

The Role of Ward Head Caring Leadership in Enhancing Nurses' Work Motivation in Hospitals

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ABSTRACT

Nurses' work motivation plays a crucial role in the quality of nursing services. One factor that significantly shapes work motivation is the ward head's leadership style, specifically caring leadership. This study aims to explore and summarize scientific evidence regarding the influence of ward head's caring leadership on nurses' work motivation in inpatient wards. The method used was a systematic literature review by examining 16 research journals obtained from the PubMed, CINAHL (EBSCOHost), Scopus, and Google Scholar databases. The literature search was conducted following the PRISMA protocol. Articles published between 2020 and 2025 were selected based on inclusion criteria, and those that met these criteria were evaluated for quality through critical appraisal. This study shows that caring leadership has a positive impact on nurses' work motivation and well-being, and can reduce burnout. Effective leadership improves nurses' work engagement by increasing motivation, affective commitment, and reducing work stress levels. Furthermore, the implementation of a caring work environment model has been shown to be effective in creating a healthy work atmosphere and reducing burnout in nurses. Caring leadership improves nurses' work motivation, well-being, and engagement, as well as reducing burnout. The implementation of a caring work environment model has been proven to create a healthy work atmosphere and reduce nurses' stress levels.

Keywords: Leadership; nurse managers; work motivation; nursing staff; job satisfaction; inpatient care

INTRODUCTION

Nursing services represent a central pillar within hospital healthcare systems because they contribute directly to service quality, patient safety, and the overall effectiveness of the healing process. As professional healthcare providers, nurses occupy a strategic role in delivering comprehensive and continuous nursing care, making the quality of their performance a critical indicator of the success of healthcare delivery [1–4]. The performance of nurses is shaped not only by their clinical competence but also by their psychological readiness, intrinsic motivation, and engagement in fulfilling their responsibilities. In this regard, work motivation becomes a fundamental determinant of how nurses respond to clinical demands, interact with patients, and commit to organizational goals. Motivated nurses tend to demonstrate higher levels of productivity, stronger professional commitment, and more consistent adherence to standards of care, all of which are essential for maintaining high-quality nursing services.

Despite its importance, issues related to nurses' work motivation remain a persistent challenge in many healthcare settings. High workloads, psychological pressure, limited staffing, and unsupportive work environments are frequently cited as factors that diminish nurses' motivation and hinder optimal performance [4–7]. These conditions increase the likelihood of burnout, occupational stress, service errors, and high turnover rates, ultimately compromising the quality of care and threatening patient safety. The persistence of these problems highlights the need for healthcare organizations to adopt effective strategies that strengthen nurses' motivation, particularly in inpatient units where the intensity and continuity of care demands are substantial. Addressing motivational challenges is therefore essential not only for improving individual performance but also for ensuring the sustainability and resilience of nursing services within hospitals.

The urgency to examine factors influencing nurses' work motivation has intensified alongside the growing complexity of modern healthcare systems. Hospitals are increasingly required to cultivate supportive work environments and retain competent nursing personnel who demonstrate high levels of motivation and professional dedication. Among the various determinants of work motivation, the work environment, especially the leadership behavior and managerial style of unit heads plays a particularly influential role. According to the *Leadership Roles and Management Functions in Nursing* framework, a supportive work environment is characterized by positive interpersonal relationships, open communication, recognition of staff contributions, and leadership that demonstrates genuine concern for nurses' well-being [7,8]. These elements collectively create a collaborative and psychologically safe atmosphere that enables nurses to perform their duties effectively. In this context, effective leadership functions not only as a managerial mechanism but also as a motivational force that enhances nurses' engagement, job satisfaction, and organizational commitment, ultimately contributing to improved performance and higher quality nursing care.

Within the evolving discourse on nursing leadership, caring leadership has emerged as a particularly relevant and impactful approach. Caring leadership emphasizes values of empathy, emotional support, open communication, and active responsiveness to staff needs [8]. Ward heads who practice caring leadership do not merely focus on task completion or performance targets; rather, they demonstrate attentiveness to the psychological and emotional well-being of nurses, acknowledge their contributions, and foster respectful and trusting professional relationships. A growing body of research indicates that caring leadership is positively associated with work motivation, job satisfaction, organizational commitment, and nurse retention [9]. When nurses perceive that their leaders genuinely care about their welfare, they develop stronger emotional bonds with their workplace, experience greater job fulfillment, and exhibit reduced intention to leave the organization. This dynamic contributes to a more stable nursing workforce and enhances the continuity and quality of patient care.

The theoretical foundation linking caring leadership to nurses' work motivation can be further understood through Social Exchange Theory (SET). SET posits that social interactions within organizations are governed by reciprocal exchanges, in which positive behaviors such as support, recognition, and empathy from leaders elicit positive responses from subordinates [10,11]. In the nursing context, when nurses perceive that their ward heads provide meaningful support and demonstrate caring behaviors, they interpret the relationship as fair, respectful, and mutually beneficial. This perception encourages nurses to reciprocate through increased motivation, stronger engagement, and heightened loyalty to the organization. The reciprocal nature of these interactions reinforces a cycle of positive organizational behavior that strengthens both individual and collective performance.

Given the increasing complexity of healthcare services, the persistent shortage of nursing personnel, and the heightened risk of stress and burnout among nurses, caring leadership represents a relevant and sustainable strategy for enhancing nurses' work motivation. Its emphasis on humanistic values aligns with the holistic nature of nursing practice and addresses the emotional and relational dimensions of the work environment that are often overlooked in traditional leadership models. In light of these considerations, this literature review aims to explore and synthesize the

most recent scientific evidence published between 2020 and 2025 regarding the role of ward heads' caring leadership in improving nurses' work motivation in inpatient settings. By consolidating current findings, this review seeks to provide a comprehensive understanding of how caring leadership can be effectively implemented to strengthen nursing performance and support high-quality healthcare delivery.

METHODS

This study employed a literature review methodology to evaluate the role of ward heads' caring leadership in enhancing nurses' work motivation within hospital settings. The literature search was conducted across several major academic databases, including PubMed, CINAHL (EBSCOHost), Scopus, and Google Scholar. The keywords used in the search strategy comprised "Caring Leadership", "Caring Kepemimpinan", "Work Motivation", and "Motivasi Kerja Perawat di Rumah Sakit". Boolean operators "AND" and "OR" were applied to refine the search and ensure the retrieval of studies relevant to the review's focus. The inclusion criteria encompassed articles published between 2020 and 2025, written in either English or Indonesian, and classified as primary research employing experimental or quasi-experimental designs. The selected topics were aligned with the central objective of this review, namely examining the role of caring leadership among ward heads in improving nurses' work motivation.

The initial search yielded a total of 34,655 articles. The first stage of screening involved the removal of 20,122 articles identified as duplicates or irrelevant based on their titles. In the second stage, the remaining articles were screened further by assessing the relevance of their titles and abstracts, resulting in 16 articles that met the inclusion criteria. To ensure the methodological rigor of the selected studies, a critical appraisal was conducted using the standardized Joanna Briggs Institute (JBI) appraisal tools, tailored to the specific research designs of each study. This appraisal process aimed to evaluate methodological validity, potential sources of bias, and the relevance of each study's findings to the objectives of the review.

Only studies that demonstrated strong methodological quality were included in the final synthesis. Data extracted from the selected articles were synthesized narratively by grouping findings into major thematic categories, including professionalism, workplace spirituality, and work effectiveness within the context of nursing organizational culture. The narrative synthesis sought to identify patterns of association, consistency of findings, and potential mediating or moderating factors influencing the relationship between caring leadership and the outcomes examined. Through this process, the review aimed to generate a comprehensive and integrative understanding of how caring leadership contributes to strengthening nurses' work motivation and supporting the overall quality of nursing services in hospital environments.

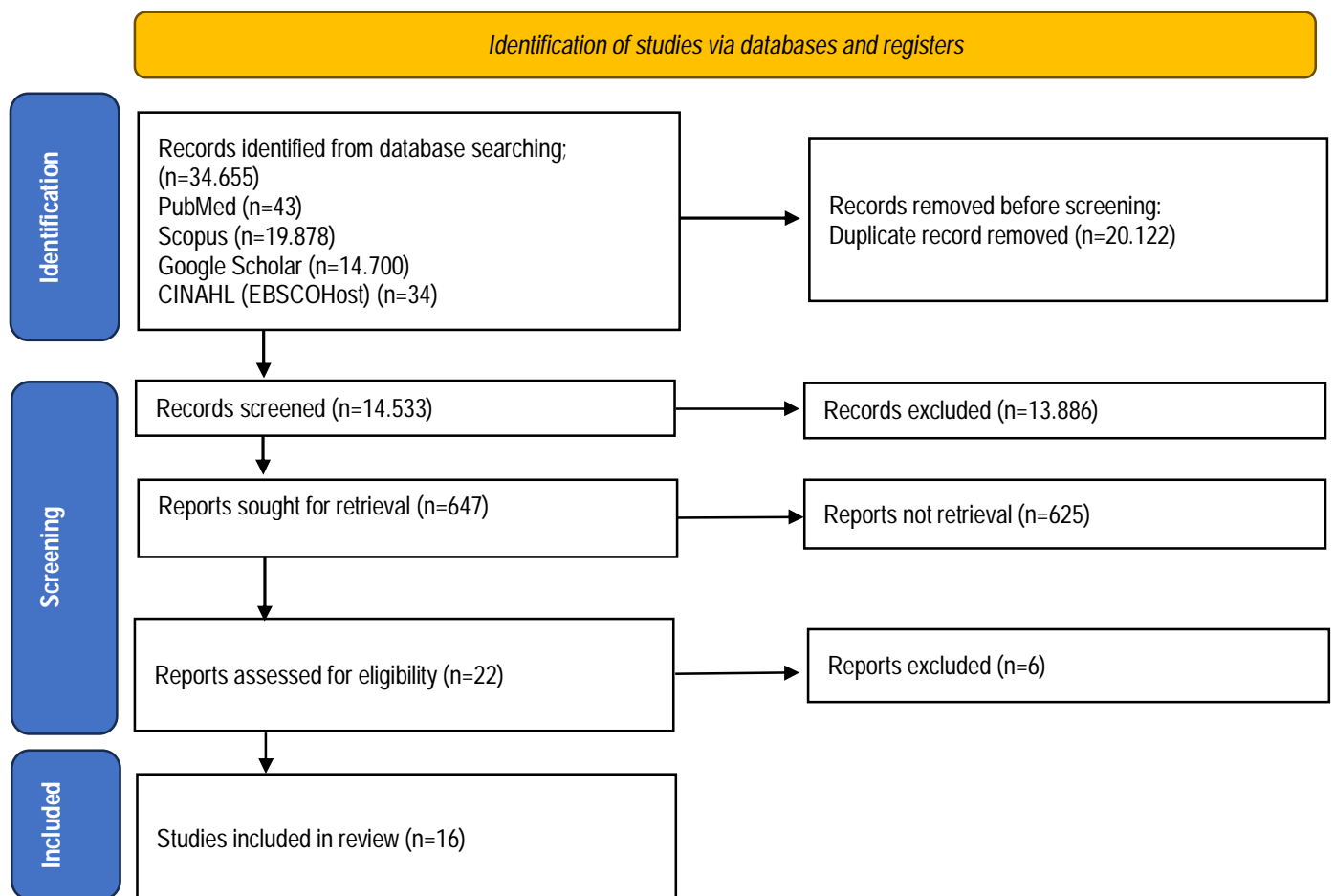


Figure 1. PRISMA 2020 flow diagram for article selection [12]

RESULTS

Based Table 1, a total of sixteen articles that met the inclusion criteria were analyzed in this review, with the majority of studies conducted in hospitals across various Asian countries and several others originating from European healthcare settings. These studies encompassed diverse clinical units, including inpatient wards, intensive care units, and specialized service areas. Most of the included research employed quantitative cross-sectional designs with staff nurses as the primary respondents, although several studies also involved nursing managers and adopted mixed-methods approaches to obtain a more comprehensive understanding of leadership dynamics. The instruments used were generally standardized and widely validated, such as the Multifactor Leadership Questionnaire (MLQ), which is commonly applied to measure transformational leadership and related organizational outcomes.

Across the reviewed studies, the implementation of caring leadership by ward heads demonstrated a consistently positive influence on nurses' work motivation, well-being, and burnout levels in hospitals with varying organizational characteristics. Several study locations reported distinct patterns of findings depending on the contextual factors of the hospital and the characteristics of the participating nurses. In private hospitals in Jordan, for example, supportive and achievement-oriented leadership styles exhibited by nurse leaders were shown to significantly enhance nurses' work motivation. In contrast, research conducted in acute-care hospitals in Belgium revealed that high levels of leadership engagement were associated with improved nurse well-being and reduced burnout, with a supportive work environment acting as a mediating factor that strengthened these relationships.

Differences in study populations also contributed to variations in outcomes. Research involving newly employed nurses in general hospitals that implemented a caring and supportive work environment model demonstrated a substantial reduction in burnout compared with nurses working in hospitals that did not adopt such a model. Similarly, studies conducted in hospitals with nurses assigned to integrated intensive care units indicated that caring leadership has the potential to enhance work motivation even in highly demanding and high-pressure clinical environments such as intensive care settings.

Comparisons across hospital types and contextual characteristics highlight the importance of factors such as hospital ownership (private versus public), the specific leadership style of ward heads, and the presence of a caring and supportive work environment in shaping nurses' motivation, well-being, and burnout. Collectively, the evidence suggests that caring leadership is effective in fostering a healthy work climate, reducing occupational stress, and strengthening nurses' work engagement across a variety of nursing service settings. These findings underscore the relevance of caring leadership as a strategic approach to improving the psychological and professional outcomes of nurses, thereby contributing to the overall quality and sustainability of nursing care in hospital environments.

Table 1. The results of synthesis

No	Title	Purpose	Methods	Findings	Conclusion
1	The role of the nursing work environment, head nurse leadership and presenteeism in job embeddedness among new nurses: a cross-sectional multicentre study [13]	To examine how the nursing work environment, head nurse leadership, and presenteeism shape job embeddedness among new nurses based on Conservation of Resources (COR) theory.	Design: Multicentre cross-sectional study. Sample: 436 newly hired nurses.	The nursing work environment had a direct positive effect on job embeddedness ($\beta = 0.480$; $p < 0.001$) and an indirect effect through sequential mediation involving head nurse leadership and presenteeism ($R^2 = 0.535$, $F = 82.160$, $p < 0.001$).	The nursing work environment plays a crucial role in strengthening job embeddedness among new nurses, both directly and indirectly through leadership and presenteeism.
2	The impact of leadership styles of nurse managers on nurses' motivation and turnover intention among Jordanian nurses [6]	To analyze the relationship between nurse managers' leadership styles, nurses' work motivation, and turnover intention in private hospitals in Jordan.	Design: Descriptive correlational, cross-sectional. Sample: 170 full-time registered nurses.	Supportive and achievement-oriented leadership styles were the strongest predictors of increased work motivation.	Nurse managers' leadership styles significantly influence nurses' motivation and reduce turnover intention.
3	The effect of caring work environment model on nurses' burnout in general hospitals [5]	To identify the effect of implementing a caring work environment model on nurses' burnout in general hospitals.	Design: Quasi-experimental (pre-test/post-test with control group). Sample: 170 nurses.	The caring work environment model effectively reduced burnout symptoms compared with standard work environments.	Implementing a caring work environment significantly decreases burnout and promotes a healthier workplace.
4	Impact of caring leadership on nurses' work engagement: examining the chain mediating effect of calling and affective organization commitment [14]	To analyze the effect of perceived caring leadership on work engagement and the mediating roles of calling and affective organizational commitment.	Design: Cross-sectional survey. Sample: 2,502 frontline nurses.	Caring leadership increased work engagement through enhanced calling and affective commitment.	Caring leadership strengthens work engagement by fostering professional calling and affective organizational commitment.
5	Engaging leadership and nurse well-being: the role of the work environment and work motivation—a cross-sectional study [7]	To examine the effect of engaging leadership on nurse well-being and the mediating roles of work environment and intrinsic motivation.	Design: Cross-sectional survey. Sample: 1,117 direct-care nurses from 13 acute-care hospitals in Belgium.	Engaging leadership created a resource-rich work environment that enhanced intrinsic motivation, increased engagement, and reduced burnout.	Engaging leadership improves nurse well-being by strengthening intrinsic motivation and creating supportive work conditions.
6	Nurse leaders' motivational forces in developing a health promoting work environment: A hermeneutic study [15]	To understand motivational forces driving nurse leaders in developing a health-promoting work environment from a caring science perspective.	Design: Hermeneutic qualitative study inspired by Gadamer. Sample: 13 nurse leaders.	Leaders' motivation was driven by internal values, social relationships, learning, and recognition rather than external factors.	Internal values and social meaning strongly influence leaders' motivation to build a health-promoting work environment.
7	Hubungan gaya kepemimpinan kepala ruangan dengan motivasi kerja perawat di RSU Jampangkulon Kabupaten Sukabumi [16]	To determine the relationship between ward-head leadership style and nurses' work motivation.	Design: Chi-square analysis. Sample: 79 nurses.	Democratic leadership was positively associated with nurses' motivation.	Effective, especially democratic, leadership increases nurses' work motivation.

No	Title	Purpose	Methods	Findings	Conclusion
8	The relationship between caring leadership of the room head and nurses' work motivation in the integrated intensive care unit [9]	To examine the relationship between caring leadership and nurses' motivation in an integrated ICU.	Design: Descriptive quantitative, cross-sectional. Sample: 90 ICU nurses.	Most nurses (64.4%) perceived good caring leadership from ward heads.	Caring leadership is generally well-perceived and supports increased motivation in intensive care settings.
9	The relationship between the leadership style of the head of the room and the work motivation of nurses in the treatment room of The Sheikh Yusuf Hospital, Kab. Gowa [17]	To determine the relationship between leadership style and nurses' motivation.	Design: Cross-sectional. Sample: 52 nurses.	Democratic leadership was dominant; motivation levels were high. Significant associations found in surgical and internal medicine wards ($p < 0.05$).	Leadership style significantly influences nurses' motivation; democratic leadership is recommended.
10	The relationship between head of room leadership style with nurses' work motivation in the treatment room of RSJD Surakarta [18]	To examine the relationship between leadership style and nurses' motivation in a psychiatric hospital.	Design: Cross-sectional. Sample: 71 nurses.	Significant positive association between leadership style and motivation ($p < 0.05$).	More effective leadership styles correspond to higher work motivation.
11	The effect of head's leadership and nurses' job motivation on nursing performance in the hospital inpatient room [19]	To analyze the influence of ward-head leadership and nurses' motivation on nursing performance.	Design: Path analysis. Sample: 150 inpatient nurses.	Leadership and motivation significantly improved performance directly and indirectly.	Leadership and motivation are key determinants of nursing performance.
12	A caring leadership model in nursing: A grounded theory approach [20]	To develop a theoretical model of caring leadership based on experiences of nurse leaders and staff.	Design: Grounded theory. Sample: 454 participants.	A caring leadership model with five core attributes was identified.	Caring leadership can be conceptualized through five core attributes influencing leadership practice and outcomes.
13	Sustaining e-caring leadership in a post-pandemic world [21]	To discuss the importance of sustaining e-caring leadership after COVID-19.	Design: Conceptual reflection.	E-caring leadership integrates caring and technology to support engagement and retention.	E-caring leadership is essential in the post-pandemic era to enhance motivation and retention.
14	Hubungan gaya kepemimpinan kepala ruangan dengan motivasi kerja perawat di RSUD dr. H. Soemarno Sosroatmodjo Tanjung Selor [22]	To determine the relationship between leadership style and nurses' motivation.	Design: Cross-sectional. Sample: 52 nurses.	Significant relationship between leadership style and motivation.	Effective leadership is associated with higher motivation among nurses.
15	Implementation of caring leadership model had an effect on nurse's burnout [23]	To determine the effect of caring leadership on nurses' burnout.	Design: Quasi-Experimental. Sample: 46 nurses.	Significant reduction in burnout after caring leadership intervention ($p = 0.000$).	Caring leadership reduces burnout and should be consistently implemented.
16	Nurses' perceptions of authentic leadership and quality of nursing care: the mediating role of psychological empowerment [24]	To examine whether psychological empowerment mediates the relationship between authentic leadership and perceived nursing care quality.	Design: Cross-sectional. Sample: 944 nurses.	Psychological empowerment fully mediated the relationship between authentic leadership and perceived care quality.	Authentic leadership enhances psychological empowerment, which improves perceived care quality.

DISCUSSION

Caring leadership demonstrated by ward heads constitutes a critical determinant in strengthening nurses' work motivation. Ward heads who adopt a caring leadership style are able to cultivate a supportive and psychologically safe work environment in which nurses feel valued both professionally and personally. Such leaders demonstrate empathy, active listening, and genuine appreciation for staff contributions, thereby fostering a climate of trust and mutual respect that enhances nurses' willingness to engage in their roles [6,25,26]. These findings reinforce the argument that supportive and participatory leadership approaches are more effective than directive or authoritarian styles in motivating nursing staff, as they promote autonomy, recognition, and meaningful involvement in decision-making processes [27].

Caring leadership also contributes substantially to improving nurses' work engagement through several psychological mechanisms, particularly calling and affective organizational commitment. Nurses who perceive authentic care and concern from their leaders are more likely to interpret their work as a meaningful professional calling, which in turn strengthens intrinsic motivation and deepens their emotional connection to the profession [14,15,20,24]. Furthermore, engaging leadership behaviors have been shown to enhance nurses' mental well-being by improving

the quality of the work environment, reducing burnout risk, and fostering emotional involvement in daily tasks [7,23]. Through these pathways, caring leadership elevates work engagement by reinforcing professional calling and affective commitment, while simultaneously improving the work environment, lowering burnout, and enhancing psychological well-being. Consistent implementation of caring leadership practices can therefore reduce stress, strengthen motivation, and ultimately improve the quality of nursing care delivered. Healthcare organizations must prioritize leadership development programs that equip ward heads with the skills necessary to provide emotional and professional support to nursing staff.

Several enabling factors further enhance the effectiveness of caring leadership, including leaders' emotional intelligence. Emotionally intelligent leaders are better able to recognize, understand, and manage their own emotions as well as those of their staff, resulting in leadership behaviors that are more empathetic, responsive, and supportive [28,29]. Generational differences among nurses also highlight the relevance of caring leadership, as younger nurses tend to expect leaders who are communicative, approachable, and supportive. Caring leadership aligns well with these expectations, contributing to increased motivation, job satisfaction, and loyalty across generational groups [17,30,31]. This alignment underscores the importance of developing leaders' emotional intelligence and communication skills to create an empathetic and supportive work environment that accommodates the diverse needs of a multigenerational nursing workforce. By tailoring leadership approaches to generational expectations, hospitals can enhance motivation and strengthen long-term retention.

In addition to interpersonal leadership behaviors, intervention models and technology-mediated leadership approaches, such as e-caring leadership have proven effective in maintaining strong leader–staff relationships in the post-pandemic era. E-caring leadership integrates caring behaviors with digital communication tools, enabling leaders to provide timely support, recognition, and guidance even in contexts where face-to-face interactions are limited [21]. This approach has been shown to enhance nurses' sense of being valued, strengthen organizational commitment, and increase work motivation. These findings are consistent with Social Exchange Theory and Self-Determination Theory, both of which emphasize reciprocal relationships and the fulfillment of psychological needs as central mechanisms for enhancing work motivation. By leveraging technology to sustain caring interactions, e-caring leadership reinforces the reciprocal exchange of support and recognition while fulfilling nurses' needs for autonomy, competence, and relatedness. Healthcare organizations should therefore integrate technological tools into leadership practices to strengthen leader–staff relationships, support psychological well-being, and enhance work motivation.

Overall, the literature demonstrates that caring leadership exercised by ward heads influences nurses' work motivation both directly and indirectly through improvements in work engagement, emotional involvement, and psychological well-being. However, this body of evidence is not without limitations. Many of the reviewed studies employ diverse research designs, which may affect the consistency and comparability of findings. Causal relationships between caring leadership and motivational outcomes cannot be fully established due to the predominance of cross-sectional designs. Additionally, reliance on nurses' self-reported perceptions introduces the potential for subjective bias, and contextual factors such as organizational culture, workload intensity, and staffing levels are not consistently accounted for across studies. These limitations highlight the need for more rigorous longitudinal and experimental research to better understand the causal pathways through which caring leadership influences motivation and related outcomes in nursing practice.

CONCLUSION

Based on the integrative review of sixteen articles, it can be concluded that the implementation of caring leadership by ward heads effectively fosters a supportive and psychologically safe work environment, enhances nurses' intrinsic motivation, and strengthens work engagement, job satisfaction, organizational commitment, and staff loyalty across both newly employed and multigenerational nursing groups. These findings underscore the importance of leadership approaches grounded in care, empathy, emotional support, open communication, and active responsiveness to staff needs as essential strategies for improving the overall quality of nursing services.

In suggestion, future research should employ longitudinal or experimental designs to strengthen causal inferences and incorporate additional contextual variables that may influence work motivation. Furthermore, the development of structured caring-leadership training programs and the integration of technology-based approaches such as e-caring leadership should be expanded to support more effective leadership implementation across diverse healthcare settings.

Ethical consideration, competing interest and source of funding

-The author affirms that all sources used in the preparation of this literature review were legitimate and obtained through ethical means. All articles included in this review were carefully selected based on their credibility and relevance to the topic under investigation. Proper credit has been given to all original authors in accordance with established referencing guidelines, and no plagiarism occurred in the writing of this literature review.

-The author declares that there are no conflicts of interest associated with the preparation of this literature review. All sources were presented objectively and without influence from any individual, group, or organization that could compromise the integrity or impartiality of this work.

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