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Qualitative Study: The Relationship Between The Head of Unit's Leadership Model and Retention Program With The Turnover Intention of New Nurses In Private Hospital X South Jakarta

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ABSTRACT: The transition period for new nurses when entering the workforce and joining a nursing unit is an important period. The role of the head of the room as a first-line manager is also very important in planning, organizing, leading, directing, supervising and evaluating the process of implementing nursing care by new nurses. To explore the relationship between the unit head's leadership model and retention program with the turnover intention of new nurses in the Hospital. This study uses a qualitative research method with a descriptive phenomenological approach. The sampling technique used is systematic purposive sampling (Systematic Purposive Sampling). The population of new nurses for the period January-March 2021 was 100 people. The research sample is the population of each serial number 1, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100 or a total of 11 samples. This sample will undergo in-depth interviews and FGDs, for 6 weeks on June 14 - July 26, 2021. We use qualitative content analysis and cross-case analysis techniques with the nvivo 12 plus software program. The result of this study Identified and explored the experiences of new nurses towards the leadership model of the head of the room, retention programs and turnover intentions at Private Hospital X, South Jakarta. The results of the study found: transformational leadership models, career ladder programs, orientation programs and professional development programs have an influence on preventing turnover intentions of new nurses.

Keywords: Transformational Leadership, Retention Programs, Turnover Intentions.

INTRODUCTION

The progress of an organization depends on the performance of leaders at every level, considering that leadership includes a variety of personal qualities and skills, a good leader is someone who is able to manage various tasks, communicate effectively, and create a positive teamwork environment. Professional strengths can include demonstrated skills or qualities, social characteristics or abilities as well as a leader being able to effectively manage a team, motivate subordinates, delegate tasks and use feedback to improve leadership levels over time. Everyone has the nature of leadership, to increase knowledge that leadership is a management function that

can influence, guide, motivate and supervise other people or subordinates to complete tasks in the plan to achieve organizational goals (Dewantara, 2022).

Hospitals are one of health Service Facilities that provide comprehensive individual health services through promotive, preventive, curative, rehabilitative, and/or palliative health services by providing inpatient, outpatient, and Emergency Services (Indonesia, 2014, 2023). Transformational leaders are an integral part of today's organizations and they focus on building relationships with followers and creating change by emphasizing values. Transformational leaders also motivate and inspire their followers to pursue goals and even exceed them. In addition, transformational leaders develop followers by giving them further responsibilities, and by having confidence in them to fulfill these tasks with self-assurance and inspiration (Elrhaman & Allah, 2018).

Healthcare Human Resources as one of the determining factors of hospital quality, must be managed properly. A nurse is someone who has passed nursing higher education, both at home and abroad, which is recognized by the Government in accordance with the provisions of the Laws and Regulations (Saragih, 2011). Compared to other health workers in the hospital, such as doctors, paramedics, sanitarians, administration and others, nurses have the largest proportion of personnel supporting health services in hospitals. Therefore the role of a nursing manager is needed to organize or manage a number of nurses in carrying out daily nursing care (Anggara et al., 2020).

New nurses are nurses who enter a new experience that was not previously experienced. New nurses will experience a transition period that causes anxiety where nurses enter into a world of work that has never been experienced before during their studies at university (Giranda et al., 2024). The first few months are challenging and stressful for new nurses (Matondang, 2019). Anggara et al (2020) in a qualitative study related to turnover intention in health workers at the SM Banyumas General Hospital, Central Java, found that informants stated that the leadership style of superiors was one of the reasons they felt uncomfortable and dissatisfied so they decided to leave (Yasman et al., 2015). The results of research by Giranda etc. (2024), found that the level of job satisfaction of health workers at the Selat Nasik Health Center, Belitung Regency for the category of job satisfaction was dominantly dissatisfied as many as 28 people (66.7%). This number is more when compared to those who are satisfied as many as 19 people (33.3%) (Huber, 2018). The conclusion results of the research analysis conducted by Matondang (2019) found that the most dominant leadership style used to improve retention is the transactional leadership style which is then followed by the visionary leadership style (Anggraini et al., 2018). The results of research conducted by Matondang are in line with the results of research conducted by Yasman et al (2015), that the leadership style that has the most influence on nurse retention is the transactional leader.

Objective

The purpose of this study is to explore the relationship between the head of unit's leadership model and retention program with the turnover intention of new nurses in Private Hospital X South Jakarta.

METHOD

This research uses a qualitative research method with a phenomenological approach. The sampling technique used in this qualitative research is systematic purposive sampling, which is a sampling technique based on the order of the population that has been given a serial number.

The population are new nurses for the January-March 2021 period, totaling 100 people. The population of new nurses is given a sequence number based on the order in which they joined Private Hospital X. The serial numbers that will be taken as samples in this study are the population of each serial number 1, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100.

The inclusion criteria for this study were: 1) new nurses who joined in the period of January - March 2021, 2) have participated in the New Employee Orientation program for 2 days, 3) have participated in a special nursing orientation program for 2 weeks, 4) willing to be interviewed either in person or online, 5) new nurses did not get coercion to become research respondents. Meanwhile, the exclusion criteria in this study were: 1) unwilling to be a respondent in the study, 2) being sick during the qualitative research data collection period, 3) new nurses who took impromptu leave such as grief leave during the research data collection period. There were 11 participants in this study.

The number of nurses until the end of March 2021 was 390 nurses consisting of various competency levels ranging from Preclinical, PK I, PK II, PK III, PM I and PM II competency levels. The largest proportion is at the Preclinical and PK competency level at 46.4% (164 nurses). The research was conducted within one and a half months from June 16 to July 26, 2021.

Researchers collected data using in-depth interviews and Focus Group Discussions (FGDs) directly. The in-depth interview process was conducted for 20-30 minutes per participant while the FGDs were conducted for 45-60 minutes, if necessary, a break could be made. The in-depth interviews and FGDs were conducted before or after the new nurses started working so as not to interfere with working hours and services. After completing the process of in-depth interviews and FGDs. Furthermore, the relationship between one theme category and another was analyzed using NVivo. Relationship analysis was conducted by looking for associative relationships and one-way relationships.

RESULT AND DISCUSSION

This study used a descriptive phenomenological qualitative approach to explore new nurses' experiences of the head nurse's leadership model and retention program to get through the probation period and ultimately desire to stay in the organization. The hospital's BOR averages 75% - 85%. The organizational structure of the Nursing Division is: the head of the nursing division oversees 2 department heads: the head of the critical and non-critical department and the head of the nursing development department. The head of the critical and non-critical department oversees the head of the room and the head of the room oversees the nurse in charge, the executive nurse and the assistant nurse. The head of the nursing development department oversees the

clinical instructor/Clinical Nurse Educator. The care model used is team. The number of nurses until the end of March 2021 was 390 nurses consisting of various competency levels ranging from Preclinical, PK I, PK II, PK III, PM I and PM II competency levels. The largest proportion is at the Preclinical and PK I competency level at 46.4% (164 nurses). Educational qualifications S1 Ners 159 people, D III 226 people and D IV 5 people.

The participants in this study were new nurses who were recruited in the January-March 2021 period and had attended the New Employee Orientation (NEO) or new employee orientation program. Participants were inpatient nurses on the 9th floor of tower 2, 10th floor of tower 2, 11th floor of tower 2, ICU Isolation on the 5th floor of tower 2, Extention MHJS 2 on the 1st floor and outpatient nurses from COE 1 and COE 2 and ISPA polyclinic tower 2. The majority of participants were female and the majority of participants' education was Diploma. The majority of participants' work experience was junior nurses (1-3 years). The following is a table of participant demographic data consisting of Initial Name, Gender, Age, Education Level, Competency Level:

Table 1. Demographic Data of Participants

| No	Respondent Name (Initial)	Gender	Age (Yr)	Education	Competency Level
1	D	Female	23	Diploma	PK 1
2	DMK	Female	26	Diploma	PK 1
3	E	Female	25	Diploma	PK 1
4	FL	Female	25	Ners	PK 1
5	G	Female	21	Diploma	Praklinis
6	M	Female	28	Diploma	PK II
7	N	Female	22	Diploma	PK 1
8	NH	Female	23	Diploma	Praklinis
9	R	Female	28	Diploma	PK II
10	S	Female	22	Diploma	Praklinis
11	T	Male	23	Diploma	Praklinis

Judging from the participant demographic data table above and based on the Dreyfus Model proposed by Benner, the participants involved in this study were nurses in the category or level of novice or beginner, namely nurses at the Preclinical and Clinical Nurse I (PK I) competency level and advanced beginner, namely new nurses at the Clinical Nurse II (PK II) competency level. Nurses at the novice level are nurses who have just graduated from education and have not had previous work experience in a number of four participants and five other participants although included in the novice category, but the new nurses already have work experience in the previous place for at least one year.

**Figure 1. Distribution of Participants by Gender**
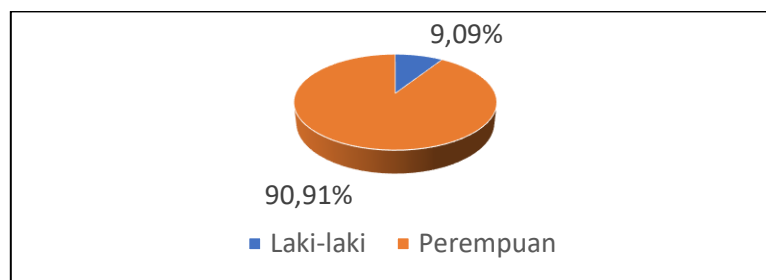
Research based on gender of participants, getting the results of the most female participants, namely 90.91% and following male participants as much as 9.09%. Research by (Nurmawati & Widagdo, 2022), involved 65 respondents. The distribution of respondents based on the gender group of the majority of female respondents was 39 respondents (60%) and 26 male respondents (40%).

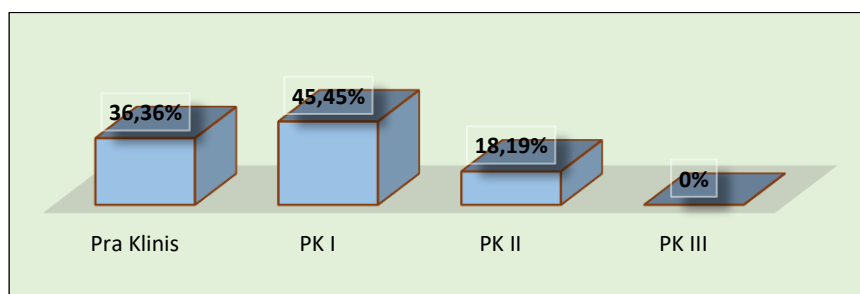**Figure 2. Distribution of Participants by Age**
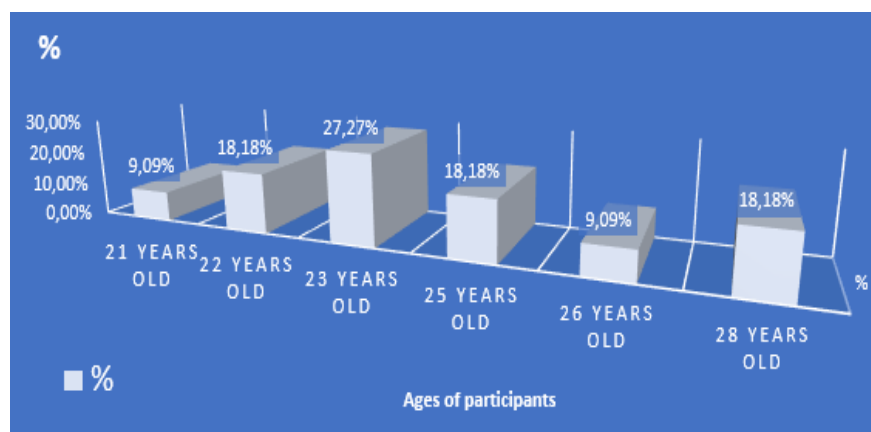
The results of the analysis based on age distribution show that the age of participants varies with an age range of 21 years to 28 years, in the productive age range. The most participants were 23 years old, which amounted to 27.27%. Research by Nurmawati, Arofiati and Widagdo (2022).

Figure 3. Distribution of Participants by Education Level
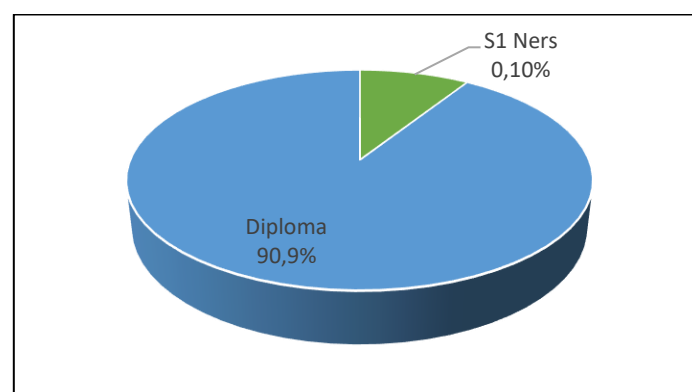
The results of the analysis based on the distribution of educational background levels show that there are more DIII graduates, as many as 90.91% and Ners graduates as many as 9.09%. Research by Nurmawati, Arofiati and Widagdo (2022),

**Figure 4. Distribution of Participants by Competency Level**

The results of the analysis based on the distribution of competency levels show that the highest level of competence is the PK I competency level of 45.45% Preclinical 36.36% and PK II of 18.18%.

Interpretation of Participants' Distribution of All Themes

An interpretation of the distribution of participants across all themes can be seen in the following diagram on figure 5.

Figure 5. Distribution of Participants' Statements on Themes
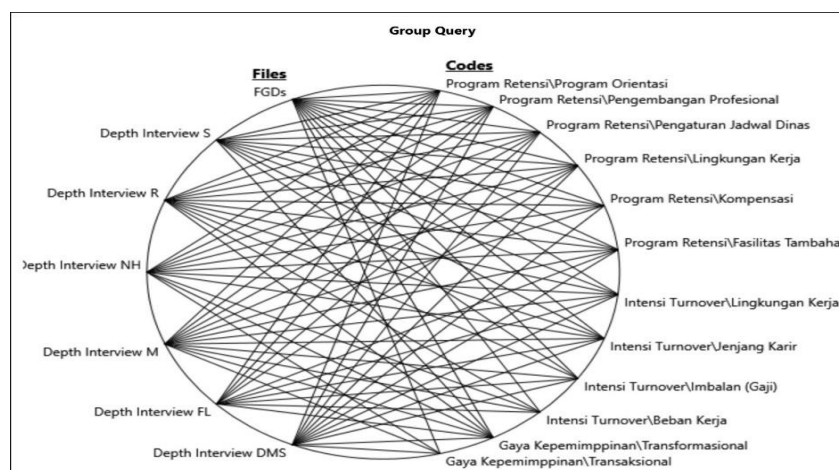
Based on the results of data analysis of all participant interview verbatim, the participants' statements were normally distributed across all themes and sub-themes of leadership style, retention program and turnover intention of new nurses. Based on the results of data analysis of all verbatim participant interviews, the participants' statements were normally distributed across all themes and sub-themes of leadership style, retention program and turnover intention of new nurses.

Based on the results of cross-testing each participant on the theme of leadership style, it was found that all participants in both in depth interviews and FGDs gave a high assessment of the

transformational leadership style. Participant S gave the most statements related to his experience of the transformational leadership style of the head of the room. Two participants, namely R and M, had a similar number of statements regarding the experience of the transformational leadership style of the head of the room. Participants in FGDs had almost similar statements. The participant who gave the least statement about the experience of the transformational leadership style of the head of the room was participant FL.

"Good ma'am, nurturing and if there are difficulties and ask for direction, they always embrace and are always ready to help, guided, if there are constraints the head of the room always supports me. Very monitoring all my task and I cannot go home if my task not done" (Participant DMK). Very good to be guided, welcome and always willing to help" (Participant S).

Based on the cross-check results, it was found that all participants in both in-depth interviews and FGDs gave high scores to the subthemes of work environment and career path compared to other subthemes. FL and NH were the participants who gave the most expressions on the work environment subtheme. Meanwhile, in contrast to participants in the in-depth interviews, participants in the FGDs gave the same number of expressions on the subthemes of work environment and career path.

"The working atmosphere is good ma'am, coordinating and helping each other, communication between teams and between friends is good, serious and there is joking, not authoritarian like with friends and complementing each other. Often communicate with seniors about how to work here" (Participant DMK). "Enjoy ma'am, I already know my friends, PJ Shift is also a nice person. The working atmosphere is good ma'am, helping each other, communication between teams and between friends" (Participant DMK). These experience same with participant FL.

Likewise, with the career path subtheme, the participants who gave the most expressions on the career path subtheme were participants DMK, M and NH. "I think it's very good, ma'am. Because, what I know is that in this career path, for example, those who are still D3 can be sent to school in this hospital. Then there is a training program that is arranged to increase our knowledge, it motivates me to want to learn more" (Participant NH). "Good ma'am, the career planning is quite organized. Follow the rules in this hospital ma'am and always want to learn. Because I don't want to stop learning and have the intention to take part in training such as ICU, HD" (Participant DMK). Participant M opinion same with NH & DMK. Participant N tell that nurses career here is really fast, suddenly after three months of probation became a permanent employee. Then from pre-pk suddenly became PK 1 in just 5 months already PK 1.

The results of cross-examination of each participant on the theme of the retention program found that all participants in the in-depth interviews and FGDs gave high scores to the subtheme of the orientation program and professional development compared to the other four themes. Participants who gave many expressions related to the orientation program subtheme were participants M and NH, while other participants in the in-depth interview, namely participants DMK, FL and R, gave many expressions on the professional development subtheme. Participants gave the same number of expressions on the subthemes of the orientation program and

professional development. For example: nursing updates, inhouse training or clinical learning in service.

Meanwhile, in the FGDs, the cross-check results showed that the most expressed subtheme was the orientation program compared to other subthemes.

"For me, from the first time until now, at the first room was explained. Then in this ward, it is explained by PJ about the work system" (Participant T). "When the first time intermediate room was opened, PJ, staff nurses and the head unit, introduced ourselves to know each other. Oriented to the place, tools, and the system worked. After knowing the system, PJs tell us in more detail, because intermediate care and ICU are not much different, right? So because the target of our unit is not only to treat patients with unstable conditions to become stable, can return to the room or go home, but we can also read the ECG, so not only, oh this is sinus rhythm, this is sinus tachycardi, so we are taught". (Participant G).

"The head unit is explaining for us, but the details are clearer from PJ and others senior nurses, because the head unit doesn't go directly to see what our condition, mom. We learn from PJ and others nursees senior" (Participant E). "Same with others participant, first time we got explained from head unit, and the next from preseptor/CNE immediately explained, like how to use the PPE, patient room facilities, the orientation of the tools, detail of tables and forms. So it's more with PJ/preseptor or CNE on a daily basis" (Participant N).

"It's the same at ARI poly room, the head of our room, before we gathered in the room, explained the work system in the ARI poly, that are blood draws and ECG records and sometimes patients also asked for vitamin injections according doctor instruction" (Participant D).

Identifying New Nurses' Experiences of the Unit Head Leadership Model

The results of qualitative data analysis in this study indicate that there are two leadership models, namely: transformational leadership and transactional leadership. Bass & Avolio (2011) stated that theoretically there are four dimensions of transformational leadership, namely: inspirational motivation, individualized consideration, intellectual stimulation and idealized influence. Meanwhile, in transactional leadership there are three dimensions, namely: contingency reward, active management by expectation and passive management by exception. Based on the participants' statements through in-depth interviews and FGDs, most participants expressed their experience that the leadership style used by the head of the unit is transformational leadership.

Robbins & Judge (2015) say, transformational leadership is a leader who has the ability to inspire followers to go beyond their own self-interest and has the ability to have a deep and extraordinary influence on their followers. Transformational leadership occurs when people have involvement with each other and provide mutual support so that both leaders and followers together have high motivation to achieve high goals. Attributed to the four dimensions of transformational leadership style, participants' statements about the ability of the unit head to inspire his staff to achieve high standards and create a culture to dare to learn everything from experience and provide clear targets to be achieved are statements related to the inspirational motivation dimension, such as the

following statement: "Very supportive, do not authoritarian and more nurturing for each employee, very monitoring our job duties and also always backing up if I have problems" (Participant E). partcipant N tell the same history.

Participants' statements regarding the head of the room who gives attention, listens to complaints and understands the needs of his staff, career development, is nurturing and a person who can be respected by all his staff and creates a conducive work environment are statements related to individualized consideration

The statements submitted by participants about the head of the unit having the ability to stimulate their staff to come up with new ideas and ideas and provide opportunities for employees to become problem solvers and provide new innovations under the guidance of the head of the room are statements related to the intellectual stimulation dimension

Meanwhile, the participant's statement regarding the head of the unit being a role model for his staff and generating respect and trust for the head of the room is a statement related to the ideallized influence dimension, as expressed by the following participant: "The head of my room is firm, kind, fair, protects his staff, always invited us to discussions at monthly room meetings and if there are obstacles, they find solutions together". (Participant G).

In detail about the indicators of the dimensions of transformational leadership can be seen in the following graph on figure 6.

Figure 6. Indicator Distribution of Transformational Leadership Dimensions
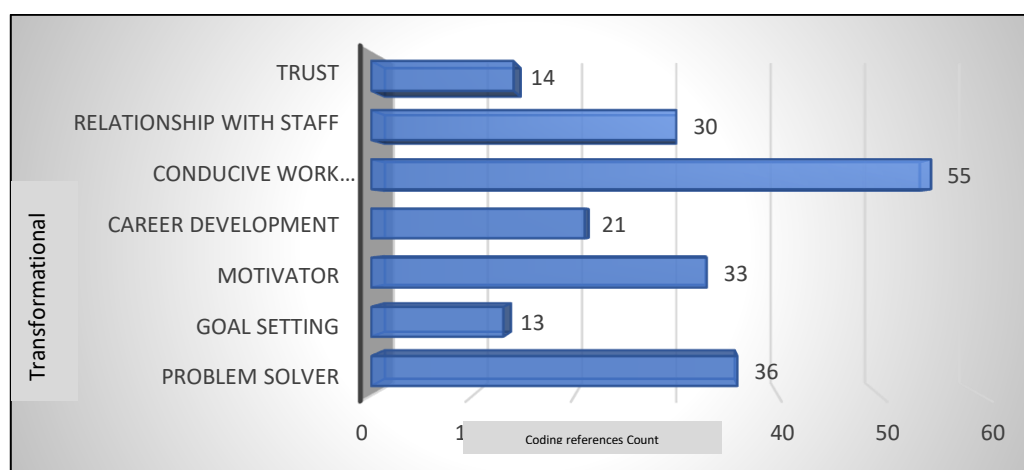
Based on the graph above, it can be seen that the most expressed by participants is a conducive work climate. This conducive work climate is a dimension of individualized consideration. Seeing this picture, the researcher concluded that new nurses in private hospital X assessed the head of the unit as having high individualized consideration characteristics. The head of the unit pays great attention to new nurses, nurtures, becomes a good listener to the complaints felt by new nurses and makes new nurses feel comfortable.

Huber (2018) stated that one of the strategies to improve retention in new nurses is a positive organizational environment and culture. One of the strategies to create a positive work environment and organizational culture is transformational leadership (Melky, 2015). Anggara et

al., (2020) stated in their research that leadership style is one of the reasons that causes employees to feel uncomfortable so that employees decide to leave the organization. Anggara's research results and Huber's statement are in line with the results of this study, that the conducive work climate that arises from transformational leadership has an influence on new nurses to stay in private hospital X.

The diagram above shows that in addition to a conducive work climate, what many participants expressed was problem solver. Problem solver is the intellectual stimulation dimension of transformational leadership. Based on this expression, the researcher concluded that new nurses assessed that the head of the unit had the ability to stimulate new nurses to come up with new ideas and ideas and provide opportunities for new nurses to become problem solvers and provide new innovations under his guidance, such as the following expression: "The head of the room's communication is good, if for example there is something, it is always expressed, whether we are wrong or right, always open, what I feel, nothing is covered up. if it is wrong, then I am wrong … and also always back up if I have problems" (Participant E).

Asbari et al., (2020), conducted research related to organizational climate and transformational leadership on work productivity obtained the results that, transformational leadership has a positive and significant effect on organizational climate and also concluded that the variables of transformational leadership and organizational climate also have a positive and significant effect on innovative work productivity partially and simultaneously. The results of Asbari et al.'s research are in line with the results of previous research, namely Sakti et al., (2018) that transformational leadership has a positive and significant effect on innovative work behavior (Rohaeti & Novita, 2021). The results of research conducted by Asbari et al., (2020), Sakti et al., (2018) are in line with the research conducted by researchers that transformational leadership used by the head of the room based on the experience of new nurses will create a conducive work climate for new nurses, so that new nurses will feel comfortable at work and this comfortable atmosphere will foster the ability of new nurses to bring up creative ideas and innovations.

The head of the ward has the ability to intellectually stimulate new nurses to be active by encouraging new nurses to follow the organization's perspective. The head of the room constantly invites nurses to make decisions with concrete evidence and convinces new nurses of the need to work as a group rather than individually to achieve organizational goals. Transformational leaders like to practice two-way communication and interaction as a way to engage followers' thinking to solve complex and difficult problems. "In my experience and view, the head of the room is firm, also really teaches, even if we have difficulties, he can still back up and help us" (Participant D).

Identifying New Nurses' Experiences of the Relationship Between the Head of Leadership Model and Turnover Intention

Based on the qualitative analysis data depicted in the graph above, it can be seen that the expressions that are mostly conveyed by participants on the theme of turnover intention are expressions regarding the work environment and career path.

Figure 7. Distribution of Participants' Statements on the Turnover Intention Theme
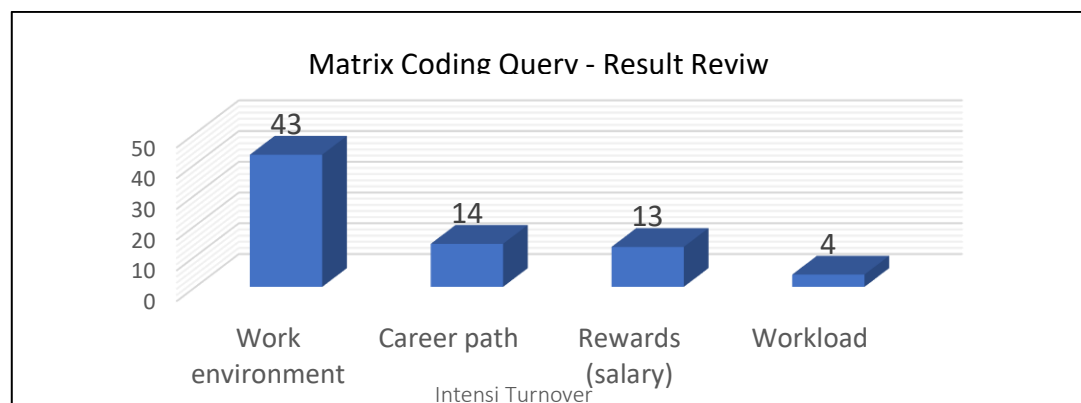
Based on the conceptual map, it can be seen that there is a one-way relationship between the leadership model and turnover intention. Based on participants' expressions that, transformational leadership in the individualized consideration dimension is able to create a conducive work climate. The following are participants' expressions related to the comfort of a conducive work climate that prevents the turnover intention of new nurses: "At the beginning I only wanted to stay for 1 month, then after I moved to ICU I felt quite comfortable and until now I can still stay because of good communication and comfort" (Participant T).

In addition, the intellectual stimulation dimension that appears in transformational leadership will motivate new nurses to view a problem that occurs as part of learning. Both of these have an impact on preventing turnover intention in new nurses. The following are participants' expressions related to intellectual stimulation: "if there is a complaint from a patient or patient's family regarding my performance, the head of the room handles and helps explain to the patient and family and communicates to us and there is a family discussion held at the office nurse station...the head of the room is directly involved in overcoming the complaint and asks first to know what the story is like, after that the head of the room and I meet with the patient and are helped by the head of the room until the problem is resolved" (Participant N).

Associated with the transition phase of new nurses, the participants involved in this study were new nurses who were in the probation period of the first three to six months (recovery phase). New nurses try to balance the world of education and the world of work. The role of the supervisor or clinical instructor in this phase is very necessary as a role model, observer, resource person, encourager, demonstrator and feedback provider. The head of ward should ensure that some of the new nurses' values are supported and encouraged so that work and academic values can be combined.

"Melky (2015) defines turnover intention among employees as the decision of an individual to leave an organization and seek employment elsewhere, motivated by the desire for monetary compensation. The conceptual model for turnover intention in new nurses connects personal attributes, job expectations, and the work environment, which in turn impact their commitment and job satisfaction(Putra & Utama, 2017). Moreover, the availability of job opportunities influences whether new nurses will stay or leave their current positions (turnover intention), ultimately leading to job turnover. The findings of this study align with Vania, (2019) research,

which indicates that transformational leadership and the work environment both exert influence on turnover intention(Apriyanto & Haryono, 2020). Furthermore, the results of this study are also in line with the findings of Manoppo (2020), who stated in his research that the higher the transformational leadership, the lower the turnover intention, although not significantly. The results of this qualitative data analysis are in line with Rohaeti & Novita's (2019) research on factors influencing turnover intention among nurses at Permata Depok Hospital. Their study found that, based on the T-statistic, the work environment had a direct and indirect influence on nurses' turnover intention in that hospital(Indrayani, 2016).

Similarly, a study conducted by Apriyanto & Haryono (2020) indicated that the hypothesis test results confirmed a negative influence of the work environment on turnover intention. Through the calculations performed, a coefficient value of -0.187 with a p-value of 0.047 was obtained. Since 0.047 < 0.05, Ha is accepted and Ho is rejected, which means that the work environment has an influence on turnover intention (Wijaya et al., 2012). Dharma Putra & Mudiartha Utama (2017) conducted a study on the influence of work environment and job satisfaction on turnover intention. The results of this study showed that both the work environment and job satisfaction had a negative and significant impact on turnover intention (Setianingrum & Rachmi, 2019).

Many participants talked about career advancement when discussing why nurses might want to leave their jobs. The researcher believes that using a transformational leadership style will not only make the workplace more pleasant but also give new nurses a clear idea of where their careers are going. This should help keep new nurses from wanting to quit their jobs at Private Hospital X.
This agrees with Indrayani's (2016) research, which found that age, career development, and pay are factors that can make nurses want to leave their jobs (Ibrahim et al., 2024).
Based on Benner's Dreyfus Model, new nurses need mentors to help them progress from being novices to experts. This is especially true for novice and advanced beginner nurses. Novices often have trouble telling what's important in a situation and New nurses want to do a good job but still need help from more experienced nurses. That's why it's important for new nurses to have mentors, like the head nurse and clinical instructor(Ardiansyah, 2022).

Participants' expressions related to workload were the least frequent compared to the other three subthemes. Based on this, the researcher concludes that workload is not perceived as a significant factor in new nurses' turnover intention or, in other words, does not significantly influence new nurses' decision to leave Private Hospital X as long as the work environment is conducive and there is a clear career path. "So sometimes, we finish work around 1:30 AM once or twice, but even though we start in the morning until 1:30 AM, we don't feel tired. We only feel tired once we're home." (Partisipan E). "I prefer coming home late rather than being constantly questioned. I'm actually quite happy, especially now that there are many patients in the ICU. I'm tired, yes, but it's fun" (Partisipan T).
Similarly, the expression of participants regarding compensation (salary) was a less frequent statement made by participants compared to other sub-themes on turnover intention. In this regard, the researcher concludes that compensation (salary) has less significant meaning, causing new nurses to have a desire to leave private hospital X. "In my opinion, the retention program, the

head nurse's role, and leadership are already good, but it comes back to each individual, more towards their comfort, because it's not entirely just a matter of salary that can make us stay in this hospital" (Participant G). "Based on the explanation above, it can be concluded that the leadership model has an influence in preventing turnover intention among new nurses at Private Hospital X, South Jakarta."

Identification of New Nurses' Experiences Regarding the Relationship Between Retention Programs and Turnover Intention among New Nurses

The results of the qualitative data analysis, indicate that the most frequently mentioned retention program by participants was the orientation and professional development program. Conceptual map explains that when both general and specific nursing orientation programs are implemented, it will create a sense of comfort among new nurses as they are introduced to the work environment and workflow they will face when they start working in the unit. Other information obtained by new nurses, orientation program will help new nurses better understand the situation of Private Hospital X.

The following are expressions from participants regarding the orientation program: "the first room was in intermediate care, because intermediate care was new, it was first opened. We PJ, the implementing nurses and the head of the room gathered, first we introduced ourselves to get to know each other better, after that we oriented to the place, equipment, then the system worked by our unit head. After knowing the system, we and the PJ were taught in more detail, because intermediate care and ICU are not much different, right ma'am. Both treat patients who are unstable, learning EKG ma'am. Every night, we studied EKG first with our unit head so it increased our insight. We felt confident working to treat patients" (Participant G). "The headunit explained, but the details were clearer with the PJ and the seniors who were there, because only the PJ knows what our condition, ma'am, we learned from the PJ and the seniors who were there" (Participant E). "It's the same, the daily activities are more with the PJ. But from the beginning, the head of the room still explains it." (Participant N). "It's the same ma'am, before we went to the ISPA polyclinic, the headunit, explained the working system in the ISPA polyclinic, that in the ISPA polyclinic tower 1 & tower 2, where the IGD tower 2 is, where the clean room is, where the blood drawing place and the practice room are" (Participant D). "For me, from the beginning until now, the first room was explained. Then for the current one, it was explained but also assisted by the PJ so please teach about this. The working system was explained by the PJ and the head of the room, so the work is easy, Ma'am. I really feel comfortable in the ICU" (Participant T).

The new nurse orientation program is a program to introduce the work environment, organizational culture, vision, mission and values owned by the organization as an initial step for new nurses to get to know the organization where the new nurse works. PMK No. 40 of 2017 concerning the Development of Professional Career Levels for Clinical Nurses explains that orientation is the process of providing information, introduction and indoctrination for new staff. Orientation is divided into 2 parts, namely general orientation in the form of information about the vision, mission, organizational policies, staff rights and obligations, infection control and

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control, patient safety programs, caring, service quality, ethics, nursing care and documentation of nursing care. Meanwhile, special orientation is an orientation about the work unit after work placement which includes the vision, mission, policies, rights and obligations in the work unit. Wijaya, Sitorus & Handiyani (2012) research conducted a study on competency-based orientation programs in relation to the performance of new nurses, indicating a significant relationship between competency-based orientation programs and the performance of new nurses with a p value of 0.000. The competence of new nurses to form a new nurse has professional performance so that orientation programs are important to be applied to every new nurse (Camveren et al., 2022). Setianingrum & Rachmi (2019) conducted a study on e-learning-based orientation programs and concluded that implementing new nurse orientation using the e-learning method can produce effective results. E-learning provides various positive benefits to new nurses in preparing for their work in the field (Powers et al., 2019).

A probationer needs to go through an orientation period to avoid being shocked by the new work environment. A preceptor is needed to bridge this gap. If the probationer does not do well during this period, it will lead to disengagement and discouragement(Gould, 2018). This can lead to a desire to quit the job, which we call resignation. A preceptor also needs to be supported by the organization so that they can carry out their duties properly according to their job description and have proven competence and training as a preceptor.

A survey of 442 nurses and midwives in Ghana revealed that the main barriers to preceptorship were inadequate preparation, insufficient support from faculty members and managers, and increased workload (Ebu Enyan et al., 2021). A phenomenological investigation in Iran also documented the lack of support for preceptors (Valizadeh et al., 2016). Based on the literature review, studies on preceptorship can be viewed from five perspectives: preceptors' self-preparation, organizational support, perceived value of their role, benefits, and barriers (Lessi et al., 2024). Çamveren, Kocaman and Vatan research results showed that participants' intention to leave the organization increased (t = -4.153, p <.001), while affective commitment (t = 4.443, p <.001) and normative commitment to the organization (t = 3.443, p <.001) as well as professional affective commitment decreased (t = 7.390, p <.001) at the end of the program. Thus, the preceptorship program needs to be strengthened to ensure socialization of the organization and procedures for newcomer nurses so as to ease their adapts (Jaffer, 2013).

The transition to practice is a challenging and demanding time for new nurses. Transition to practice depends on new nurses building confidence and gaining essential clinical reasoning skills when adjusting to their role. A structured orientation program with trained preceptors has proven to be the most successful way of preparing new nurses for clinical practice. Within the healthcare institution, the results of metric analysis and system evaluation showed a direct relationship between the effectiveness of preceptor orientation for the unit and the nursing unit preceptor program. Each Kanit reviews the vacant positions, number of nurse vacancies and turnover rate with the average time of position vacancy of their unit. Clinical nurse educator are also responsible for unit nurse performance training to improve retention and reduce attrition. The primary goal of the preceptorship program is to keep nurses in orientation long enough to successfully complete

orientation with their preceptors. The key to this success is a well-trained preceptorship. Historically, when a new RN was hired on a unit, the nurse was placed with a preceptor; usually called a "buddy system" or preceptor. There may be several weeks of additional training planned specifically for the unit specialty. Newly hired professional RNs receive about three weeks of buddy system, or preceptorship, training. If they have medical-surgical experience, add about 10 weeks of informal preceptor training orientation. The units attempt to match novice and newly hired nurses with the same preceptor during the orientation period, which can last 18 to 24 months on the unit. The buddy system does not solve the problem of attrition, if nursing units are not adequately staffed, and nurses' job satisfaction and patient consent are not met.

Another widely expressed statement on the theme of retention programs is professional development. The nurse training program at Private Hospital X, South Jakarta is carried out in order to improve the competence and career development of nurses. The management of Hospital X requires all employees to take part in training. This training not only provides benefits to nurses but is also useful for the interests of Private Hospital X, South Jakarta in improving the quality of service and improving employee performance. Here are some participant statements regarding professional development: "Hopefully the head unit will continue to provide support, if possible there is an opportunity to go back to school. Then there is a training program designed to increase our knowledge... I am motivated to want to learn again" (Participant R). "Because I don't want to stop learning and have the intention to take training such as ICU, HD" (Participant S). Participants N, D, E, NH. R and T also stated the same thing.

The results of the study conducted by this researcher are in line with Adzka's statement (2017), that training and development are one of the factors that influence employee retention. The arrangement of work schedules is also a statement that is often expressed by participants, amounting to thirty-five expressions. The researcher concluded that, when the arrangement of work schedules can be arranged in such a way and can accommodate the needs of new nurses, it will increase the desire of new nurses to remain at private hospital X. Overall, from the statements given by the participants on the theme of turnover intention, all participants gave the most expressions on the work environment, then the statements that were also expressed the most were in order from the most expressions, namely career level, rewards (salary) and workload. In the findings of a major meta-analysis by Lessi, Barbieri and Danielis it was explained that: a total of 282 findings were extracted from 12 studies, resulting in 49 finding statements that were combined into nine key meta-findings. Poor management practices showed an overwhelming frequency of 100%. Other key findings included excessive workload, barriers to teamwork, health problems associated with shift work and difficulty maintaining work-life balance, lack of career growth opportunities and promotion opportunities, disillusionment with nursing, dissatisfaction with salary, bullying and horizontal violence and moral distress over horizontal violence, and moral distress over ethical dilemmas. Nurses who resigned reported that they felt unsupported by managers in resolving workplace difficulties and supporting the development of their professional competencies. Nurses who resigned reported that ineffective leadership style affected communication, lack of listening or ignoring their concerns, not being taken seriously, making

decisions without employee involvement and not having the best interests of employees in mind. Excessive workload was described in 83% of the selected reports.

CONCLUSION

The results of this qualitative study, obtained identified results and explored the experiences of new nurses towards the leadership model of the head of the room, retention programs and turnover intentions at Private Hospital X South Jakarta. The results found were: transformational leadership models, career ladder programs, orientation programs and professional development programs have an influence on preventing turnover intentions of new nurses.

The results of this study provide an overview of new nurses' experiences with leadership models, retention programs and turnover intentions. The overview obtained based on new nurses' statements and qualitative data analysis contains three major themes that can be input or improvements for hospitals, namely: transformational Leadership Model, Career Path Program and Orientation Program. In addition, professional development programs through continuing education and training have an influence in preventing turnover intentions in new nurses, so it is necessary to increase the role of clinical instructors in implementing professional development programs according to the needs of each new nurse to achieve competency according to their career level. These findings can help support the development of effective strategies and policy implementation as well as the role of leaders in the units where new staff are placed so as to reduce staff resignation and rapid turnover of nurses. The limitations of this study include: the study conducted was a qualitative design study and only obtained statements from 11 participants, so the results of this study cannot be generalized to all populations. The results of this study can only be transferred to participants outside the population or outside the hospital studied. In this study, only two leadership models were explored, namely, transformational and transactional leadership models. While there are still many other aspects of leadership models that need to be explored to further enrich and strengthen the relationship between leadership models and turnover intentions in new nurses.

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