatment Group	Control Group
Adaptation	12 %	2%	0%	-2%	12%	-3%
Communication	28%	- 4%	0%	-4%	13%	-4%
Teamwork	13%	5%	0%	-5%	25%	3%
Problem Solving	17%	-2%	0%	-2%	7%	-4%
Self-Confidence	17%	-2%	12 %	-2%	2%	-2%
Discipline	7%	-4%	0%	0%	7%	0%
Accuracy	11%	-2%	0%	-2%	11%	2%

soft skills. The better the education of individual then more complex soft skills are learned, and vice versa. To develop soft skills various types of training and educational packages are planned. Formal education that an individual acquire within a certain period may strengthen the soft skills with continuous exposures.

Nurses' soft skills are influenced by the difficulties faced during learning. The soft skills are improved with increase in experiences. Thus, according to this research, years of service also contributes in the development of soft skills of the on-duty nurses after implementing the room leader's transformational leadership model (10,11,12,13).

This is consistent with other researches (22), stating that a positive leadership may improve teamwork atmosphere, empowerment and innovation for both staffs and nurses. Moreover, the transformational leadership improves nurses' empathy, understanding, working motivation, values and working interest (23), transformational leadership improves nurses' job satisfaction and working environment. Transformational leaders' emotional intelligence and interpersonal skills improve their subordinates' knowledge, awareness, confidence, participation and communication which result in the improvement of nurses' working satisfaction and patients' satisfaction (23). So, it is seen that leadership is an effort to improve nurses' soft skills which are influenced by the clarity of duties assigned by the room leaders (24). Another study shows that there is a significant difference in attitudes towards the mentoring programme and perceived benefits between nurses at various stages of education level (22).

Monitoring is an individual's form of attention shown through consultation, advising, and demanding actions given by seniors to the inexperienced juniors. The influences on subordinates include feeling paid attention for and good treatment by the seniors while monitoring (25). The implementation of role model, in every aspect of nursing activity is one effort to create accuracy, through orderly and proper documentation (26).

Limitation of this study is on supervision frequency between researchers and room leaders. The completion of portfolio sheet by respondents (self-evaluation) is subjective that honesty and sincerity are required in the implementation of soft skills-based transformational leadership model. Thus, the majority of nurses graduated from Nursing Diploma Program (D3) are required to have deeper understanding.

The researchers suggest that to improve the quality of nursing care services in nursing units, a policy is required that all leaders in nursing units may implement the soft skills-based transformational leadership model to improve soft skills which result in the improvement of the quality of care services in nursing units (26, 27).

CONCLUSION

The Soft Skills-Based Transformational leadership model is highly applicable in nursing care units of all hospitals to meet the challenges in improving human resources by means of improvement of performance globally. Present study shows that the implementation of transformational leadership model is effective to improve nurses' soft skills in terms of self-assurance, communication, compliance, teamwork, precision, discipline and problem solving. With respect to soft skills and intrapersonal skills as well as the frequently neglected nurses' daily activities and portfolio worksheets are highly effective in dealing with the model applications.

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