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Compassionate leaders influence nurses' emotional healing during the COVID-19 crisis in hospitals

Elfiana Elfiana[1*]
Krisna Yetti[1]
Kuntarti Kuntarti[1]
Endang Widuri[2]
Dyah Fitri Wulandari[3]
Rosnani Rosnani[4]

[1] Faculty of Nursing, Universitas Indonesia, Depok, Indonesia
[2] Fatmawati Hospital, Jakarta, Indonesia
[3] Regional Public Hospital of Depok, Depok, Indonesia
[4] Politeknik Kesehatan Kemenkes Palembang, Palembang, Indonesia

***Correspondence**:
Elfiana Elfiana
Faculty of Nursing, Universitas Indonesia, Jakarta, Indonesia
Email: elfiana@ui.ac.id

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ABSTRACT

Background: The crisis situation during the pandemic has placed an additional burden on nurses regarding the care of COVID-19 patients. This is due to several factors, including the emergence of new disease variants, a rising number of cases, limited access to information, and nurses' psychological well-being. Therefore, it is crucial for nurses to receive support from their leadership to effectively fulfill their roles
Objective: To determine the key dimensions of compassionate leadership that have the greatest impact on the emotional well-being of nurses working in COVID-19 treatment rooms.
Methods: The research design employs a cross-sectional approach, with the independent variable being compassionate leadership, encompassing dimensions such as presence, understanding, empathy, and assistance. The dependent variable under examination is emotional healing. The sampling technique applied is purposive sampling, resulting in a sample size of 200 respondents across eight treatment rooms.
Results: Nurses, on the whole, perceived their leaders' implementation of compassionate leadership during the pandemic crisis as fairly adequate, scoring it at 66.4%. As for emotional healing among nurses, it was, on average, fulfilled to a level of 68.3%. Importantly, there exists a significant relationship between compassionate leadership and emotional healing. Specifically, among the dimensions of compassionate leadership, the one that had the most substantial influence on nurses' emotional healing was "helping".
Conclusion: Amidst the COVID-19 pandemic crisis in hospitals, nurses required assistance and support from leadership to navigate the challenges encountered while actively providing care. These interventions could be effectively incorporated by nurses to complement ongoing tuberculosis treatment therapies.

Keywords: compassionate leadership; emotional healing; nurse; crisis pandemic

INTRODUCTION

The first case of Coronavirus Disease (COVID-19) was identified in Indonesia in early 2020. On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic

Nursing and Healthcare Practices

- *Nurses require compassionate leadership during the pandemic crisis.*
- *The competence of the department head should encompass compassionate values, enabling them to support the nursing team effectively during times of crisis. This ensures that the quality of nursing services is consistently maintained in alignment with established standards.*
- *Hospital management must give special consideration to implementing nurses who have not yet attained emotional healing. One approach is to prepare nurse leaders who can assist their teams in confronting the substantial emotional burden brought about by the pandemic.*

(WHO, 2020). A pandemic is a crisis that creates an emergency and an urgent situation, posing risks of loss or danger and impacting the stability of hospital services (Devlin, 2007; Parker, 2007; Canyon & Points, 2006). One of the key units in hospital healthcare services is nursing. The public has high expectations that nurses will continue to deliver services efficiently. However, there are various challenges, including unclear work procedures and limitations related to knowledge, energy, protective equipment, medications, equipment, and treatment rooms. Additionally, there has been a surge in the number of cases, leading to an imbalance between the number of patients and nursing staff. This is partly due to nurses contracting the coronavirus and, sadly, some losing their lives. During the pandemic, it is known that more than 2,262 nurses in 59 countries lost their lives (ICN, 2021), and in Indonesia, as of December 29, 2021, the toll stood at 670 individuals (LaporCovid19, 2021). These circumstances have heightened fear and anxiety among nurses at their workplaces (Wilson et al., 2021).

Research results indicate that 1 in 5 nurses experience severe anxiety or depression (Hendy et al., 2021). This can be attributed to the fact that nurses are dedicating more time and energy to patient care, all while managing their own family responsibilities and attempting to protect themselves (Rose et al., 2021). Furthermore, nurses have been reported to suffer from poor sleep quality (Du et al., 2020), which can lead to increased fatigue and a higher risk of depression (Rosnani & Mediarti, 2022). The International Council of Nurses (ICN) conducted a survey across 130 countries, revealing that more than 70% of nurses faced significant psychological pressure. Shockingly, there is even data suggesting that some nurses resorted to suicide out of fear of transmitting the disease to other patients (Montemurro, 2020). De Klerk (2007) suggests that healthcare workers grappling with post-traumatic stress require an emotional healing approach. Emotional healing is a practice that involves the infusion of love (Barry, 2020). This process encompasses self-acceptance, experiencing love and being loved, finding purpose, managing one's thoughts, letting go of the past, silencing anxiety triggers, enhancing one's personality, and building the capacity to handle various situations (Eric, 2016).

Organizations that are gripped by collective fear and solely emphasize organizational control are unable to foster the creativity and innovation required to overcome crises (Nicolai & Gemma, 2020). Nursing leaders are expected to exhibit a communicative attitude during the pandemic, exercise autonomy in scheduling, offer additional financial compensation, be physically present, listen to and protect their staff, ensure readiness, provide support, and demonstrate care (Id et al., 2021). Compassionate leadership promotes a sense of harmony and applies compassionate values. Research results on the impact of compassionate leadership on healthcare organizations reveal improvements in capacity building across several areas (Mohamad, 2019).

The findings of an initial study on nurses' experiences during the early stages of caring for COVID-19 patients revealed signs of emotional distress. Nurses reported feelings of fear, anxiety, and apprehension due to the unpredictable nature of the situation. The shortage of personal protective equipment, the risk of infection, and the fear of death compounded the stress levels among nurses. Some nurses also grappled with sleep disturbances, heightened stress, anxiety, and difficulties in maintaining focus, particularly when their colleagues contracted the virus.

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Nurses hold high expectations that their leaders will stand by them during these challenging crisis situations, offering suitable solutions and guidance, rather than burdening them with unclear management directives.

METHODS

Design

This research employs a cross-sectional design, with the independent variable being compassionate leadership and the dependent variable being emotional healing.

Sample and Setting

In the Jakarta area, there are a total of 440 nurses working in hospitals who provide care for COVID-19 patients. The validation and reliability tests for the questionnaire were conducted with a separate group of 40 nurses, not included in the research sample. Thus, the target population for the study was 400 respondents. To determine the sample size, the Taro Yamane formula was applied, using a precision of 5%, which resulted in a sample size of 200 nurses. A purposive sampling technique was then utilized, with the inclusion criteria specifying that the selected nurses must have cared for COVID-19 patients, worked for a minimum of one month during the COVID-19 pandemic, and possessed a minimum education level of D3 Nursing. The distribution of the sample was done proportionally according to the number of nurses in each room. Here is the breakdown of the sample distribution: Orchid I: 17 respondents, Orchid II: 21 respondents, Orchid III: 24 respondents, Orchid V: 15 respondents, Orchid VI: 23 respondents, Boegenvile II: 20 respondents, Boegenvile III: 35 respondents, Boegenvile IV: 45 respondents. In total, the sample size consisted of 200 respondents.

Variable

The respondent characteristics encompass several variables, including age, gender, marital status, education level, length of service, career level, residence status, and experience working in an infection room. The independent variable in this study is compassionate leadership, which comprises the dimensions of presence, understanding, empathy, and assistance. The dependent variable is emotional healing, which encompasses the dimensions of reappraisal and emphasis.

Instruments

The measurement instrument utilized in this study is a questionnaire created through Google Forms, which includes short-answer questions and multiple-choice items. The compassionate leadership dimension is adapted from the Compassionate Leadership Questionnaire developed by West et al. (2017b). It comprises 16 questions, divided into four dimensions. Responses are recorded using a 5-point Likert Scale. For positive statements, the scoring is as follows: strongly disagree (1), disagree (2), neutral or no opinion (3), agree (4), and strongly agree (5). For negative statements, the scoring is reversed: strongly disagree (5), disagree (4), neutral or no opinion (3), agree (2), and strongly agree (1). The questionnaire is administered through Google Forms. Emotional healing is assessed using an Emotional Regulation Questionnaire developed by Gross et al. (2003). This questionnaire consists of 10 questions, comprising 6 cognitive indicators and 4 emphasis indicators. Responses are collected on a 7-point Likert Scale. The questionnaire for emotional healing is also administered through Google Forms.

Data Collection

Research respondents who met the inclusion criteria were selected with the assistance of both nurses and department heads. They were then provided with an explanation of the research details and asked to sign an informed consent form to participate as research respondents. The questionnaire was distributed to the selected respondents using Google Forms.

Data Analysis

Univariate analysis was conducted to examine the characteristics of the respondents, including age, gender, marital status, education level, length of service, career level, residence status, and experience working in an infection room. The independent variable examined was compassionate leadership, while the dependent variable was emotional healing. Based on the Kolmogorov-Smirnov test, it was determined that all characteristics and the compassionate leadership variable did not exhibit a normal distribution, except for emotional healing, which did. Bivariate analysis was performed to assess the relationships between age, length of service, and compassionate leadership (presence, understanding, empathy, and helping) using a numerical scale with a non-normal distribution.

Table 1. Characteristics of nurses based on categorical data

Characteristics	Category	n	%
Gender	Male	34	17
	Female	166	83
Marital status	Married	170	85
	Single / separated from partner	30	15
Level of Education	Vocational nurses	110	55
	Professional nurses	90	45
Career path	CN1	97	48.5
	CN2	52	26
	CN3	49	24.5
	CN4	2	1
Residence status	Alone	34	17
	With family	163	81.5
	With friend	3	1.5
Experience working in an infection room	Once	195	97.5
	Never	5	2.5

CN: Clinical Nurse

Table 2. Characteristics of nurses based on numerical data

Characteristics	Minimum	Maximum	Median	%	CI 95%
Age	24	56	35.5	36	35.34 - 37.54
Length of work	1	36	11	29	11.63 – 14.04

For the variables of gender, marital status, education level, and experience working in an infection room, which have a categorical scale with two groups, the independent t-test was employed. Career level and residence status, which have more than two groups, were analyzed using the Anova test. Multivariate analysis employed multiple linear regression analysis to investigate which dimensions of compassionate leadership, namely presence, attention, empathy, and helping, had the most significant impact on the emotional healing of nurses working in COVID-19 treatment rooms.

Ethical Consideration

This research adheres to ethical principles and has received ethical approval from the Research Ethics Committee of Fatmawati Central General Hospital with the reference number UM.01.05/VIII.5/267/2022, as well as a research permission letter from Fatmawati Hospital in Jakarta.

RESULTS

Respondent Characteristics

In Table 1, we observe that the majority of respondents were female nurses, accounting for 166 (83.0%) of the total, and the majority were also married (85%) and resided with their families (81.5%). Additionally, 195 (97.5%) of the respondents had prior experience working in infection rooms. The data also reveals that there are 10% more vocational nurses (55%) than professional nurses (45%). Regarding career paths, more than half of the respondents were at levels CN2 to CN4, but nearly half were at the CN1 level (48.5%). Table 2 presents the results of the normality test analysis for age and length of work in the hospital, with a p-value of 0.000, indicating that the data is not normally distributed. Specifically, 36% of nurses' ages fall between <35.50 years and ≥ 35.50 years, and 29% have a length of service in the hospital of ≥ 11 years.

Table 3. Distribution of compassionate leadership

Variabel	Median	%	Min-Max	CI 95%
Compasionate Leadership	58.50	66	16 - 80	56.91 – 59.34
Attending	14.00	50	8 – 20	14.14 – 14.69
Understanding	12.00	36	8 – 19	11.89 – 12.44
Emphatising	15.00	69	4 – 20	14.17 – 14.92
Helping	16.00	75	4 - 20	14.59 – 15.01

Table 4. Distribution of nurses' emotional healing

Variabel	Mean	%	SD	CI 95%
Emotional Healing	50.27	55.5	8.470	49.09 – 51.45
	Median		**Min-Max**	**CI 95%**
Reassessment	34.00	78	6 - 42	31.78 – 33.36
Expressive Supression	17.70	57	4 - 28	17.03 – 18.37

Table 5. Relationship respondent characteristic and emotional healing

Independent variable	Dependent variable	r	r^2	p
Age	Emotional healing	0.006	0.001	0.932
Working period in hospital		-0.073	0.005	0.304

Description of Compassionate Leadership and Emotional Healing

Table 3 presents the outcomes of the normality test analysis for compassionate leadership data, specifically understanding, empathy, and helping. The results indicate a p-value of 0.000, signifying that the data does not follow a normal distribution pattern. In terms of nurses' perceptions of their room head's compassionate leadership, the overall score was 66%. Notably, the lowest score was recorded in the understanding dimension, amounting to only 36%. According to the normality test analysis results for the emotional healing variable, the obtained *p*-value is 0.200, indicating that the data follows a normal distribution. In Table 4, it can be seen that the average emotional healing score for nurses stands at 55.5%. Notably, the highest emotional healing component utilized by nurses is reassessment/expressive suppression, which registers at 78%.

Relationship between Respondent Characteristics and Emotional Healing

Table 5 displays the outcomes of the Pearson correlation analysis. It can be concluded that there is no significant relationship between age and nurses' emotional healing, as indicated by a *p*-value of 0.932 (*p*-value >0.05). Similarly, the variable length of service in the hospital does not exhibit a significant relationship with nurses' emotional healing, with a *p*-value of 0.304 (*p*-value >0.05). This conclusion is supported by the calculated r-value for both variables, which is < *r* table = 0.138, suggesting that there is no correlation between age and length of service in the hospital with the emotional healing variable. Table 6 provides conclusions regarding the relationship between mean emotional healing and various factors. There is no significant relationship between mean emotional healing and nurse gender, as indicated by a *p*-value of 0.776. There is no significant relationship between mean emotional healing and marital status, with a *p*-value of 0.594. There is no significant relationship between mean emotional healing and education, as reflected in a *p*-value of 0.101. There is no significant relationship between mean emotional healing and experience working in the infection room, with a *p*-value of 0.930. The results of the Anova test for career level and residence status variables also revealed the following: There is no significant relationship between mean emotional healing and career level, as indicated by a *p*-value of 0.536. Based on residence status, there is no significant relationship with emotional healing, with a *p*-value of 0.427.

Table 6. Comparison of mean characteristics of respondents and emotional healing of nurses

Dependent variable	n	Mean Rank	Z	p
Gender				
Male	34	50.65	0.339	0.776
Female	166	50.19		
Marital status				
Married	170	50.14	0.494	0.594
Single/separated from partner	30	50.03		
Level of education				
Vocational	110	49.38	0.609	0.101
Profession	90	51.36		
Career path				
CN1	97	50.20	0.015	0.536
CN2	52	51.40		
CN3	49	49.43		
CN4	2	45.00		
Residence status				
Alone	34	52.00	0.623	0.427
With family	163	49.92		
With friend	3	49.67		
Experience working in infection room				
Once	195	50.26	0.742	0.930
Never	5	50.60		

CN: Clinical nurse

Table 7. Relationship between compassionate leadership and nurse's emotional healing

Independent variable	Dependent variable	r	r^2	p
Compassionate Leadership	Emotional healing	0.315	0.099	< 0.001
Attending		0.270	0.073	< 0.001
Understanding		-0.289	0.083	< 0.001
Emphatising		0.379	0.143	< 0.001
Helping		0.423	0.789	< 0.001

Table 8. Multivariate analysis of model

Variable	B	p	r^2
Constant	42.483	<0.001	0.242
Education	0.887	0.413	
Attending	0.423	0.279	
Understanding	-1.017	0.000	
Emphatising	-0.273	0.498	
Helping	1.242	<0.001	

Table 9. Multivariate analysis

Variable	B	p	r^2
Constant	43.844		0.234
Understanding	-1.017	<0.001	
Helping	1.257		

Relationship between Compassionate Leadership and Emotional Healing

Table 7 provides conclusions regarding the relationship between compassionate leadership and its dimensions (presence, understanding, empathy, and helping) with emotional healing. The findings are as follows: There is a significant relationship between compassionate leadership and its dimensions (presence, understanding, empathy, and helping) and emotional healing. All variables have a calculated *r*-value > 0.138, indicating a correlation between these variables and nurses' emotional healing. Compassionate leadership and its dimensions (presence, empathy, and helping) exhibit a positive calculated r-value. This suggests that as compassionate leadership and these dimensions (presence, empathy, and helping) increase, nurses' emotional healing also increases. However, the understanding dimension has a negative *r*-value of -0.289. This negative correlation implies that an increase in the understanding dimension does not necessarily guarantee an increase in nurses' emotional healing.

Multivariate Analysis Results

The variables suitable for further multivariate analysis include educational variables and compassionate leadership dimensions. which consist of presence. understanding. empathy. and helping. On the other hand. the variables age. length of service at the hospital. gender. marital status. career level. and residence status are not eligible for inclusion in the multivariate analysis. To refine the analysis. variables with the highest p-values were systematically eliminated one by one. This process led to the removal of the empathy variable. which had the highest *p*-value of 0.498. Subsequently. the education variable. with a *p*-value of 0.421. and finally the attendance variable. with a *p*-value of 0.237. were also excluded from the subsequent analyses. Table 9 presents the outcomes of the multivariate analysis. indicating that the compassionate leadership variables. specifically understanding and helping. possess significance values below 0.05. This signifies that both variables. understanding and helping. exert a significant influence on nurses' emotional healing. The r^2 value. standing at 0.234. indicates that the regression model developed can account for 23.4% of the variation observed in the dependent variable. emotional healing. In terms of the beta coefficient. it implies that leaders exhibiting the helpful dimension have the potential to increase nurses' emotional healing by 1.257 points.

DISCUSSION

The Relationship between Compassionate Leadership and Emotional Healing

Compassionate leadership, encompassing four dimensions—presence, understanding, empathy, and helping—demonstrates a highly significant relationship with nurses' emotional healing. These research findings align closely with previous studies, which have consistently highlighted the correlation between compassionate leadership and nurses' emotional healing, particularly in high-stress healthcare scenarios like pandemics. Given the substantial fatigue, stress, and demanding workloads experienced by nurses, the presence of leaders who exemplify compassionate values is of paramount importance.

Compassionate leadership serves as a protective factor against workload (West, 2021). Additionally, as noted by de Zulueta (2021), compassionate leadership plays a pivotal role in the capacity of healthcare organizations to navigate crises, enhance employee well-being, bolster resilience, and reduce stress. This is especially pertinent during the COVID-19 pandemic, which has imposed additional strains on healthcare systems worldwide. Compassionate leadership represents a fundamental value and motivation for the majority of individuals working in healthcare (Worline MC, 2017). It not only helps in retaining employees during challenging circumstances but also facilitates swift recovery (Lilius et al., 2011).

Health organizations, often dealing with challenges related to the well-being of various stakeholders, particularly patients, frequently find themselves in critical situations necessitating swift and accurate responses. These circumstances inherently carry an elevated risk of anxiety and tension. In such scenarios, leaders who demonstrate attentiveness, empathy, and a willingness to assist their team members become

indispensable figures. As noted by Salminen-Tuomaala & Seppälä (2022), nurses may experience heightened stress if they perceive inadequate support from their leaders. This stress can be exacerbated by coping strategies that may not be well-suited to their psychological conditions (Rosnani, 2017).

The leader's role in facilitating emotional healing can be articulated through actions such as dedicating time to listen to employees' complaints and addressing the challenges they encounter. Furthermore, leaders can provide support and guidance to subordinates who have endured traumatic experiences in the workplace (Domínguez-Escrig et al., 2022). Leaders also have the ability to foster an environment where staff members feel safe and comfortable sharing both personal and work-related issues. This open atmosphere enables employees to have the confidence to discuss any trauma they may have experienced (Beck, 2014). It's worth noting that the values associated with compassion can help alleviate professional fatigue (Dev et al., 2018).

According to Liden et al. (2014), emotional healing pertains to a leader's capacity to be attentive to personal setbacks experienced by their employees. Leaders who offer emotional healing support infused with compassionate values prioritize open dialogue and active participation in problem-solving (Jit et al., 2017a). Additionally, Jit et al. (2017a) elucidate that emotional healing involves a leader's efforts to enhance their own emotional well-being by fostering a positive workplace climate.

The Dimension of Helping that Most Influences Nurses' Emotional Healing

Among the dimensions of compassionate leadership, the most influential one on nurses' emotional healing in hospitals is the helping dimension. Leaders who exhibit this helping dimension have the potential to elevate nurses' emotional healing by a substantial 1.256 points.

Furthermore, this research delves deeper into the interconnection of different dimensions of empathy within compassionate leadership. It elucidates that a leader who can be present is better equipped to understand, thereby becoming more empathetic and helpful. This assistance is crucial in addressing the challenges faced by individuals (Murdiningsih et al., 2016).

It's worth noting that recent research has presented varied results, placing empathy as a more prominent dimension (Chaiprasit & Rinthaisong, 2022). These findings align with prior research conducted by Jit et al. (2017b), emphasizing the significance of empathy and compassion as pivotal elements in emotional healing.

Executive nurses in hospitals recognize the significance of room heads who possess an understanding of the challenges encountered by nurses while caring for COVID-19 patients. The fatigue, heavy workload, uncertain circumstances, insufficient personal protective equipment (PPE), and the emotional toll of losing friends and family create a highly stressful and demanding work environment for nurses. Leaders who demonstrate a deep understanding of these conditions faced by the nursing team can accurately assess the struggles their team members are going through. This understanding enables them to make informed and intelligent decisions to provide effective support to their team (Mcgonagle, 2020).

Leaders who have the ability to understand their subordinates' condition and connect with their team, as well as accept their imperfections, explain why their team needs more than positive words and good intentions when showing empathy. A leader has the responsibility to help his subordinates through an optimistic and appropriate attitude (Christopher, 2017). Especially for the health sector, compassionate leadership must be able to overcome the problem of work overload, which can disrupt employee health and hinder effective innovation. Ensure that there is clarity regarding the priority results to be achieved so that when a problem of work overload arises everything is agreed upon (West et al., 2017a).

CONCLUSIONS

Nurses generally perceive their leaders' implementation of compassionate leadership during the pandemic crisis as positive and satisfactory. Furthermore, some nurses have experienced emotional healing, indicating a notable correlation between compassionate leadership and emotional healing, particularly in the dimensions of understanding and helping.

Declaration of Interest

No conflict of interest

Elfiana, E., Yetti, K., Kuntarti, K., Widuri, E., Wulandari, D. F., & Rosnani, R. (2024). Compassionate leaders influence nurses' emotional healing during the COVID-19 crisis in hospitals. *The Journal of Palembang Nuring Studies*. *3*(2), 58-67.http://dx.doi.org/10.55048/jpns107

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Data Availability

The data is available to supporting the conclusions of this article will be made by the authors.

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