



Head Nurse Leadership Style Based on Bureaucratic Caring Theory: Action Research Study

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Abstract

This study aimed to develop a head nurse leadership model based on Bureaucratic Caring Theory in Bhayangkara Level III Hospital, Manado. The theory emphasizes integrating caring values with organizational bureaucracy, where head nurses balance compassionate leadership, ethical practice, and effective management processes. A qualitative action research design was applied involving head nurses selected through purposive sampling. Data were collected through in-depth interviews, reflective leadership practice, and field notes. The data were analyzed using thematic analysis to identify patterns in leadership experiences. Four main themes were generated: bureaucratic structure in nursing units; leadership functions of head nurses, including planning, organizing, directing, and controlling; application of caring values in leadership practice; and organizational culture and work ethic related to communication and leadership autonomy. The findings showed that head nurse leadership was not only a structural role but also a dynamic process integrating managerial functions, decision-making, communication, and caring values. The study concluded that an integrated leadership model combining organizational structure, caring values, and work culture was essential to enhance leadership effectiveness and nursing service quality.

Keywords

Bureaucratic caring theory;

Caring leadership;

Head nurse leadership;

Hospital bureaucracy;

Organizational culture.

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Introduction

The ward head's leadership is a crucial factor in determining the effectiveness of nursing services in hospitals. The ward head not only acts as a unit manager but also as a leader capable of directing, supervising, and setting an example for nurses. The leadership style adopted will influence nurses' performance, motivation, and job satisfaction in carrying out their duties. Research shows that the ward head's leadership style is closely related to the quality of care provided to patients, both in terms of work effectiveness and nursing outcomes achieved (Widiharti et al., 2023). Therefore,

developing a leadership style that aligns with organizational needs and the demands of healthcare services is imperative.

In the era of modern healthcare, nurses face the complexity of hospital bureaucracy, quality standards, and strict health regulations. This situation demands nursing leaders who not only understand administrative aspects but also embody caring values in every interaction. The Bureaucratic Caring theory, developed by Marilyn Anne Ray, offers a conceptual framework for integrating bureaucratic dimensions (organizational rules, structures, and policies) with caring values (concern, respect, and empathy) in the context of healthcare (Ray, 2021). With this approach, leaders not only control the bureaucracy but also ensure that the human aspect is maintained in daily nursing practice.

Recent research supports the importance of implementing a caring bureaucracy in hospitals. (Hayati et al., 2024) found that the implementation of caring bureaucratic leadership by nursing managers reduced nurse burnout rates. This demonstrates that a leadership style that combines a bureaucratic structure with attention to staff emotional needs can improve the well-being of nursing staff. Similarly, a multicenter study in China by Zhang et al. (2022) demonstrated that the developed caring leadership model facilitated nurses' self-actualization while maintaining harmonious interpersonal relationships. This indicates that caring values are not only individual but can also be integrated into organizational policies and leadership practices.

The ward head, with more than two years of experience as a Ward Head at Bhayangkara Hospital Level III Manado, has provided a deep understanding of the realities of nursing leadership in service units. During this role, the researcher received various inputs from implementing nurses, nursing management leaders, and the hospital director regarding the challenges and dynamics of managing a ward. One of the main findings from this experience is that the ward head's leadership function is not only administrative but also requires the ability to address the complexity of the hospital bureaucratic system, maintain service quality, and foster harmonious working relationships with the entire team. In the context of hospital bureaucracy, the ward head occupies a strategic position as a liaison between management policies and daily clinical practice. He is responsible for carrying out managerial functions that include planning, organizing, directing, and supervising all nursing activities in his unit. However, in practice, a rigid and hierarchical bureaucratic structure often hinders the realization of responsive, empathetic, and adaptive leadership to the needs of patients and staff.

Based on the results of a preliminary informal interview with the Head of the Tulip Ward on May 21, 2025, a female with more than two years of experience as a Head of the Ward, the following question was asked: "What is your experience implementing leadership using bureaucratic theory in the ward?" Information obtained from the participant indicates that carrying out the role of Head of the Ward requires adequate mastery of theory and the ability to lead team members effectively. The following statement was made: "As a Head of the Ward, you must be caring and wise towards the employees in the ward that you manage."

The results of an interview with the Head of the Eldewies Bawah Ward on May 21, 2025, a female with more than five years of experience as a Head of the Ward. When asked: "What is your experience implementing bureaucratic leadership functions?" The following statement was made: "Listening to the opinions of other colleagues." Given this reality, the Bureaucratic Caring Theory developed by Marilyn Anne Ray serves as an important foundation for understanding and designing ideal nursing leadership. This theory offers a leadership approach that not only considers organizational structure and regulations but also integrates the values of caring, spirituality, and humanism into decision-making processes and interprofessional interactions. Thus, ward heads are expected to function not only as bureaucratic administrators but also as leaders capable of creating a caring, meaningful, and highly moral work climate.

Bhayangkara Hospital Level III Manado has a total of 12 ward heads spread across various service units, with 7 serving in inpatient wards and 5 in outpatient wards. The ward heads in each of these units play a crucial role in implementing nursing leadership functions within the hospital's bureaucratic structure. The diverse backgrounds and challenges faced by these ward heads are crucial reasons for designing leadership functions that not only align with the bureaucratic system but also accommodate the values of caring, spirituality, and professional nursing ethics.

Various studies have shown that the leadership style adopted by ward heads significantly impacts nurse performance and motivation. A democratic leadership style, for example, has been shown to improve nurse performance because it emphasizes participation, open communication, and staff empowerment. Research by Zahroh et al. (2024) at Petrokimia Gresik Hospital demonstrated that democratic leadership significantly improves nurse performance. Similar findings were reported by Wati & Fauziah (2024), where effective leadership positively correlated with staff motivation and performance. Furthermore, "power leadership"-based leadership has also shown a positive impact on nurse work motivation, as studied by Suhartini (2022) at Probolinggo Hospital. Strong yet supportive leadership helps create a conducive work environment, increases job satisfaction, and reduces levels of conflict and work stress. Within the context of a hospital's bureaucratic structure, ward heads also have significant administrative responsibilities. They are expected to effectively carry out managerial functions, including scheduling work, conflict management, clinical supervision, and staff competency development through training and coaching. In a bureaucratic hospital system, the ward head acts as a functional leader who coordinates daily nursing processes, manages resources, and ensures that services are carried out in accordance with standard operating procedures (SOPs) and nursing care standards (SAK). According to Alluhaybi et al. (2023), the ward head's role significantly influences nurse performance, work motivation, and the effectiveness of inter-team communication. The study confirmed that effective ward head leadership can improve the overall quality of nursing services. However, the reality on the ground shows that ward heads often face the challenge of a dual role: on the one hand, they are bound by the rigid hospital bureaucratic structure, and on the other, they are expected to foster caring values and humanistic leadership in service. This is where Marilyn Anne Ray's Bureaucratic Caring theory becomes relevant. This theory emphasizes that leadership in a bureaucratic context must continue to reflect spiritual, social, cultural, and ethical values as the core of meaningful nursing services.

Researchers observed that suboptimal implementation of management functions can impact patients, families, staff, and the hospital as a whole. Researchers also conducted direct observations in inpatient wards to identify effective bureaucratic implementation. When interviewed, respondents reported that they did not yet know or understand what should be done to implement the bureaucratic caring function in leadership.

According to Alluhaybi et al. (2023), a manager's positive leadership style is positively correlated with the level of engagement of registered nurses. An effective leadership style is generally characterized by ethical considerations in decision-making, positive behavior, promotion of workplace equality, and fostering healthy relationships among employees. This combination of characteristics contributes to increased motivation, job satisfaction, and overall nursing team performance. The review findings can help nursing leaders develop leadership style training and education. Developing interventions for staff nurses requires attention to the indirect influence of nurse manager leadership style and related mediating factors. Mastery of the fundamental theories and principles that shape modern healthcare systems and influence service structures is a critical element in determining a nurse leader's success. This is particularly true when implementing a Human-Centered Design (HCD) approach to meet patient needs optimally. This approach can be strengthened through a deep understanding of Rogers' Diffusion of Innovations, Neumann's Systems Model, and Peplau's Interpersonal Relations Theory, each of which provides a conceptual framework

for managing change, maintaining patient stability, and building effective therapeutic relationships (Wymer et al., 2023)

The preliminary study indicated that implementing nursing management functions in inpatient wards still faces several challenges. Although head nurses have been implementing managerial functions, variations remain in the understanding and application of management principles, communication practices, supervision, and decision-making processes. The findings also suggested that head nurses' roles are often focused on administrative responsibilities, while integrating leadership practices with caring values requires further strengthening. In addition, the absence of standardized guidelines regarding head nurse qualifications and leadership competencies highlights the need for a comprehensive leadership framework. Therefore, developing a head nurse leadership model based on Bureaucratic Caring Theory is important to integrate organizational management structures with caring values to improve nursing leadership effectiveness and service quality.

Materials and Methods

This study employed a qualitative approach with an action research design. This design was chosen to gain a deeper understanding of the room heads' experiences in leadership practices and to develop a leadership style design based on Bureaucratic Caring Theory. The action research approach enabled researchers and participants to actively reflect on leadership practices, identify problems, and develop contextual solutions tailored to on-the-ground conditions.

This research was conducted at Bhayangkara Hospital Level III Manado. Participants were ward heads working in the nursing service unit. Ward heads were selected as participants because they are directly responsible for implementing nursing management functions, coordinating nursing staff, making clinical and administrative decisions, and translating organizational values into daily nursing practices. Participants were selected using a purposive sampling technique based on the following inclusion criteria: (1) having served as a ward head for at least one year, which allowed sufficient experience in performing leadership functions; (2) having experience managing a nursing unit; and (3) being willing to participate in the research. Twelve ward heads participated in this study. The number of participants was determined based on the principle of data sufficiency, in which data collection was continued until information became repetitive and no new themes emerged. Data collection was conducted in two stages. The first stage involved a 60-minute Focus Group Discussion (FGD) with 12 ward heads (P1–P12) to explore their experiences and perceptions related to Bureaucratic Caring-based leadership. The second stage employed an action research approach through an expert workshop involving 12 participants and two informants to formulate a leadership model. Data were collected through recordings, field notes, and discussion results, then analyzed thematically through coding, categorization, and theme extraction. Data validity was maintained through triangulation and member checking.

Table 1. Interview Guideline

No	Interview Questions	Aims & Indicator
1	a. How do you understand the role of a ward head in managing a unit/room in a hospital? b. What does leadership mean to you in the context of nursing services?	To find out the experience of nurses in Understanding Leadership and Bureaucracy
2	a. How do you carry out leadership functions such as planning, organizing, directing, and supervising? b. How is the decision-making process carried out in your work unit? c. Is it top-down, collaborative, or a mix?	To find out the nurses' experience in carrying out their functions as head of the room

	d. What challenges do you often face in implementing leadership within a bureaucratic system?	
	e. Does the current bureaucratic structure support or hinder the smooth running of nursing services?	
3	a. Do you apply caring values or a humanistic approach in leading your nursing staff?	To find out the experiences of nurses in applying Caring Values in Leadership Practice
	b. How do you balance bureaucratic regulations with the spiritual/emotional needs of staff and patients?	
	c. Can you share an experience where spiritual or humanitarian values were taken into consideration in decision-making?	
4	a. How is your communication with your superiors (head of nursing/director) and the nursing staff?	To find out the experience of the head nurse in Organizational Culture and Work Ethic
	b. Do you have the space or flexibility to create micro-policies in your work unit?	

Data analysis was conducted qualitatively using a thematic analysis approach to identify the meaning of participants' experiences related to the leadership of room heads based on Bureaucratic Caring Theory. The analysis process began with data collection from Focus Group Discussions (FGDs), observations, and workshops. All discussions were recorded and transcribed verbatim, then read repeatedly to gain a comprehensive understanding of the data. The researcher then conducted a coding process by identifying important statements and grouping them into categories with similar meanings. The resulting categories were then further analyzed to generate subthemes and main themes. This process involved comparing similarities and differences across data to identify patterns that represented the phenomenon under study. The resulting themes were then organized into narrative descriptions depicting the leadership styles of room heads based on Bureaucratic Caring Theory. To enhance data validity, member checking was conducted by confirming the findings with participants. The resulting clarifications were used to refine the theme descriptions. The final stage of analysis was to compile the research results into a systematic and comprehensive narrative.

The validity of the data in this study was maintained through four criteria: credibility, dependability, confirmability, and transferability. Credibility was achieved through member checking, which involved returning transcripts to participants to ensure the data matched their experiences. Credibility was further strengthened through the researcher's diligent observation and comprehensive data documentation during Focus Group Discussions (FGDs) and workshops. Dependability was maintained by ensuring the entire research process was conducted systematically and well-documented, from data collection to analysis. The researcher also conducted audits by external reviewers to assess the consistency of the research process and results. Confirmability was achieved by ensuring that all research findings were based on empirical data obtained in the field. The researcher consulted with a supervisor or expert to obtain input and maintain the objectivity of the research. Transferability was achieved by presenting clear and detailed descriptions of participant characteristics, the research context, and the research implementation process, enabling readers to assess the applicability of the research results to other similar contexts. The study received ethical approval from the Research Ethics Commission of Karya Husada University Semarang with number 0397/KEP/UNKAHA/LPPM/X/2025.

Result and Discussion

Results

Table 1. Participant characteristics

Code	Gender	Age	Education	Position
P1 (01)	F	32	Nurse	Ward Manager
P2(02)	F	40	Nurse	Ward Manager
P3(03)	F	41	Nurse	Ward Manager
P4(04)	F	35	Nurse	Ward Manager
P5(05)	F	42	Nurse	Ward Manager
P6(06)	F	44	Nurse	Ward Manager
P7(07)	M	35	Radiography	Ward Manager
P8(08)	F	44	Analysis	Ward Manager
P9 (09)	F	35	Pharmacy	Ward Manager
P10 (10)	F	40	Nurse	Ward Manager
P10 (11)	F	50	Nurse	Ward Manager
P11 (12)	F	42	Nurse	Ward Manager

This study involved twelve participants, all of whom were ward heads at Bhayangkara Hospital Level III Manado. Gender-wise, participants were male and female. Participants ranged in age from 30 to 50 years, reflecting a variety of work experiences and professional maturity in carrying out nursing leadership roles. Educationally, participants had a nursing, D3 Pharmacist, and D3 Analyst background, demonstrating a uniformity of academic qualifications as professional nurses. In this study, all participants served as key informants directly involved in the action research process, from the planning, action, observation, and reflection stages in designing a ward head leadership style based on Bureaucratic Caring Theory.

Bureaucratic Structure in Nursing Units

Room Head's Understanding of the Role of Leadership in the Bureaucratic System

In my opinion, the ward head is like the "driving force" of the ward. He or she manages all activities, from work schedules and task assignments to ensuring that patient care continues smoothly and meets standards (P1).

"The ward head's role is crucial because they serve as a liaison between management and the nurses. This allows for clear communication of policies from above to the team below (P3).

"The ward head must also be a role model. They not only manage but also set an example in terms of discipline, work ethics, and patient care. (P5).

"Sometimes we see the ward head becoming a channel for fellow nurses to confide in when they have problems, whether it's about work or relationships with other staff. So, in addition to managing, they must also be a listener and mediator (P2).

"In my opinion, the ward head must be able to balance administrative duties with service. Because if you're too busy with administration, you can sometimes overlook patient care (P4).

"Essentially, the ward manager is the one who ensures everything runs smoothly — from the perspective of nurses, patients, and management. If they aren't firm or don't get along with the staff, the work environment can become chaotic (P7).

The Meaning of Head of Room Leadership in the Context of Nursing Services.

In my opinion, leadership isn't just about position, but also about being a role model and motivating others to work wholeheartedly, especially when serving patients. (P7)

Leadership in nursing means keeping the team motivated and united even when the room is busy. This helps maintain a positive work environment. (P8)

"Leadership, for me, is the ability to listen and understand the needs of staff, then find ways to ensure optimal patient care. (P9)

"Leadership means being an example, not just giving orders. If the leader gets involved, the staff will also be more motivated and feel appreciated." (P10)

"In nursing care, a leader must be able to balance hospital regulations, patient needs, and the nurses' conditions in the field. So, a leader can guide without pressuring. (P11)

"In my opinion, leadership is about caring. Leaders who care about staff and patients usually create a more comfortable work environment and improve service outcomes." (P12)

Leadership Function of the Room Head

Implementation of Managerial Functions of the Head of the Room in the Nursing Unit

I usually start with planning, for example, creating a work schedule, assigning tasks, and determining equipment and medication requirements for each room. After that, I assign who is responsible for each shift. If there are any changes, I direct the staff to avoid confusion. For supervision, I usually walk around the room, observing the service and administration firsthand. If there are any shortcomings, I convey them politely so they can be corrected. (P9)

In planning, I always involve the team so they feel a sense of responsibility. I organize the work based on each staff member's abilities, so experienced staff can assist new ones. For direction, I always strive for good communication, avoiding blaming in front of others. I supervise as I go along, providing encouragement, not just judging." (P8)

In a hospital, we do have rules and SOPs, so all leadership functions must adhere to standards. I always implement them with a more humane approach. For example, during supervision, if a staff member is being less than thorough, I call them out and explain why it's important. So it's not just about enforcing the rules, but also about building awareness. (P10)

Decision-Making Process in the Bureaucratic Structure of the Nursing Unit

"I usually first assess the problem. If it can still be resolved at the ward level, I decide with the team. But if it concerns hospital policy or something larger, I report it to the department head or management for direction. So there's still a process and coordination." (P1)

I prefer decisions to be made after listening to staff input. But ultimately, as the ward head, I must remain firm in determining what's best for the service. So there's a balance between deliberation and responsibility as a leader." (P11)

If the decision is urgent, for example, there's a critical patient or a staffing shortage, I immediately take swift action within my authority. But after that, I still formally report it to my superiors and the team so everyone knows the reasoning." (P12)

Hospitals do have structures and regulations, so some decisions remain top-down. But I try to explain the rationale behind the decision to staff so they understand, not just follow them." (P3)

Some decisions must be top-down because they're already hospital policy, such as regarding SOPs or equipment usage. "But for matters concerning day-to-day teamwork, we usually make decisions together through discussions." (P5)

It's more collaborative, ma'am. I believe that when staff are involved in decision-making, they have a greater sense of responsibility and are more willing to carry it out diligently. I usually talk to them first before deciding on a course of action." (P7)

Leadership Challenges of Ward Heads in the Hospital Bureaucratic System

"Sometimes the challenge lies in authority, ma'am. Some things could actually be resolved quickly at the ward level, but because the system is bureaucratic, we have to wait for approval from our superiors. Ultimately, it's a bit slow, even though the situation on the ground requires a quick decision." (P9)

The most noticeable thing is balancing hospital regulations with a sense of humanity. For example, if a staff member breaks a minor rule due to a particular situation, the rules must be enforced. Here, I have to be wise, not just rigid with the rules, but also consider the human side." (P2)

The challenge often lies in communication between levels, ma'am. Sometimes information from the top doesn't reach the bottom clearly, or vice versa. As a result, implementation in the ward doesn't align with policy. (P4)

In a bureaucratic system, requesting staff or medical equipment is a lengthy process. Sometimes services are needed quickly, but procedures are lengthy. This requires the ward head to be smart in strategizing to keep services running. (P8)

Sometimes staff feel bored because the bureaucratic system is too rigid, especially when policy changes frequently occur without explanation. The challenge for me is how to maintain team spirit so they continue to feel appreciated." (P11)

For me, the biggest challenge is how to maintain a caring attitude amidst a rigid system. Despite the many rules, I stay close to the staff, listen to their concerns, and convey their aspirations to management. (P3)

Caring Values in Leadership Practice

Implementation of Caring Values in the Leadership of Room Heads

"Yes, I always try to apply the value of caring in my leadership. For example, if a staff member looks tired or is having personal problems, I first ask how they are. Sometimes small things like that can make them feel cared for and motivated to work again." (P1)

I implement caring through my communication, ma'am. When I reprimand a staff member, I try to use kind words and not put them down in front of others. If they make a mistake, I prefer to call them privately and discuss a solution together. (P7)

I believe that if staff feel cared for, they will also care for patients more sincerely. (P1)

I think caring can be demonstrated through the way we communicate. I am open and willing to listen to staff members' concerns. Sometimes they don't need an immediate solution, but they need to be heard. That way, relationships become warmer, and teamwork becomes more solid." (P4)

I try to be a role model. If a patient or family member is angry, I step in directly to help the staff member. That's also a form of caring, so the staff member feels less alone in facing difficult situations." (P2)

The value of caring for me also includes a spiritual aspect, ma'am. I often remind my colleagues that our service isn't just a job, but also a form of devotion. Therefore, every action must be based on sincere intentions and empathy. (P10)

"Sometimes caring isn't a big thing, but rather small acts of kindness, like asking how staff are after a night shift, or saying thank you after a tough assignment. Small things like that can make them feel appreciated." (P9)

Integration of Caring and Bureaucratic Values in Decision Making

Rules must still be followed because it is our responsibility. But in implementing them, I remain flexible. For example, if a staff member wants to pray or a patient needs spiritual support, I arrange for this to be possible without disrupting services (P9).

Bureaucracy is important for maintaining order, but it shouldn't cause us to lose our humanity. So, if there's a situation that requires empathy, I always take the middle ground—adhering to the rules, but also being considerate of the emotional well-being of staff and patients (P11).

I try to balance this by making space for shared spiritual activities, such as praying before work or after a patient dies. This helps staff maintain their emotional balance and reminds them that our work has both humanitarian and spiritual value (P3).

Leaders must be able to read the situation. Sometimes staff is physically and emotionally exhausted, so I give them a chance to rest. This isn't written in the SOP, but it's important to maintain their well-being (P6).

Bureaucracy does demand that we follow rules, but if implemented with care, it can be balanced. I try to foster a culture of mutual care—so even though the system is rigid, relationships between staff remain warm and supportive (P3).

Organizational Culture and Work Ethic

Organizational Communication in the Leadership of the Head of the Room

I maintain open, two-way communication with my superiors and staff. With my superiors, I convey reports and challenges in the office honestly and politely. With my staff, I engage in more discussion so they feel involved, not just given orders (P1).

In my communications, I always maintain clarity and empathy, Ma'am. When communicating with my superiors, I ensure complete information to avoid misunderstandings. With my staff, I try to use language that's easy to understand and doesn't offend them (P9).

With my superiors, communication runs well; we often coordinate through meetings or text messages if there's an urgent matter. With my staff, I'm more relaxed—sometimes chatting during work breaks. This way, they're more open to expressing complaints or ideas (P12).

In my opinion, the key to communication is trust. I serve as a liaison between my superiors and staff. If there's a policy from above, I convey it in a way that's acceptable to my staff. Likewise, I convey my staff's aspirations to my superiors without exaggerating. (P5)

I strive to build caring communication. If staff members seem depressed or tired, I ask them politely, rather than immediately reprimanding them. I do the same with my superiors; I deliver reports respectfully but remain open to feedback (P8).

Autonomy and Work Ethic of Room Heads in Organizational Culture

If you say there are, yes, there are, but not many. I usually have the freedom to create small, technical policies in the ward, such as scheduling shifts, communication systems between shifts, or dividing responsibilities. But for major policies, we still need the permission of our superiors (P3).

As long as they don't conflict with hospital regulations, we are given the freedom to adjust the way things work in the ward. For example, determining a more efficient patient care flow or reporting method. So, there's still room for creativity, as long as they adhere to procedures. (P7)

There's room to create micro-policies, but they are limited. Sometimes ideas from the ward take a long time to be approved because they have to go through several levels. So we often make small, practical adjustments without changing the main policies. (P11)

I usually create small rules in the ward to improve staff work comfort, such as a fair rotation system for critical patients or balanced rest periods. Even though they're not written in hospital policy, as long as they have a positive impact and don't violate regulations, our superiors still support them. (P10)

Our superiors trust the ward heads to set micro-policies as long as they remain transparent and accountable. So we continue to coordinate and report any changes made in the unit (P1).

Sometimes we wish we had more space to make decisions at the office level. Because we know the conditions on the ground best, if there are micro-policies that can speed up service, they should be implemented immediately without a lengthy process. (P8)

The challenge is that communication within the bureaucracy is stiff because it has to go through certain channels. I maintain good relationships, so even though the system is formal, the atmosphere remains human. I believe good communication can streamline service (P2).

Discussion

Bureaucratic Structure in Nursing Units

Interview results indicate that ward heads interpret the leadership role in a bureaucratic system as more than just carrying out administrative duties; it also involves holding strategic responsibilities for ensuring coordination, team motivation, and the implementation of nursing service policies. Ward heads are understood as the "driving force" of the nursing unit, tasked with managing schedules, assigning tasks, and overseeing the implementation of clinical procedures. This view is consistent with leadership theory in the healthcare context, which states that first-line leaders play a crucial role in bridging management policies with daily clinical practice (Xue et al., 2025)

This interpretation also indicates that ward heads act as intermediaries between hospital management and nursing staff, a crucial function within the hospital bureaucratic structure. This aligns with recent research findings that leadership at the clinical unit level is positively correlated with service quality and staff job satisfaction, as first-line leaders serve as a communication nexus, translating structural policies into the unit's operational context (Xue et al., 2025)

Furthermore, participants emphasized that ward heads must also serve as role models in discipline, work ethics, and nursing service standards. These findings align with the concept of transformational leadership in nursing, where leaders focus not only on task management but also on modeling professional behavior that can motivate staff. Leaders who demonstrate exemplary behavior strengthen staff commitment to organizational values and service quality (Huang et al., 2025)

Furthermore, interviews highlighted the interpersonal aspect of leadership, namely the ward head's ability to provide a channel for staff to vent their feelings when experiencing work or social relationship issues in the unit. Previous research has shown that a leader's ability to be a supportive listener contributes to reducing nurses' work stress and creating a more supportive work culture (Tsapnidou et al., 2025). This is relevant in the context of hospital bureaucracy, as strict formal structures often neglect staff emotional needs if leaders are not responsive to team dynamics.

Interviews also revealed that ward heads must balance administrative work with clinical service oversight to prevent a decline in the quality of patient care. This perspective aligns with recent nursing management literature, which states that effective leaders must balance their time between bureaucratic tasks and clinical engagement, as both contribute to service quality. Clinical leaders who

focus too much on administration tend to lose touch with the needs of staff on the ground (Napitupulu et al., 2022)

The Meaning of Ward Head Leadership in the Context of Nursing Services. The results show that ward heads interpret leadership not simply as a structural position within the hospital bureaucratic system, but as the ability to set an example, motivate staff, and build work enthusiasm in providing nursing services. Leadership is viewed as a relational process that requires emotional involvement and concern for both staff and patients. This understanding of leadership, which emphasizes exemplary behavior and direct involvement, aligns with findings (Lee et al., 2023), which state that nurse manager leadership at the unit level plays a crucial role in creating a positive work climate and improving service quality. Leaders who are present in the field and provide concrete examples can increase nurses' motivation, sense of appreciation, and commitment to safe and quality care.

Leadership is defined as the ability to maintain team cohesion and a conducive work environment, particularly in busy and stressful unit conditions. This aligns with findings (Alanazi et al., 2023), which confirm that inspirational and supportive leadership is associated with increased nurse morale and teamwork effectiveness, ultimately impacting the quality of nursing care. Leadership that emphasizes listening, understanding staff needs, and balancing organizational rules with on-the-ground conditions reflects a participatory leadership approach. These findings are supported by Alanazi et al. (2023), who stated that a responsive and caring leadership style can increase nurse work engagement, even within a bureaucratic organizational system. Overall, this discussion indicates that the meaning of ward head leadership has shifted from a purely administrative approach to leadership that integrates the values of caring, role modeling, and compassion into nursing practice. These findings align with Marilyn Anne Ray's Bureaucratic Caring Theory, which emphasizes that nursing leadership must harmonize bureaucratic structures with humanitarian and spiritual values in healthcare.

Leadership Functions of the Room Head

The research results show that ward heads systematically carry out managerial functions through planning, organizing, directing, and supervising the management of nursing units. The implementation of these functions is not only oriented towards fulfilling administrative duties but also aimed at ensuring the smooth running of nursing services and maintaining the readiness and performance of staff in the field. The implementation of planning functions, which include preparing work schedules, assigning tasks, and managing equipment and medication needs, demonstrates the ward head's strategic role in ensuring continuity of service. This finding aligns with Marquis & Huston (2021), who state that planning is a key managerial function in nursing, ensuring service effectiveness and optimal resource utilization. Participatory planning also contributes to an increased sense of responsibility and staff involvement in task execution.

In the organizing function, ward heads regulate the division of tasks based on staff competency and experience. This approach reflects the ward head's efforts to balance the workload and support the learning process in the nursing unit. This aligns with findings (Jimenez-Caceres et al., 2025), which indicate that competency-based organization can improve teamwork effectiveness and the quality of nursing care. The directive function is implemented through constructive and supportive communication, without publicly blaming staff. This approach demonstrates a coaching-oriented leadership style that strengthens motivation. According to (Al Sabei & Ross 2023), effective directive leadership in nursing leadership is characterized by clear, empathetic communication and the ability to create a sense of psychological safety for nurses in carrying out their duties (Al Sabei & Ross, 2023).

Meanwhile, the supervisory function is not solely carried out as a form of control, but also as a means of mentoring and coaching. The ward head conducts direct supervision in the field to ensure service standards are met while providing constructive feedback. This approach aligns with Alluhaybi et al. (2023), who emphasize that supportive supervision can increase staff awareness of service

quality without creating undue pressure. The implementation of managerial functions, while remaining grounded in rules and standard operating procedures, is executed with a humane approach, demonstrating the integration of bureaucratic demands and caring values within the leadership of ward heads. This finding supports Marilyn Anne Ray's Bureaucratic Caring Theory, which asserts that ideal nursing leadership practices harmonize organizational structure, formal regulations, and human values in healthcare.

Decision-Making Process in the Bureaucratic Structure of Nursing Units. Research findings indicate that ward heads' decision-making processes are situational and flexible, combining top-down, collaborative, and mixed approaches, according to the urgency of the problem and the authority within the hospital's bureaucratic structure. Ward heads act as decision-makers at the unit level, yet remain within a framework of coordination and accountability to higher management. Ward heads are required to assess whether a problem can be resolved internally with the team or whether it needs to be reported and consulted with superiors. This pattern aligns with the view that decision-making in nursing organizations is a combination of formal authority and staff participation to maintain service quality and compliance with organizational policies (Sarmadi et al., 2025)

Interview results also indicated that staff involvement in the decision-making process was seen as crucial for enhancing a sense of responsibility and commitment to decision implementation. This collaborative approach has been shown to increase staff acceptance of leadership decisions and create a more conducive work environment. This aligns with findings that participatory leadership in nursing positively contributes to team effectiveness and service quality (Mulyaningsih, 2022). However, in certain circumstances, such as clinical emergencies or resource constraints, ward heads need to make quick and decisive decisions within their authority. Top-down decisions in these situations are not perceived negatively as long as explanations and open communication with staff accompany them. This approach reflects the balance between leadership responsibility and transparency within the healthcare bureaucracy (Cairney & Toomey, 2025)

The ward head's decision-making process also reflects the integration of caring values within the bureaucratic system. The ward head considers not only hospital regulations and standard operating procedures, but also staff conditions and patient needs. This perspective aligns with Bureaucratic Caring Theory, which emphasizes that decision-making in healthcare organizations must integrate humanitarian values with the demands of the bureaucratic structure (Ray, 2021). Thus, the ward head's decision-making serves as a bridge between organizational policies and human-centered nursing practice.

Leadership Challenges of Ward Heads in a Hospital Bureaucratic System. Research shows that ward heads face various challenges in implementing leadership within a hospital bureaucratic system. The main challenges that arise relate to limited authority, the complexity of bureaucratic procedures, and the need to make quick decisions amidst the dynamic demands of nursing services. This situation places ward heads in a strategic yet stressful position, as they must juggle field needs and a hierarchical organizational structure.

Limited authority within the bureaucratic system often leads to delays in decision-making, especially in situations requiring an immediate response. Ward heads are required to adhere to formal organizational processes, even though the reality of nursing care demands flexibility and speed. This aligns with the view that bureaucracy in healthcare organizations can become an operational obstacle if not balanced with adequate delegation of authority (Sarmadi et al., 2025). Another prominent challenge is balancing the implementation of hospital regulations with a humane approach to staff. Ward heads not only act as policy enforcers but also as leaders who understand nurses' emotional and situational states. The tension between adherence to regulations and the value of empathy reflects the dilemma of nursing leadership in a modern bureaucratic system (Cairney & Toomey, 2025).

Communication barriers between organizational levels also impact the effectiveness of ward heads' leadership. Unclear information or poorly communicated policy changes can create confusion at the implementation level. This situation requires ward heads to play an active role as communication mediators so that management policies can be effectively implemented in nursing units (Mulyatiningsih & Sasyari, 2021). Maintaining caring values amid a rigid bureaucratic system is a crucial challenge in nursing leadership. Ward heads strive to maintain close relationships with staff, listen to their concerns, and voice their aspirations to management. This reflects the integration of caring values into bureaucratic leadership, as emphasized in Bureaucratic Caring Theory, which states that nursing leaders must integrate humanitarian values with formal organizational structures (Specchia et al., 2021).

Caring Values in Leadership Practice

Research findings indicate that implementing caring values in ward-head leadership is manifested through attention to the physical, emotional, and psychological well-being of nursing staff. Caring is practiced through empathetic communication, respectful attitudes, and the leader's presence in supporting staff in dealing with work pressures. This leadership style reflects a humanistic approach that positions staff as individuals who need support, not merely as task performers.

This approach aligns with recent research findings showing that caring-based leadership plays a crucial role in building trust and positive interpersonal relationships between leaders and nursing staff. Trust-based relationships have been shown to increase nurses' motivation, work engagement, and commitment to providing quality nursing care (Alsadaan et al., 2023). Furthermore, the ward head's direct involvement in addressing conflict or difficult situations in the work unit reflects a tangible and contextual form of caring leadership. Present leadership provides emotional support to staff and strengthens a sense of community within the team. Previous research has shown that a supportive and caring leadership style is associated with increased job satisfaction and a positive work environment in the nursing environment (Alluhaybi et al., 2023).

Caring values are also integrated with ethical and spiritual aspects of nursing leadership. Leadership is viewed as a form of devotion that prioritizes empathy, moral responsibility, and respect for human dignity. This approach aligns with the concept of ethical leadership in healthcare organizations, which emphasizes a balance between organizational demands and human values (Restivo et al., 2022). Therefore, applying caring values in ward-head leadership serves as a crucial foundation for creating a healthy work environment, improving staff well-being, and supporting the quality of nursing services within the hospital bureaucracy.

Integration of Caring and Bureaucratic Values in Decision-Making. Research findings indicate that ward heads strive to balance the demands of hospital bureaucracy with the spiritual and emotional needs of staff and patients in the decision-making process. Bureaucracy is understood as a framework that regulates order, accountability, and service standards, but is not implemented rigidly without considering humanitarian aspects. Ward heads position themselves as adaptive decision-makers, adhering to formal regulations while providing contextual flexibility according to field conditions. The integration of caring values in decision-making is reflected in ward heads' efforts to provide space for spiritual needs, such as religious services, group prayer, or patient spiritual support, without compromising the smooth operation of services. This approach demonstrates that caring values are not in conflict with bureaucracy but rather are integrated as an ethical foundation for implementing regulations. These findings align with research indicating that nursing leadership based on caring can maintain a balance between compliance with organizational systems and meeting the emotional needs of staff and patients (Zhang et al., 2022)

Furthermore, ward heads also consider staff emotional state and fatigue when making operational decisions, although this is not always explicitly stated in standard operating procedures.

This flexibility reflects humanistic leadership, where staff well-being is seen as a crucial factor in maintaining the quality of nursing services. Research shows that leadership decisions that address staff psychological well-being contribute to increased work engagement and nurse commitment to the organization (Alilyyani, 2022). Furthermore, the integration of caring and bureaucratic values is also evident in the ward heads' efforts to build a caring work culture within a formal and hierarchical system. By instilling the values of empathy, concern, and moral responsibility in every decision, bureaucracy is perceived not as an obstacle but as a structure that can be operated humanely. This approach aligns with the concept of ethical leadership in healthcare organizations, which emphasizes balancing policy compliance with respect for human values (Restivo et al., 2022).

Overall, the integration of caring and bureaucratic values in decision-making by ward heads demonstrates an adaptive and contextual form of nursing leadership. This leadership is oriented not only toward system compliance but also toward maintaining the emotional and spiritual well-being of staff and patients, thus supporting the creation of holistic and sustainable nursing services.

Organizational Culture and Work Ethic Theme

Research findings indicate that ward heads practice two-way organizational communication, both in vertical relationships with superiors and horizontal relationships with nursing staff. This communication pattern is evident through the open, data-based delivery of reports and challenges to superiors, as well as a dialogic and empathetic approach to staff. This emphasizes the ward head's role as the connecting link between management and nursing service providers.

Open and structured communication with superiors allows ward heads to accurately convey the actual condition of services in the unit, enabling appropriate managerial decisions to be made. This finding aligns with research (Chuang et al., 2021), which states that effective communication between nursing managers and organizational leaders contributes significantly to the quality of decision-making and an improved nursing work environment. In the context of hospital bureaucracy, clear, data-based communication helps minimize miscommunication between structural levels.

Communication between ward heads and nursing staff tends to be participatory, empathetic, and non-authoritarian. Ward heads function not only as instruction providers but also as active listeners to staff complaints and ideas. This pattern supports the development of psychological safety in nursing units. Research (Yeneget et al., 2025) shows that a supportive and accessible communication style from nursing managers increases staff trust and nurses' work engagement (Yeneget et al., 2025).

This empathetic communication approach also reflects modern nursing leadership, which emphasizes interpersonal relationships. A study (Budi & Eka, 2026) emphasized that communication that addresses staff's emotional aspects plays a crucial role in reducing work stress and increasing nurse resilience. This aligns with research findings, where ward heads strive to adapt their communication styles to staff emotional states rather than focusing solely on work targets.

Ward heads act as mediators, translating management policies into staff-understandable terms. This role is crucial for maintaining alignment between organizational policies and nursing practice. Research (Alif et al., 2024) indicates that adaptive leadership communication contributes to building a positive organizational culture and improving work ethic in nursing units. Thus, organizational communication within the leadership of ward heads serves not only as a means of conveying information but also as a leadership strategy to build trust, collaboration, and a conducive work culture within the hospital bureaucracy.

Autonomy and Work Ethic of Ward Heads in Organizational Culture. The study's findings indicate that ward heads have limited autonomy in making micro-policies in nursing units. This autonomy generally covers technical operational arrangements such as work schedules, division of responsibilities, service flows, and the ward's internal work systems. However, strategic and structural policies remain within the authority of hospital management. This situation reflects the

characteristics of a bureaucratic hospital organization but still allows for adaptation at the unit level. This finding aligns with research (Haddad et al., 2022) which states that the autonomy of nursing managers at the unit level is often operational and situational, while macro-policies remain controlled by the organizational structure. This limited autonomy requires ward heads to optimally utilize the limited space available to ensure effective nursing services.

Despite limited micro-policy space, ward heads demonstrated a strong work ethic, as evidenced by their efforts to make practical adjustments oriented toward staff comfort and smooth service delivery. Arranging rotations of critically ill patients, allocating rest periods, and establishing a communication system between shifts are all examples of leadership initiatives that demonstrate professional responsibility and concern for team well-being. Research (Montenegro Méndez et al., 2025) revealed that managerial autonomy, although limited, is positively associated with nurse managers' work commitment and leadership ethic.

Limited autonomy also slows the implementation of ideas or innovations at the unit level, as they must navigate multiple layers of bureaucracy. This situation requires ward heads to have an adaptive work ethic, namely continuing to take initiative without violating established procedures. Research (Cairney & Toomey, 2025) confirms that in a bureaucratic system, successful nursing leadership is not determined solely by the breadth of authority, but by the leader's ability to strategically manage organizational boundaries. Furthermore, the trust placed in ward heads by superiors is a crucial factor in supporting autonomy and work ethic. Ward heads who are given the space to make micro-decisions while maintaining transparency and accountability tend to demonstrate more proactive performance. This is supported by research (Kourkouni et al., 2025), which states that an organizational culture that supports trust and accountability can increase leadership effectiveness in nursing units.

Thus, the autonomy of ward heads within the hospital's organizational culture is limited but meaningful. From the perspective of Bureaucratic Caring Theory, this finding reflects the interaction between bureaucratic structures and caring practices in nursing leadership. The formal organizational system establishes boundaries for ward heads' authority through policies, procedures, and hierarchical decision-making processes; however, within these boundaries, ward heads exercise caring-oriented leadership by making responsible micro-decisions that support staff well-being, maintain service quality, and improve nursing unit effectiveness. Therefore, the interview findings demonstrate that Bureaucratic Caring Theory views leadership autonomy not as complete independence from organizational rules, but as the ability to apply caring values and ethical judgment within a bureaucratic context.

Conclusion

This study concludes that the developed ward head leadership model based on Bureaucratic Caring Theory demonstrates that effective nursing leadership is achieved through the integration of bureaucratic structures and caring values. The findings show that ward heads perform managerial functions, including planning, organizing, directing, and supervising, while applying communicative, participatory, and situational approaches according to staff and patient needs. From the perspective of Bureaucratic Caring Theory, leadership practices occur within formal organizational systems while allowing meaningful autonomy through ethical decision-making, empathetic communication, attention to staff well-being, and involvement in nursing service delivery. Furthermore, trust-based and open organizational communication strengthens a caring work culture. Therefore, this study provides a leadership model that balances administrative accountability, managerial effectiveness, caring relationships, and organizational culture to improve the quality of nursing services.

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