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Head Nurse's Resilient Leadership and Nurses' Adaptive Capacity in Hospital Service Systems: A Cross-Sectional Study

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ABSTRACT

Background: Changes in hospital care systems require nurses to be highly adaptable in order to maintain quality and patient safety. Head nurses play a crucial role in influencing nurses' adaptive responses, particularly through the characteristics of resilient leadership.
Purpose: This study aims to analyze the relationship between head nurses' resilient leadership and nurses' adaptive capacity in response to changes in the hospital service system.
Methods: This quantitative study employed a cross sectional design. The sample consisted of 152 practicing nurses selected through purposive sampling based on predetermined inclusion criteria. Data were collected using a questionnaire that had been tested for validity and reliability. Data analysis was performed using simple linear regression.
Results: The results of the study indicate a significant relationship between resilient leadership by head nurses and nurses' adaptive capacity in responding to changes in the hospital care system ($R = 0.489$; $R^2 = 0.239$; $F = 47.178$; pvalue= 0.001). The regression coefficients indicate that resilient leadership is associated with an increase in the adaptive capacity of practicing nurses ($\beta = 0.489$; pvalue= 0.001). Resilient leadership accounts for 23.9% of the variation in nurses' adaptive capacity.
Conclusion: These findings highlight the importance of strengthening resilient leadership to enhance organizational readiness for change in hospital settings.

Keywords **:** Healthcare System, Nurse's Adaptation, Resilient Leadership

BACKGROUND

Changes in hospital care systems are a consequence of advancements in healthcare technology, regulations, the digitization of medical records, and demands for quality of care. Organizational transformation in the healthcare sector has increased significantly following the COVID-19 pandemic, which forced hospitals to rapidly adapt their care systems (Labrague & de

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los Santos, 2021). This situation has placed nurses in the face of unprecedented changes in healthcare practices (Paine & Prochnow, 2022).

As members of the hospital staff, nurses need to adapt to the conditions of the hospital and the patients they care for. One factor influencing nurses' adaptive capacity is individual adaptability. Adaptive capacity varies among individuals, and those who can adapt to change tend to cope more effectively with both positive and negative stimuli (Kim & Kim, 2021). Therefore, adapting to change and adjusting to oneself or the environment while maintaining a positive attitude and optimism is essential (Lyu, Xu, L. Y., Liu, & Li, 2020).

Nurses' adaptive capacity plays a critical role in the successful implementation of changes within the healthcare system. Adaptation refers to an individual's capacity to respond to new demands through cognitive flexibility, emotional regulation, and behavioral adjustments in the workplace (Zhang, Liang, Wang, Yu, & Cao, 2025). Adaptation is not a fixed end state or an isolated event, but rather a continuous and dynamic process of adjustment (Zhang et al., 2024).

Resilient nurses tend to use adaptive coping strategies, such as problem solving, self reflection, and the utilization of social support. Researchers describe resilient as a set of dynamic attributes that includes an capacity to face and recover from adversity, adapt to change, and adjust one self and or the environment while maintaining a positive attitude and optimism (DeGrazia et al., 2021). These coping strategies help nurses manage work related stress and maintain their professional functioning. Nurses with high adaptive capacity are able to maintain work performance and patient safety even when facing organizational pressures. Research indicates that a lack of adaptation to change can increase the risk of burnout and work related stress (Labrague & de los Santos, 2021; Budi et al., 2026). Meanwhile, nurses with high levels of resilient have better job satisfaction, lower turnover intentions, and provide safer and higher quality care (Budi et al., 2026). Therefore, organizational support is needed, particularly from head nurses leadership.

Head nurse serving as a role model within the healthcare organizations. Therefore, they must possess two core competencies: resilient and adaptive leadership (Algabar, Ghadery, Mohamed, & Abou Shaheen, 2023; Ibrahim, Kotp, Aly, Bassiony, & Ismail, 2024). Resilient leadership is a leader's capacity to remain emotionally stable, adaptive, and visionary in high-pressure situations (Sihvola, Kvist, & Nurmeksela, 2022). Resilient is a learned trait or characteristic that enables individuals to adapt to physical and psychological demands in order to overcome difficult situations or challenges (Peerman & Manning, 2025). Resilient leaders are able to create psychological safety and enhance team members' readiness for change (Zaman, 2025). In the nursing context, resilient leadership is associated with increased engagement (Zhang et al., 2024) and organizational commitment (Handini & Ati, 2025).

Furthermore, leadership support has been shown to increase readiness for change and reduce resistance to new systems (Engida, Alemu, & Mulugeta, 2022; Goens & Giannotti, 2024). Supportive leaders tend to foster a collaborative and positive work environment, which ultimately strengthens nurses' sense of ownership, loyalty, and commitment to the organization (Asmuji, Handayani, & Komarudin, 2024; Alruwaili, 2025). A work environment led by resilient helps nurses develop adaptive coping strategies (Handini & Ati, 2025).

Although various international studies have demonstrated the importance of resilient leadership, empirical research within the context of hospitals in Indonesia remains limited. Therefore, this study aims to analyze the relationship between the resilient leadership of head nurses and nurses' adaptive capacity toward changes in the hospital service system. Systematic leadership development enhances nurses' adaptive capacity in several countries (Costa et al., 2025). However, that research employed an aggregate approach at the team level. This study contributes by providing evidence at the individual level, thereby offering a more detailed understanding of the mechanisms underlying the relationship between resilient leadership and nurses' adaptive responses. This study aims to analyze the relationship between head nurses' resilient leadership and nurses' adaptive capacity in response to changes in the hospital service system.

METHODS

Design and Setting

This study employed a quantitative design with a cross-sectional approach to identify the relationship between head nurses' leadership resilient and nurses' capacity in response to changes in the hospital service system. The study was conducted from December 2025 to February 2026. Data collection took place over two months, with two weeks allocated for each hospital. The hospitals selected as research sites were two Type B hospitals and two Type C hospitals located in Jember and Bondowoso districts. The characteristics of the research sites represent two distinct types.

Participants and Sampling

The study population consisted of all nurses currently working at four hospitals: one Type B hospital and one Type C hospital in Jember Regency, as well as one Type B hospital and one Type C hospital in Bondowoso Regency. The study sample consisted of 152 nurses, with the following breakdown: 50 nurses from the Type B hospital in Jember, 50 nurses from the Type B hospital in Bondowoso, 26 nurses from the Type C hospital in Jember, and 26 nurses from the Type C hospital in Bondowoso. Sample selection was based on inclusion criteria: currently active nurses, selected through purposive sampling, with inclusion criteria including working in an inpatient ward, holding at least a nursing diploma or being a registered nurse, and having worked in their unit for more than 6 months.

Instruments and Data Collection

The resilient leadership instrument was adapted from a resilient based leadership scale, incorporating indicators of the head nurse's personal resilient, adaptive capacity and flexibility, and social support and relationships (Arham, Norizan, Arham, & Muenjohn, 2024). Adaptive capacity was measured using a work adaptation scale covering aspects of flexibility, acceptance of change, and behavioral response (Widiantoro & Shahadan, 2026).

Both instruments were tested for validity and reliability at a different location from the study site, involving 30 participants. Both instruments were tested for validity and reliability at a different location from the study site, involving 30 participants. The results of the validity test, which used Pearson's correlation coefficient for all instrument items, showed p-values < 0.05, and the reliability test showed Cronbach's alpha values of more than 0.82 for each instrument, indicating acceptable internal consistency.The research data collection process began with

obtaining research permission, selecting potential respondents based on specific criteria, obtaining informed consent, distributing questionnaires, and collecting the completed questionnaires.

Data Analysis

Data analysis began with data processing, which included editing, scoring, coding, inputting, and cleaning. Univariate analysis covers the characteristics of practicing nurses (gender, highest level of education, and length of service in the unit), which are categorical data presented in frequency tables. Age and work experience data, which are interval-scale variables, are presented in tables showing the mean, median, standard deviation, and minimum and maximum values. Data of head nurses resilient and practicing nurses' adaptive capacity are interval scaled. Results of the Kolmogorov-Smirnov normality test indicate that data for both variables are normally distributed. Bivariate analysis was conducted to demonstrate the relationship between head nurses' leadership resilient and nurses' adaptive capacity to changes in the healthcare system using simple linear regression ($\alpha = 0.05$) with the aid of SPSS.

Ethical Considerations

Ethical approval for this study was obtained from the Health Research Ethics Committee of the Faculty of Health Sciences, Muhammadiyah University of Jember, with registration number: 406/207/K.3/102.7/2025, dated December 5, 2025. To maintain the confidentiality of respondent data, respondents' names were anonymized. Respondents' participation in the research was entirely voluntary; before agreeing to participate, they were provided with an explanation of the study, its objectives, and their rights, including the right to withdraw from the study at any time. Respondents were also given the opportunity to ask questions if they did not understand how to answer the questionnaire. The confidentiality of the collected data is also safeguarded and guaranteed by ensuring that raw data is not disseminated, accessed, or used by others.

RESULTS

The characteristics of the respondents based on gender, education, length of service in the unit, age, and work experience are presented in the following table:

Table 1. Gender, Education, and Length of Service in the Unit of Respondents

Gender		Frequency	%
1	Male	73	48
2	Female	79	52
	Total	152	100
Highest Education Level		Frequency	%
1	Associate Degree in Nursing	109	72
2	Registered Nurse	43	28
	Total	152	100
Length of Service in the Unit		Frequency	%
1	6 – 11 months	33	22
2	≥ 12 months	119	78
	Total	152	100

Table 1 shows that the majority of respondents are female, most hold an Associate Degree in Nursing, and the majority have been working in the new unit for more than 12 months

Table 2. Respondents' Age and Work Experience

No	Variable	Mean	Median	SD	Min-Max	N
1	Age	39.78	39	3.145	30-46	152
2	Work Experience	15.8	15	3.131	0.6-23	152

Table 2 shows that the average age of the respondents was 39.78 years, with a standard deviation of 3.145 years; the youngest respondent was 30 years old and the oldest was 46 years old. Based on the respondents' work experience, the average work experience was 15.8 years, with a standard deviation of 3.131 years; the shortest tenure was 6 months, while the longest was 23 years.

The research results illustrating the relationship between resilient leadership from the head nurse and nurses' capacity to respond to changes in the hospital care system are presented in the following table.

Table 3. Correlation and Regression Analysis of the Relationship Between Head nurses' Resilient Leadership and Nurses' Capacity to Adapt to Changes in the Hospital Care System

Components	Indicator	Value
Model Summary	R	0.489
	R^2	0.239
	Adjusted R^2	0.234
	Standard Error of the Estimate	1.248
Anova	Sum of Squares (Regression)	73.453
	Sum of Squares (Residual)	233.541
	Sum of Squares (Total)	306.993
	df (Regression)	1
	df (Residual)	150
	F	47.178
	p-value	0.001
Coeficient Regresion	Konstanta (B)	7.438
	Standard Error (Konstanta)	0.924
	t (Konstanta)	8.053
	p-value (Konstanta)	0.001
	Resilience Leadership (B)	0.460
	Standard Error (B)	0.067
	Standardized Beta (β)	0.489
	t	6.869
	p-value	0.001
	95% Confidence Interval	0.328-0.592
Regression Equation Indicators	Regression Model	Nurses' adapt capacity= 7.438 + 0.460*Resilient Leadership

An R value of 0.489 indicates a positive correlation of moderate strength between the leadership resilience of ward managers and nurses' adaptive capacity. Coefficient of

determination: An R^2 value of 0.239 indicates that 23.9% of the variation in nurses' adaptive capacity can be explained by the leadership resilience of ward managers, while the remaining 76.1% is associated with other factors outside the model. The B value of 0.460 indicates that a one-unit increase in the leadership resilience score is associated with a 0.460-unit increase in the predicted adaptive capacity score of nurses.

DISCUSSION

This study demonstrates a positive and significant relationship between head nurses' resilient leadership and nurses' capacity in response to changes in the hospital service system (β= 0.489; pvalue= 0.001). The magnitude of the beta coefficient indicates a predictive effect that falls within the moderate to strong category in the context of organizational behavior research in the nursing field. These findings suggest that resilient leadership is not merely an additional leadership attribute but a key determinant in building the adaptive capacity of nursing staff.

Organizational transformation in the healthcare sector has increased significantly following the COVID-19 pandemic, which forced hospitals to rapidly adjust their service systems (Labrague & de los Santos, 2021). The COVID-19 pandemic has broadened expectations regarding the role of leadership in healthcare. Therefore, a head nurse must possess good knowledge and understanding (Carliastuti & Stella, 2022) in addressing such conditions. One of the essential qualities a ward manager must possess is resilient leadership.

Research conducted by Crawford et al. (2023) indicates that nurses' readiness to implement changes in healthcare practice is significantly influenced by organizational support and effective leadership. Leadership capable of providing emotional and professional support to nurses can enhance individual readiness to implement changes in healthcare practice. Additionally, research by Sihvola et al. (2022) indicates that leadership resilient plays a crucial role in supporting nursing staff resilient when facing high work pressure and the dynamics of organizational change in healthcare.

Positive leadership styles and leadership resilient are correlated with various nursing workforce outcomes, including improved work environments and staff retention (Cummings et al., 2018), as well as nurses' well being (Alruwaili, 2025). This is not only important for nurses' personal health but also has significant implications for the quality of patient care they provide (Ruggeri, Garcia-garzon, Maguire, Matz, & Huppert, 2020; Hooper, 2023). However, most studies in the review focused on transformational and authentic leadership. This study makes an additional contribution by confirming that the dimensions of leadership resilient are particularly relevant in conditions of high uncertainty and complex organizational change.

The findings of this study align with those of Boamah & Laschinger (2021) who found that supportive and authentic leadership enhances nurses' change readiness and work engagement. However, the study by Boamah, Laschinger, Wong, & Clarke (2017) placed greater emphasis on the engagement dimension, whereas this study broadens the perspective by specifically positioning resilient leadership as a predictor of adaptive capacity within the context of systemic hospital change.

Aljarboa et al. (2022) identified emotional regulation, cognitive flexibility, and psychological resilient as the key characteristics of resilient nursing leaders. The findings of this

study reinforce this concept with empirical evidence that resilient leadership explains 23.9% of the variation in nurses' adaptive capacity ($R^2 = 0.239$). In social research, such a contribution is considered substantial given that adaptation is influenced by various multidimensional factors (Budi et al., 2026).

Research by Labrague & de los Santos (2021) shows that nurses' resilient is significantly associated with psychological well being and the capacity to maintain quality of care during a global health crisis. These findings underscore that leadership capable of fostering a resilient work environment plays a crucial role in maintaining the stcapacity of the healthcare workforce. Resilient also acts as a mediator between clinical leadership, job engagement, and nurse retention (Budi et al., 2026; Yu, Raphael, Mackay, Smith, & Fernandez, 2025). The complex healthcare work environment demands that nursing staff possess a high capacity for adaptation to changes in the healthcare system, including changes in clinical procedures, health technologies, and organizational policies (Lenssen et al., 2025).

Nursing managers play a crucial role in improving the quality of nursing care and supporting frontline nurses in adapting to change (Asmuji, Faridah, & Handayani, 2018). Resilient leadership represents the capacity to use "difficulties as a catalyst to inspire and motivate others to overcome unimaginable challenges" (Peerman & Manning, 2025).

From a nursing management perspective, head nurses play a strategic role as first-line managers who bridge organizational policies with daily clinical practice. Marquis & Huston (2017) emphasize that head nurses serve as key drivers in the implementation of organizational change and the development of an adaptive work culture. Research findings a positive correlation between strong nursing leadership, empowerment, supportive social networks, resource availcapacity, and encouragement of self-care with a healthy and resilient work environment and practice (Badu, O'Brien, & Mitchell, R, 2020; Lyu et al., 2020).

Other research indicates that adaptive leadership is also associated with the successful implementation of organizational innovations within the healthcare system. Leaders with resilient are able to enhance the organization's readiness to cope with uncertainty and drive healthcare innovation. The formal implementation of head nurses' support is an effective strategy to enhance practice nurses' adaptive capacity in response to organizational changes (George, Warshawsky, & Doucette, 2024). Head nurse plays a crucial role in ensuring the optimal functioning of practice nurses and the delivery of inpatient healthcare services (Mrayyan et al., 2023; Bergman et al., 2025).

Thus, strengthening resilient leadership among head nurses not only impacts the nursing staff's readiness for change but also the success of the overall transformation of the hospital care system. Head nurses not only enhance their own resilient and well being (Forster, Duchek, Geithner, & Kragler, 2023), but must also encourage practicing nurses to cope with changes in nursing care. Thus, support from leadership and colleagues remains an effective evidence based practice in supporting nurses during change (Godfre & Scott, 2021).

Based on Bandura's Social Learning Theory, leaders serve as role models in times of change (Warini, Hidayat, & Ilmi, 2023). When leaders demonstrate emotional stability, realistic optimism, and a constructive problem solving approach, nurses tend to emulate these response patterns (Zhang & Cui, 2022) . A good leader serves as a role model for subordinates in

delivering quality care (Zalukhu, Sembiring, & Tampubolon, 2022). Chughtai, Syed, Naseer, & Chinchilla (2023) emphasize that learning oriented leadership enhances adaptive performance through observational mechanisms.

Additionally, Conservation of Resources Theory offers further insight, noting that changes in the healthcare system are often perceived as a threat to professional resources such as competencies, time, and role clarity (Bon & Shire, 2022). Resilient leadership functions as a psychosocial resource that helps nurses maintain psychological stcapacity. As work related stress and burnout decrease, adaptive capacity increases (Trisula, Sumarni, & Haniyah, 2025; Fanani et al., 2020).

Saidah & Muhid (2021) add that psychological empowerment and trust in management serve as important mediators between leadership and proactive behavior. Although this study did not test the mediating variables, the magnitude of the beta coefficients suggests the possibility of an indirect mechanism involving psychological empowerment and increased trust in management.

The Post-Pandemic Context and Transformation of the Healthcare System

The COVID-19 pandemic has expanded expectations regarding the role of leadership in healthcare. Labrague & de los Santos (2021) found that leaders' resilient contributes to reduced anxiety and increased psychological resilient among nurses. However, most post pandemic studies have focused on acute crisis responses.

Kamaluddin, Sartika, & Imam (2026) expand the discussion by demonstrating that resilient leadership plays a significant role in the successful adoption of health technology innovations. This study reinforces these findings by showing that resilient leadership is also relevant in structural and long term changes to the healthcare system, not just in crisis situations.

Wahyudi, Sindo, Hasri, & Sohiron (2025) emphasize the importance of aligning leadership values with organizational strategy to ensure the sustaincapacity of change. Saharman, Sunarno, & Sunaryanti (2023) also demonstrate that staff perceptions of leadership quality influence acceptance of patient centered care reforms. Thus, resilient leadership has direct implications for service quality and patient safety.

As first line managers, ward supervisors hold a strategic position in bridging management policies and clinical practices (Marquis & Huston, 2017). Therefore, strengthening resilient leadership needs to be integrated into resilient-based leadership training programs, reflective coaching and mentoring, the development of emotional regulation and stress management competencies, and a sustainable organizational support system. Investing in resilient leadership has the potential to generate a multiplier effect across all service units.

Limitations

This study has several limitations. First, the cross-sectional design limits the ability to establish temporal relationships and causal inferences between head nurses' resilience leadership and nurses' capacity to adapt to changes in the hospital care system. Although a statistically significant positive association was identified, the direction of this relationship cannot be definitively established. Second, if both variables were assessed using self-reported

questionnaires, the findings may be susceptible to social desirability bias and common method bias. Third, the use of a simple linear regression model did not account for potential confounding factors, such as nurses' educational background, work experience, workload, organizational support, and work environment. The model explained 23.9% of the variance in nurses' adaptive capacity, indicating that other factors may also contribute to adaptation. Finally, the generalizability of the findings may be limited by the study setting and sampling approach. Future studies should consider longitudinal or multicenter designs, incorporate objective or multiple-source measurements where feasible, and use multivariable analyses to account for potential confounders.

Implications for Nursing Practice

The research findings provide an empirical basis for hospital management to strengthen head nurses capacity to practice resilience leadership. Head nurses play a role not only in overseeing the delivery of nursing care but also in helping nurses cope with changes in the healthcare system, work procedures, technology, and service quality requirements.

CONCLUSION

Resilient leadership by head nurses significantly enhances nurses' capacity in response to changes in the hospital service system. Nurses led by resilient head nurses demonstrate greater flexibility, problem solving skills, and engagement. Organizations must invest in the development of resilient leadership to strengthen individual and organizational adaptive capacity, as well as to support safe, effective, and high quality patient care.

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AUTHOR CONTRIBUTIONS

This research was conducted and this article was written thanks to the contributions of the following individuals: Asmuji: conceptualization, methodology, data collection, and drafting the article; Dwi Yunita Haryanti: supervision, assistance with data collection, and editing the article; Luh Titi Handayani: data analysis; and Wahyudi Widada: assistance with reviewing and revising the article.

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CONFLICTS OF INTEREST

The conduct of the research involved no conflict of interest with any party, whether organizational or individual.

DECLARATION OF AI USE

"During the writing process, the author did not use AI, but instead relied on various supporting sources, reviewed and edited the resulting text, and ensured the article's originality while taking responsibility for its content and accuracy."

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