

# The Relationship Between Head Nurse Leadership Style and the Implementation of Cultural Safety by Nurses in Pediatric Care at H. Sahudin Kutacane Regional General Hospital

Yusnaini<sup>1</sup>, Ade Kartika<sup>2</sup>, Nandara Priyanti Elna<sup>3</sup>

<sup>1,2</sup>Department of Nursing, Universitas Nurul Hasanah Kutacane. Aceh, Indonesia. <sup>3</sup>Department of Public Health, Universitas Nurul Hasanah Kutacane. Aceh, Indonesia

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## ARTICLE INFO

## ABSTRACT

### Keywords:

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Head nurses play a key role in creating a work environment that supports cultural safety. Transformational leadership enhances motivation, strengthens cross-cultural empathy, and fosters innovation in patient-centered care. This study aimed to analyze the relationship between the head nurse's leadership style and the implementation of cultural safety by nurses in pediatric care. An analytical cross-sectional study was conducted using total sampling involving 45 pediatric ward nurses. Data were collected using the Multifactor Leadership Questionnaire (MLQ) Form 5X and a cultural safety assessment tool. Analysis was performed using the Chi-square test ( $\alpha = 0.05$ ). The results showed that most respondents were aged 26–35 years (53.3%), female (84.4%), held a Diploma in Nursing (62.2%), and had 1–5 years of work experience (40%). The predominant leadership style was transformational (46.7%). Cultural safety implementation was high (42.2%) and moderate (40.0%). A significant relationship was found between leadership style and cultural safety ( $p$ -value = 0.018). Transformational leadership was the most effective in enhancing cultural safety, with 66.7% of nurses under this leadership reporting a high level of cultural safety, compared to 56.3% moderate under transactional leadership and 62.5% low under laissez-faire. This study contributes to the development of nursing leadership models aimed at improving the implementation of cultural safety in Indonesia's multicultural healthcare context.

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Email :  
[yusnaini84@gmail.com](mailto:yusnaini84@gmail.com)

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## 1. INTRODUCTION

Pediatric nursing care is a vital component of the healthcare system that requires a holistic, sensitive, and culturally-based approach. Children, as vulnerable patients, need attention not only from a medical perspective but also emotional, psychosocial support, and recognition of their family's cultural values. Pediatric nurses are expected to build effective therapeutic relationships with both patients and their families, especially when facing differences in values, norms, and beliefs that may affect acceptance of nursing care (Andrews, Boyle and Collins, 2023). Pediatric care that fails to consider cultural contexts can lead to miscommunication, resistance to treatment, and a decline in the quality of nurse-patient relationships.

The implementation of cultural safety in hospital settings, particularly in pediatric services, still faces serious challenges. According to Pirhofer et al. (2022), communication barriers, lack of knowledge, care provided by individuals with limited language proficiency, and differing expectations regarding care goals and outcomes can lead to conflict and allegations of unequal treatment due to diverse cultural backgrounds. A study by Brás et al. (2023) found that fewer than 60% of nurses were able to integrate cultural safety principles into their daily practice. This indicates a gap between patients' cultural needs and the nursing system's capacity to address them comprehensively.

Cultural safety is an approach aimed at creating a care environment free from discrimination, one that respects cultural identity and empowers patients and their families to actively participate in decision-making (Palu, Wenham and Shagar, 2024). Culturally competent nurses are better equipped

to identify religious practices, dietary customs, or traditional healing rituals that should be incorporated into pediatric nursing care plans (Glyn-Blanco, Lucchetti and Badanta, 2023). However, effective implementation of cultural safety depends not only on individual nurse competence but also on leadership support in fostering a conducive work environment.

Head nurses, as unit-level nursing leaders, have a strategic role in creating a work environment that promotes cultural safety practices. Transformational leadership enhances nurses' intrinsic motivation, strengthens cultural empathy, and stimulates innovation in patient-centered care delivery (Hamdan *et al.*, 2024). In contrast, authoritarian or passive leadership styles reduce nurses' active participation in decision-making and limit critical reflection on patients' cultural dynamics (Wei *et al.*, 2019). Therefore, identifying leadership styles and their impact on culturally oriented nursing practice is essential.

A preliminary study conducted at H. Sahudin Kutacane Regional General Hospital found that 63% of nurses did not fully understand the concept of cultural safety, and only 38% reported that their head nurse supported initiatives to adapt nursing practices to patients' cultural values. Interview findings revealed that nurses experienced limited training on cultural diversity issues and lacked discussion forums to reflect on nursing practice. Additionally, the leadership style of head nurses tended to be more instructional and less participatory, which was seen as a barrier to the development of nurses' cultural competence in caring for pediatric patients from diverse cultural backgrounds.

Based on this background, the present study aims to examine the relationship between head nurses' leadership styles and the implementation of cultural safety by nurses in pediatric care. This research is expected to contribute to strengthening culturally inclusive nursing practice by developing nursing leadership capacity. The findings may also serve as a foundation for hospitals to design cultural training interventions and internal policies to improve the quality of pediatric nursing care that is both culturally safe and rooted in local values.

## 2. METHODS

This study employed a quantitative design with an analytical cross-sectional approach to examine the relationship between head nurses' leadership styles and the implementation of cultural safety by nurses in pediatric care at H. Sahudin Kutacane Regional General Hospital. The study was conducted between February and March 2023 using a total sampling technique, involving all 45 nurses working in the pediatric ward. Inclusion criteria consisted of nurses who had worked for at least six months in the pediatric ward, held at least a Diploma in Nursing (D3), and were willing to participate in the study. Exclusion criteria included nurses on leave, those who declined to participate, and the head nurse being assessed for leadership style.

The independent variable in this study was the head nurse's leadership style, classified into transformational, transactional, and laissez-faire leadership. The dependent variable was the implementation of cultural safety by nurses, which included dimensions such as cultural awareness, cultural knowledge, cultural skill, cultural encounter, and cultural desire. Research instruments included the Multifactor Leadership Questionnaire (MLQ) Form 5X, adapted to measure leadership styles through 36 Likert-scale items (5-point scale) (Bajcar and Babiak, 2022), and a cultural safety questionnaire consisting of reflective statements measured using a 4-point Likert scale (Pirhofer *et al.*, 2022b). Both instruments were validated and tested for reliability, with Cronbach's Alpha scores above 0.7 based on a pilot study involving 30 nurses at Nurul Hasanah Hospital in Kutacane.

The data collection procedure began with preparation steps, including obtaining ethical clearance and hospital research permission, coordinating with the head of the pediatric ward, and conducting research socialization with potential participants. The implementation phase included obtaining informed consent, collecting respondents' demographic data, administering the leadership and cultural safety questionnaires, and verifying data completeness. All data collection procedures adhered to ethical research principles, including respect for persons, beneficence, non-maleficence, justice, and confidentiality, with respondent identities protected through a coding system.

Data analysis was conducted in stages, beginning with univariate analysis to describe respondents' characteristics, leadership styles, and levels of cultural safety implementation using frequency and percentage distributions. Bivariate analysis was then performed to determine the

relationship between independent and dependent variables using the Chi-square test. Leadership style categories were based on the highest mean score, while cultural safety was classified as high, moderate, or low. The level of significance was set at  $\alpha = 0.05$ .

This study received approval from the Research Ethics Committee, and all participants signed informed consent forms prior to data collection. The entire research process was designed to comprehensively answer the research question regarding the relationship between head nurses' leadership styles and the implementation of cultural safety. The findings are expected to contribute to the development of effective nursing leadership models that enhance culturally competent care in hospital settings.

### 3. RESULTS AND DISCUSSION

#### Respondent Characteristics

This study involved 45 nurses working in the pediatric ward of H. Sahudin Kutacane Regional General Hospital. The characteristics of the respondents are presented in the table below:

**Table 1.** Respondent Characteristics

Characteristic	Category	Frequency	Percentage
		(f)	(%)
Age	20–25 years	7	15.6
	26–35 years	24	53.3
	36–45 years	12	26.7
	>45 years	2	4.4
Gender	Female	38	84.4
	Male	7	15.6
Education	Diploma in Nursing (D3)	28	62.2
	Bachelor's in Nursing + Professional Nurse	17	37.7
Years of Service	1–5 years	18	40.0
	6–10 years	15	33.3
	11–15 years	8	17.8
	>15 years	4	8.9

Table 1 shows that the majority of respondents were aged 26–35 years, indicating a productive age group with adequate experience and openness to learning and competency development. Most respondents were female, consistent with the global trend in the nursing profession. The predominance of Diploma-level nurses reflects the typical educational background in regional hospitals; however, a notable portion (37.7%) held a Bachelor's and professional nursing qualification, signaling efforts to improve nurse qualifications at H. Sahudin Regional Hospital. Respondents' years of service varied, with junior nurses (1–5 years) comprising 40% and senior nurses (over 15 years) accounting for 8.9%, offering a balance between contemporary and experienced perspectives on cultural safety in practice.

#### Distribution of Leadership Styles

Based on the nurses' perceptions of their head nurse's leadership style, the distribution is presented below:

**Table 2.** Distribution of Head Nurse Leadership Styles

Leadership Style	Frequency	Percentage
	(f)	(%)
Transformational	21	46.7
Transactional	16	35.6
Laissez-faire	8	17.8
Total	45	100

Table 2 shows that most head nurses were perceived to have a transformational leadership style (46.7%), which is a positive indicator for nursing management at RSUD H. Sahudin Kutacane. Transformational leadership, characterized by the ability to inspire, offer intellectual stimulation, and provide individual

attention, is known to foster innovation and competency development in a supportive work environment.

### Level of Cultural Safety Implementation

**Table 3.** Level of Cultural Safety Implementation

Level of Cultural Safety	Frequency (f)	Percentage (%)
High	19	42.2
Moderate	18	40.0
Low	8	17.8
Total	45	100

Table 3 indicates that 42.2% of nurses achieved a high level of cultural safety implementation, and 40.0% were at a moderate level. Although most nurses demonstrated good application of cultural safety, nearly 18% were still at a low level, suggesting a disparity in cultural competence. This may stem from a lack of formal training, differences in educational background, varied clinical experience, and the influence of leadership style.

### Relationship Between Leadership Style and Cultural Safety

**Table 4.** Relationship Between Leadership Style and Cultural Safety Implementation

Leadership Style	Cultural Safety Implementation						Total	p-value	
	High		Moderate		Low				
	f	%	f	%	f	%			
Transformasional	14	66,7	6	28,6	1	4,8	21	100	0,018
Transaksional	5	31,3	9	56,3	2	12,5	16	100	
Laissez-faire			3	37,5	5	62,5	8	100	
Total	19	42,2	18	40	8	17,8	45	100	

Table 4 reveals that among 21 nurses who perceived their head nurse as applying a transformational style, 14 nurses (66.7%) reported a high level of cultural safety. In contrast, under transactional leadership, 56.3% of nurses achieved only a moderate level. Chi-square analysis showed a significant relationship between leadership style and the implementation of cultural safety in pediatric nursing ( $p\text{-value} = 0.018 < \alpha = 0.05$ ). These findings align with studies by Patarrù & Purwanza (2024), which suggest that head nurses with transformational leadership styles can enhance cultural awareness and nurse engagement in patient-centered care. Mrayyan et al. (2023) also found that nurses' perceptions of cultural safety are shaped by organizational climate and leadership styles that promote safe spaces for critical reflection and cross-cultural communication.

Thus, leadership style is a key determinant in the implementation of culturally sensitive nursing practices, especially in pediatric settings. Transformational leadership supports the realization of cultural safety by enhancing intrinsic motivation, cultural empathy, and innovation in care practices. Such leaders can guide, inspire, and empower nursing staff to recognize patients' and families' cultural values and integrate them into clinical decision-making (Ystaas *et al.*, 2023). Cultural safety involves creating a psychologically and culturally safe space for patients and families while avoiding the dominance of professional culture over patient experiences (Bresnahan and Zhuang, 2024). Therefore, leadership that encourages open discussion, self-reflection, and recognition of diversity enhances nurses' ability to provide culturally responsive care.

Based on the researcher's analysis, the leadership style of head nurses plays a supportive role in enabling nurses to implement cultural safety in pediatric care at RSUD H. Sahudin Kutacane. In a culturally diverse region such as Southeast Aceh, participatory and supportive leadership allows for intercultural dialogue and learning within nursing teams. Nurses who feel supported and valued are more motivated to understand patients' cultural values and avoid discriminatory practices. Moreover, regular reflective briefings and supervision led by head nurses create opportunities for collective learning about the cultural needs of pediatric patients and their families.

#### 4. CONCLUSION

This study involved 45 nurses working in the pediatric ward of H. Sahudin Kutacane Regional General Hospital. The majority of respondents were aged 26–35 years, female, held a Diploma in Nursing (D3), and had 1–5 years of work experience. Based on nurses' perceptions, transformational leadership was the most dominant style at 46.7%, followed by transactional at 35.6%, and laissez-faire at 17.8%. The level of cultural safety implementation showed a relatively good distribution, with 42.2% categorized as high, 40.0% as moderate, and 17.8% as low. Bivariate analysis using the chi-square test revealed a significant relationship between leadership style and cultural safety implementation ( $p$ -value =  $0.018 < \alpha = 0.05$ ).

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