Leadership Style and the Quality of Clinical Supervision by Ward Heads: A Literature Review

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Abstract

Clinical supervision is an inseparable part of nursing management in hospitals, functioning to safeguard care quality and patient satisfaction. Ward heads, as the frontline practitioners of clinical supervision, bring their own leadership style into that process, and this style is thought to influence the quality of supervision that results. This literature review analyzes the relationship between leadership style, specifically within the transactional–transformational framework, and the quality of clinical supervision carried out by ward heads. A search was conducted through Google Scholar using both Indonesian- and English-language keywords, filtered to publications from 2016–2020, yielding seven research articles (five national, two international) analyzed using the PICOT framework. The synthesis shows that transformational leadership consistently correlates with better clinical supervision outcomes, including nurse job satisfaction, patient safety goal achievement, and clinical competency gains, compared with transactional leadership, which centers on maintaining the status quo. The review concludes that a relationship exists between a ward head's leadership style and the quality of the clinical supervision they conduct, with "change toward improvement" as the conceptual thread connecting the two.

Keywords: leadership style, transformational leadership, clinical supervision, ward head, nursing management

Contents

1. Introduction
2. Literature Review
    1. Leadership and Leadership Style
    2. Clinical Supervision
    3. Conceptual Framework
3. Method
4. Results
5. Discussion
6. Conclusion and Recommendations
7. References

1. Introduction

Clinical supervision safeguards the quality of nursing care by monitoring, evaluating, and correcting the practice of frontline nurses on the ward. At the most basic level of a hospital's nursing management structure, this function is carried out directly by the ward head, making that role the frontline determinant of whether health service goals are met (Nursalam, 2017).

Preliminary observation and interviews with several nurses and a ward head at RSUD Dr. H. Moch. Ansari Saleh Banjarmasin found that day-to-day clinical supervision remained largely situational: carried out not on a fixed schedule, but only when deemed necessary, with most attention directed at specific procedures such as IV line insertion and hand hygiene, while other procedures went largely unsupervised. This pattern risks leaving stages of the nursing process unmonitored as a whole, complicating any honest evaluation of care quality.

The quality of clinical supervision is shaped by a range of factors, among them intention, job satisfaction, workplace culture, age, education, and work experience (Sutrisno, 2009, as cited in Aeni, 2016). This review focuses on one factor that sits conceptually closest to the core of the supervisory process itself: leadership, and specifically, the leadership style a ward head brings to it.

Leadership style is the pattern of behavior a leader applies to influence the people they lead (Hersey et al., 2013, as cited in Huber, 2014). One of the most widely used frameworks today divides leadership style into transactional and transformational, a distinction James MacGregor Burns introduced in 1978 (Burns, 2003) and Bernard Bass developed further in 1985 (Bass & Riggio, 2006). Transactional leaders run an "exchange" between employee performance and the reward employees receive for it, oriented toward preserving whatever is already working. Transformational leaders, by contrast, seek to change the status quo by motivating, internalizing a shared vision, and involving subordinates in decision-making.

Because clinical supervision by its nature demands continuous improvement in care, this review asks: is there a relationship between leadership style and the quality of clinical supervision carried out by ward heads? The general aim is to determine that relationship; specific aims are to identify the leadership styles ward heads apply, identify the quality of clinical supervision they carry out, and analyze the relationship between the two.

2. Literature Review

2.1 Leadership and Leadership Style

Leadership is the process of influencing others toward a shared goal, distinct from management, which centers more on structure, systems, and administration (Huber, 2014). The study of leadership began with the Great Man Theory and trait theory, both of which framed leadership as an inborn quality, before shifting toward the understanding that leadership can be learned (Marquis & Huston, 2017).

That shift gave rise to the "leadership style" era, with early breakthroughs from Lewin in 1951 and White and Lippitt in 1960, who grouped leadership styles into authoritarian, democratic, and laissez-faire (Marquis & Huston, 2017). Tannenbaum and Schmidt, in 1973, as cited in Huber (2014), then placed the three on a single continuum, running from leader-centered to subordinate-centered. James MacGregor Burns extended this framework further in 1978 with the concepts of transactional and transformational leadership (Burns, 2003), later developed by Bernard Bass in 1985 (Bass & Riggio, 2006).

Transactional leaders focus on day-to-day tasks and honoring agreed commitments, apply a mutually beneficial exchange between leader and employee, and reward employees who meet targets. Transformational leaders prioritize shared values, act as facilitators, inspire employees with a long-term vision, and actively work to drive change and empower their people (Marquis & Huston, 2017).

2.2 Clinical Supervision

Clinical supervision is a process of ongoing observation and evaluation by a more experienced practitioner of someone within the same profession, aimed at developing the professional capacity of the person being supervised while safeguarding the quality of care their clients receive (Corey et al., 2014). Within nursing specifically, Nursalam (2017) defines it as continuous oversight and mentoring covering care delivery, staffing, and equipment, so that patients consistently receive quality care.

Good clinical supervision is timely, simple, minimal (effective and efficient), and flexible enough to preserve the social relationship between supervisor and supervisee (Nursalam, 2017). Cutcliffe, Hyrkas, and Fowler (2011) distill the core competencies a supervisor needs into three: the ability to explore the supervisee's needs, the ability to guide, and the ability to select the appropriate course of action. These three competencies form the operational framework for the quality-of-clinical-supervision variable used in this review.

2.3 Conceptual Framework

This review positions leadership style (transactional–transformational, following Burns and Bass) as the independent variable, and the quality of clinical supervision carried out by ward heads (measured through the three competencies of Cutcliffe et al., 2011) as the dependent variable, with the hypothesis that the two are related.

3. Method

This review used a literature-study design: the collection and analysis of data from published research articles, books, and academic manuscripts, without direct field data collection (Untari, 2018).

The search was conducted through Google Scholar using two keyword sets: Indonesian ("gaya kepemimpinan", "transaksional", "transformasional", "supervisi klinis", "kepala ruangan", "perawat pelaksana", "perawat", "keperawatan") and English ("leadership style", "transactional", "transformational", "clinical supervision", "nurse manager", "nurse", "nursing"), filtered to publications from 2016 onward, searched up to the tenth results page.

Article selection followed the PICOT framework: **P** (population/problem) covered clinical supervision, leadership style, frontline nurses, and ward heads; **C** (comparison) was transactional versus transformational leadership, as well as authoritarian, democratic, and laissez-faire styles; **T** (time) was restricted to publications from 2016–2020. From an initial 25 Indonesian-language and 3,250 English-language results, staged filtering by publication year, title screening, and abstract review yielded seven research articles for full analysis (five national, two international), supplemented by one undergraduate thesis and two reference books used to support the analysis. Ethical clearance for the underlying research was granted under certificate number 059/UMB/KE/IV/2020.

4. Results

Table 1 summarizes the seven research articles analyzed in this review.

Table 1. Summary of Analyzed Articles

Author (Year)	Focus	Method	Key Finding
Istiningtyas & Wulandari (2018)	Ward head leadership during handover	Quantitative, chi-square, n=104	Significant relationship between ward head leadership during handover and handover execution (p=0.0014)
Fatikhah & Zuhri (2019)	Reflective-model supervision and job satisfaction	Quasi-experimental, pre-post test, n=68	Reflective supervision significantly improved nurse job satisfaction (p<0.001)
Basri (2018)	Reflective-interactive supervision and patient safety goals	Quasi-experimental, pre-post test, n=48	Significant difference in patient safety goal achievement before and after intervention (p=0.000)
Passya, Rizany, & Setiawan (2019)	Ward head and supervisor roles vs. documentation motivation	Correlational, cross-sectional	Positive relationship between ward head role (p=0.000) and supervisor role (p=0.000) with documentation motivation
Atmaja, Hartini, & Dwiantoro (2018)	Academic-model clinical supervision and Patient-Centered Care	Quasi-experimental, pre-post test	Significant effect on improved Patient-Centered Care implementation
Driscoll et al. (2019)	Enhancing clinical supervision quality (case study)	Qualitative, case study	Safe discussion space and organizational commitment are key to successful group-model clinical supervision
King, Edlington, & Williams (2020)	The ideal clinical supervision environment	Qualitative, interviews (n=20)	Extracted 12 themes shaping an ideal clinical supervision environment, including the supervisor as role model and a strength-based approach

Across all seven studies, the quality of the relationship and interaction style between ward heads or supervisors and frontline nurses consistently correlates with better nursing outcomes, whether measured as job satisfaction, patient safety, motivation, or clinical competency.

5. Discussion

None of the seven studies reviewed directly tested the relationship between leadership style (transactional–transformational) and clinical supervision quality as two explicit variables within a single study. Read together through the lens of leadership-style theory, however, their combined findings consistently point toward the same pattern. Istiningtyas and Wulandari (2018) found that ward heads regarded favorably by subordinates were those able to create a harmonious work atmosphere, marked by open communication and the erosion of stiff hierarchy between leader and staff, hallmarks of transformational leadership. Prasetiani and Kusuma (2018) likewise argue that mentorship, a concrete form of supervision, only functions well under leadership with a genuine vision for transformation, not leaders merely getting through the day's routine.

This pattern aligns with Sfantou et al. (2017), who found that leadership styles supporting a collaborative and dynamic work environment, core traits of transformational leadership, correlate strongly with healthcare quality indicators, including patient safety. Lussier and Achua (2016)

summarize a broad body of evidence that transformational leadership improves workplace culture, employee commitment, and job satisfaction, while transactional leadership correlates positively only with the financial-reward dimension.

The conceptual thread linking transformational leadership and clinical supervision is the word "change." Clinical supervision is, at its core, a continuous effort to assess performance so that errors can be corrected in service of better care, an orientation that mirrors transformational leadership's focus on continuous improvement rather than the mere status-quo maintenance characteristic of transactional leadership.

Favoring transformational leadership does not mean discarding transactional leadership altogether. Subekti, Setiawan, and Sudjanto (2016) show that in certain situations, such as delayed incentive payments, a transactional approach that attends more concretely to rights and obligations is in fact more relevant. In other words, an effective ward head still needs situational flexibility, but a dominant tendency toward transformational leadership remains the more compatible factor for the long-term goal of high-quality clinical supervision.

6. Conclusion and Recommendations

This literature review draws four conclusions. First, the clinical supervision process comprises three core activities, oversight, assessment, and teaching, with improved patient care as its outcome. Second, transactional leadership focuses on preserving the status quo through an exchange of performance for reward, while transformational leadership seeks to drive change through motivation, vision internalization, and subordinate involvement in decision-making. Third, a common thread runs between clinical supervision and transformational leadership through the keyword "change": the more transformational a ward head's leadership, the higher the quality of the clinical supervision they carry out. Fourth, a relationship therefore exists between leadership style and the quality of clinical supervision conducted by ward heads.

Hospitals are advised to run robust leadership development pipelines, including leadership training for both prospective and serving ward heads, and to create incentives for high-quality clinical supervision through motivation, vision internalization, and open communication channels between ward heads and frontline nurses. Because this review is literature-based, without direct field data collection, and because no study was found that explicitly tested both variables within a single design, further quantitative field research is needed to provide a more concrete picture of the relationship between a ward head's leadership style and the quality of the clinical supervision they conduct.

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