



**ROLES AND FUNCTIONS OF NURSING MANAGEMENT IN STRENGTHENING THE HEALTHY NURSE PROGRAM FOR NURSES AT HOSPITAL**

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**ABSTRACT**

Nurse well-being is a critical foundation for ensuring the quality of healthcare services. However, the high prevalence of physical fatigue, occupational stress, and biopsychosocial-spiritual (BPSS) imbalances among nurses indicates an urgent need for strategic interventions rooted in nursing management. This residency project aimed to develop and implement the *Healthy Nurse Program* as an innovative initiative to holistically enhance nurse well-being at X Hospital. The program adopted Kurt Lewin's planned change theory, encompassing the stages of unfreezing, changing, and refreezing. Implementation began with problem identification through interviews, observations, and BPSS-based questionnaires, followed by the formulation of a Plan of Action, socialization, and interventions such as workplace stretching, ergonomic education, MBCA monitoring, and spiritual reflection sessions. The study involved 32 newly hired nurses ( $\leq 1$  year experience) selected through purposive sampling, with data analyzed using a fishbone diagram. Initial evaluation revealed a high prevalence of muscle fatigue, work-related stress, and over-fat conditions among nurses, along with strong support for program implementation. The *Healthy Nurse* initiative strengthened core nursing management functions and fostered a culture of sustainable workplace wellness. These findings provide a critical foundation for integrating occupational health promotion into hospital systems based on evidence-based practice.

Keywords: biopsychosocial-spiritual (BPSS); healthy nurse; nursing management; nurse well-being; planned change

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**INTRODUCTION**

Nurses are the main component of the healthcare system, bearing a major responsibility for providing holistic, continuous, and safety-oriented patient care. However, behind these high professional demands, nursing is in fact one of the professions most vulnerable to occupational fatigue, physical and mental health problems, as well as psychosocial pressures that can impair performance and service quality (ICN, 2023; WHO, 2021). These issues not only affect individual nurses but also have serious implications for patient safety and the overall effectiveness of healthcare organizations.

Global studies show that more than 60% of nurses experience chronic stress, 40% experience burnout, and around 70% are at risk of musculoskeletal disorders due to non-ergonomic working postures (ANA, 2020; Yuwanich et al., 2016). In Indonesia, heavy workloads, unbalanced shifts, insufficient rest time, and weak occupational health promotion systems exacerbate nurses' well-being challenges. Research by Handiyani et al. (2022) revealed that more than 58% of hospital nurses experience moderate to severe physical fatigue, with

symptoms such as sleep disturbances, lower back pain, and other psychosomatic complaints. Furthermore, psychological and spiritual aspects—such as loss of work meaning, feelings of isolation, and emotional exhaustion—are often overlooked, despite playing an important role in sustaining nurses' performance.

In response to these conditions, the “Healthy Nurse” concept emerges as a systemic intervention strategy grounded in nursing staff well-being. This approach not only focuses on preventing work-related illness and injury but also on enhancing nurses' physical, psychological, social, and spiritual balance. Globally, the American Nurses Association (ANA), through its Healthy Nurse, Healthy Nation™ program, has initiated a comprehensive approach to improving nurses' healthy lifestyles, including physical activity, stress management, nutrition, emotional well-being, and occupational safety. The concept has evolved into an innovative biopsychosocial–spiritual (BPSS) model that supports healthy, resilient, and high-performing nursing personnel.

In Indonesia, the implementation of this concept remains relatively new and requires contextual adaptation to workplace culture and hospital systems. As a type-A teaching hospital and part of the Universitas Indonesia Academic Health System (AHS), the X Hospital began developing and implementing the Healthy Nurse Program in 2024 as part of its management's commitment to improving nursing staff safety and well-being. The program includes activities such as body composition measurements using a Multi-frequency Body Composition Analyzer (MBCA), shift-based stretching exercises, ergonomic education, psychosocial counseling, spiritual discussions, and collective reflection sessions aimed at fostering a healthy and harmonious work culture. However, the implementation still faces significant challenges. Initial monitoring results revealed disparities in execution across units, limited sustainability of activities, and weak systems for monitoring and evaluating program impact. These conditions indicate that the success of the Healthy Nurse Program largely depends on the effectiveness of nursing management roles and functions in designing, driving, supervising, and evaluating the program in a structured and sustainable manner.

Nursing managers, such as Head Nurses and Nurse Unit Managers (NUMs), hold a strategic role in the managerial process, encompassing the functions of Planning, Organizing, Staffing, Directing, and Controlling (POSDC). In strengthening the Healthy Nurse Program, they serve not only as technical administrators but also as role models, supervisory facilitators, cross-sector communicators, and change agents capable of fostering an organizational culture oriented toward staff well-being. Furthermore, the organizational behavior change process required for implementing this program aligns with Kurt Lewin's change theory, consisting of the unfreezing (recognizing the need for change), changing (implementing interventions), and refreezing (stabilizing new behaviors) phases. Nursing managers play a crucial role in each of these phases, particularly in building staff awareness, facilitating training and habituation of healthy activities, and reinforcing positive changes through monitoring and recognition.

As a teaching hospital integrating education and service, X hospital has significant potential to position the Healthy Nurse Program as a best practice model for strengthening nursing staff safety and well-being, with nursing management as its main driving force. Therefore, a comprehensive and systematic scientific study on the role and functions of nursing management in strengthening the Healthy Nurse Program is essential. The findings of such a study are expected to serve as a foundation for developing internal policies, managerial innovations, and contributions to the scientific literature in nursing leadership and management grounded in staff well-being. This residency project aimed to develop and

implement the *Healthy Nurse Program* as an innovative initiative to holistically enhance nurse well-being at X Hospital.

## **METHOD**

The method used in this paper is a case report describing the implementation process of the Healthy Nurse Program based on the biopsychosocial–spiritual (BPSS) approach at a teaching hospital in Depok City, namely RS X, during the period of May 27 to June 30, 2025. The sample consisted of 32 newly hired nurses with less than one year of work experience who met the inclusion criteria, selected through purposive sampling, and the data were analyzed using a fishbone diagram to identify the root causes of program implementation issues. The Healthy Nurse Program is an innovation designed to improve nurses' well-being through structured promotive–preventive interventions. The activities began with problem identification, situation analysis, the development of a Plan of Action (PoA), intervention implementation, and program evaluation. Initial data collection was carried out using three main methods: semi-structured interviews with five Nurse Unit Managers (NUMs) from inpatient units, direct observation of the work environment and the managerial roles of NUMs, and distribution of a BPSS questionnaire to newly hired nurses with less than one year of work experience.

Observations were conducted to assess the extent to which BPSS-related activities were implemented in daily practice, such as workplace stretching, spiritual reflection sessions, and the use of health assessment tools such as the Multi-frequency Body Composition Analyzer (MBCA). In addition, the BPSS questionnaire was distributed from June 7 to 9, 2025, and responses were obtained from 50 nurses, of which only 32 met the inclusion criteria: newly hired inpatient nurses with less than one year of work experience who completed the questionnaire in full. Analysis of the questionnaire data revealed a high prevalence of muscle fatigue, psychological stress, lack of social support, and limited structured spiritual activities in the workplace. Findings from the interviews and observations also indicated suboptimal involvement of NUMs in the planning and implementation of occupational health promotion programs.

The collected data were then analyzed using a fishbone diagram to identify the root causes of the suboptimal implementation of the Healthy Nurse Program at RS X. It was found that the absence of formal regulations, insufficient managerial roles in program organization, and limited ergonomic education were the dominant factors hindering program execution. Based on joint prioritization with the hospital team, the main issue identified for intervention was “the suboptimal implementation of the Healthy Nurse Program due to weak nursing management functions in organizing and directing promotive–preventive programs in inpatient units.” This issue served as the basis for developing a Plan of Action (PoA) guided by Kotter's change theory to be implemented as a pilot project.

## **RESULT**

The problem identification process regarding the suboptimal implementation of the Healthy Nurse Program in the inpatient units of Hospital X was carried out using three main methods: interviews, observations, and the distribution of a questionnaire based on the biopsychosocial–spiritual (BPSS) approach. Data obtained from these methods were then analyzed in an integrated manner by linking them to the execution of managerial roles and functions by the Nurse Unit Managers (NUMs). Comprehensive analysis revealed that, overall, the NUMs had not performed their roles optimally, particularly in the actuating function—namely, the ability to guide, motivate, and coordinate the implementation of programs that support nurses' well-being (Huber, 2000).

Tabel 1.  
Peran dan Fungsi NUM dalam Program Healthy Nurse

No	Role/Function	Assessment Results
1	Planning Function	There are no official regulations/SOPs for the Healthy Nurse Program, BPSS activity schedule, or targets for achieving nurse well-being (W, O).
2	Organizing Function	- The Healthy Nurse team has not been established at the unit level (W, O) - Cross-professional coordination (K3RS, clergy, nutrition) is not yet structured (W, O).
3	Power Function	- More than 50% of staff in almost all units are new nurses (< 1 year) (W, O, K) - The orientation program does not yet include the BPSS module (W, O) - 18% of respondents reported that orientation caused additional fatigue (K).
4	Directive Function	- Stretching activities, MBCA, and spiritual sessions are unscheduled, with no log-books or standardized instruments (W, O) • Motivation is given only in the form of verbal reminders during briefings; there is no structured coaching (W, O) - Supporting facilities (ergonomic posters, reflection rooms) are uneven; 37.5% of staff complained about limited facilities (W, O, K).
5	Control Function	- No routine audits of Healthy Nurse Program compliance, and staff well-being indicators have not been integrated into the unit dashboard (W, O) - Evaluation of MBCA & BPSS results has not been conducted periodically (W, O).
6	Interpersonal Roles	The staff orientation and well-being program has not been formally evaluated by NUMs (W, O).
7	Informational Role	Communication of BPSS facility needs to management remains suboptimal; proposals are often delayed (W).
8	Decisional Role	No structured analysis of fatigue/stress data has been carried out; follow-up actions remain incidental (W, O).

Root cause analysis of the Healthy Nurse Program implementation in the inpatient units of Hospital X was conducted using a fishbone diagram (Ishikawa diagram). This tool was employed to organize and identify the primary causes of suboptimal program implementation. Based on findings from interviews, observations, and questionnaires, the analysis was performed across six main categories: Man, Method, Material, Environment, Management, and Measurement. The results indicated that the directing function of the Nurse Unit Manager (NUM), particularly in clinical supervision that supports BPSS well-being, emerged as the most prominent weakness in the program's implementation.

Several root causes were identified, including the absence of official regulations or standard operating procedures (SOPs) for the Healthy Nurse Program at the unit level, the lack of a structured implementation team, and minimal interprofessional coordination in program execution. In addition, the absence of a regular monitoring and evaluation system for BPSS indicators further weakened efforts to improve and develop the program. Based on these findings, it was concluded that strengthening nursing management functions—particularly in the areas of directing and controlling—constitutes a strategic and urgent step to ensure the Healthy Nurse Program is implemented consistently, well-documented, and sustainable across all inpatient units of Hospital X. The analysis of the NUM's roles and functions in preventing needle-stick injuries is illustrated in Figure 1.

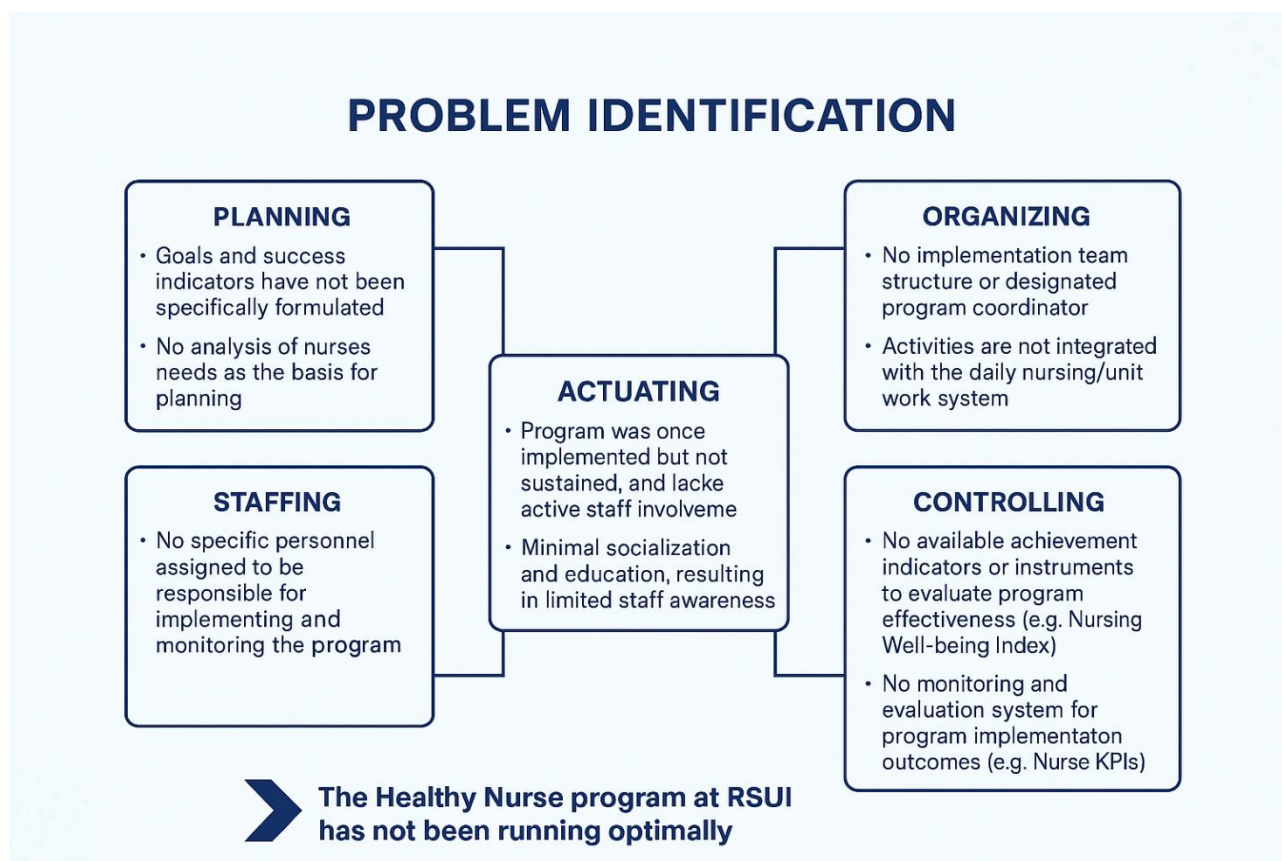


Figure 1. Analysis of Assessment Results in a Fishbone Diagram

The plan to address priority issues in the implementation of the Healthy Nurse Program was developed in the form of a Plan of Action (PoA), designed and mutually agreed upon with the hospital management. The PoA formulation was carried out through a Focus Group Discussion (FGD) involving the nursing team, the hospital's occupational health and safety unit (K3RS), chaplains, NUM representatives, and management representatives. The change strategy was designed using Kotter's Eight-Step Change Model, a systematic framework recognized for driving sustainable organizational change. This model was considered relevant as it effectively guides the change process from creating a sense of urgency to integrating the program into the hospital's work culture.

In its implementation, the Healthy Nurse PoA at Hospital X has progressed through the first four of Kotter's eight steps, namely: forming a guiding coalition, developing a strategic vision, communicating the vision, and removing initial barriers. The remaining four steps—related to consolidating early wins, sustaining momentum, and embedding change into the culture—are planned to be gradually integrated alongside the strengthening of managerial support and the development of hospital policies. Activities within each stage of change include the formation of Healthy Nurse champions at the unit level, the development of Standard Operating Procedures (SOP) for BPSS activities (such as MBCA, stretching, and reflection sessions), and the dissemination of information to NUM and nursing staff. The complete stages of the change process based on Kotter's model are presented in Figure 2.

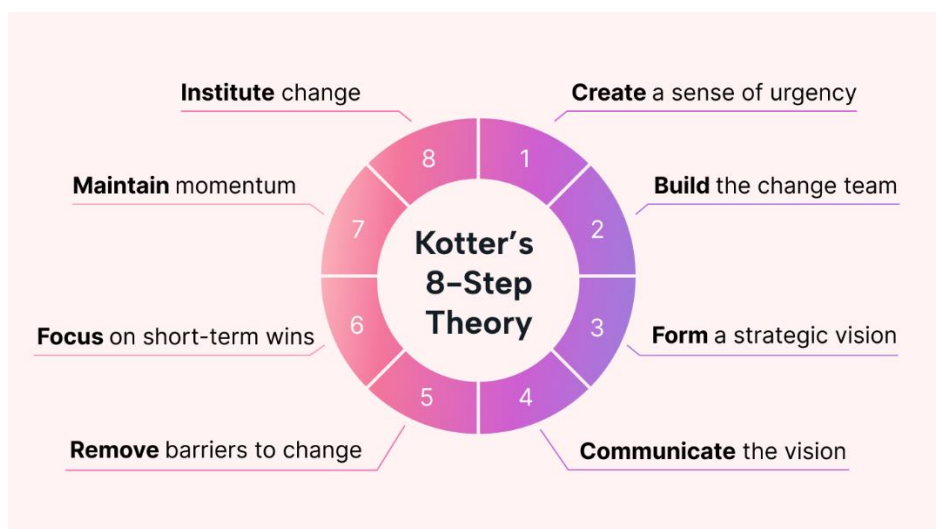


Figure 2. Kotter's 8 Step Plan

## DISCUSSION

The implementation of the Healthy Nurse Program in the inpatient unit of Hospital X has not yet been optimal. Assessment results indicate that routine stretching, MBCA monitoring, and spiritual reflection activities have not been systematically integrated into the unit's work culture, despite data showing high levels of stress, muscle fatigue, and unfavorable body composition among newly recruited nurses. These findings align with the Job Demands–Resources Model (Bakker & Demerouti, 2020), which emphasizes that an imbalance between job demands and organizational resources increases the risk of burnout and reduces staff well-being. Using the POSAC framework to evaluate nursing management functions revealed several gaps: (1) **Planning**—no established SOPs, BPSS indicators, or annual activity plans; (2) **Organizing**—no structured implementation team (champions/coaches) and limited interprofessional coordination; (3) **Staffing**—despite more than 50% of nurses being newly hired, orientation programs have not covered occupational health and stress management; (4) **Actuating**—Nurse Unit Managers (NUMs) have not yet acted as structured motivators or facilitators of change, with guidance provided only verbally during briefings and without regular training or supervision; and (5) **Controlling**—no formal evaluation or reporting mechanisms, contrary to continuous quality improvement principles (Marquis & Huston, 2021).

To address these gaps, improvements are guided by Kotter's Eight-Step Change Model (Kotter, 2021). Implementation has so far reached the fourth step—creating a sense of urgency, forming a change coalition, developing a strategic vision, and communicating the plan—supported by initial SOP drafting, early training, and NUM and staff socialization. Future steps, such as celebrating early wins, consolidating gains, and embedding changes into organizational culture, remain priorities. Quick-win strategies include establishing unit-level champions, providing MBCA equipment, and scheduling regular stretching and joint prayer sessions. Self-Determination Theory (Ryan & Deci, 2023) further supports the program's approach, emphasizing the need to foster autonomy, competence, and relatedness in the workplace. If POSAC functions are executed optimally—from planning through controlling—the Healthy Nurse Program could significantly improve both nurse well-being and patient care quality at Hospital X.

## Planned Change

Change is a process aimed at achieving a desired state. It is a condition in which something becomes different from its usual state and involves a dynamic process that begins from the current state—disrupted, transitioning—and ultimately results in the desired outcome (Robbins & Judge, 2023; Sullivan, 2012; Murray, 2017). Implementing change requires a change agent, an individual who is knowledgeable in the theory and practice of planned change, capable of managing conflict, and balancing all organizational aspects affected by change. A change agent works to drive transformation, acting as a catalyst, and bearing responsibility for managing change-related activities (Robbins & Judge, 2023).

Organizational change can be either planned or unplanned. Planned change is goal-oriented, deliberate, and collaborative, involving the intentional application of change theories (Mitchell, 2013; Roussel, 2013, in Murray, 2017). It is proactive, intentional, and purpose-driven (Robbins & Judge, 2023). In contrast, unplanned change occurs suddenly and unexpectedly, often in response to crises (Murray, 2017). Various approaches have been proposed for managing change, one of which is Kotter's Eight-Step Plan.

Kotter's Eight-Step Plan is a structured approach to planned change that divides the process into eight stages. Kotter (1996) emphasizes that successful change involves a multi-step process that addresses all sources of resistance and must be guided by high-quality leadership (Murray, 2017). In Kotter's model, nurse leaders and managers play a critical role in every phase, leveraging strong communication skills, the ability to anchor the change vision, and persuasive capabilities to gain staff acceptance. Kotter's main contribution lies in providing detailed guidance for managers and change agents to successfully implement change. The first four steps essentially correspond to Lewin's "unfreezing" stage, steps 5, 6, and 7 represent the "changing" stage, and the final step functions as "refreezing."

Planned change in the Healthy Nurse Program at RS X was designed to address the primary issue identified: the suboptimal execution of nursing management functions in directing and supporting biopsychosocial-spiritual (BPSS)-based nurse well-being activities. To ensure a systematic and sustainable process, the change strategy adopted John Kotter's (2021) Eight-Step Change Model, which has proven effective in driving cultural transformation in healthcare organizations.

The first step began with building a sense of urgency, using baseline data showing high prevalence of job stress, burnout, and muscle fatigue among newly recruited nurses. These findings were communicated to management and staff through socialization forums to foster collective concern. Next, a change coalition team was formed, comprising representatives from nursing, occupational health and safety (K3RS), human resources, chaplaincy, and nursing residency students, to act as the initial drivers of the program. This team developed the vision and strategy for change: *"To make nursing units a healthy and balanced workplace—physically, psychologically, socially, and spiritually."*

The vision was disseminated to all stakeholders through printed media (leaflets, posters), briefing sessions, and focus group discussions. The subsequent stages—removing structural barriers, achieving short-term wins, consolidating gains, and embedding change into the unit's culture—are still underway and will be the focus of the next phase. One quick win implemented was a pilot trial of the Healthy Nurse Program in a selected unit, featuring regular activities such as morning and afternoon stretching, MBCA assessments, and nurse spiritual sessions. The change process was further strengthened through the development of

internal regulations, establishment of staff well-being performance indicators, and training of NUMs as role models and health facilitators in their respective units.

This entire change process was guided by the POSAC management approach—starting with program planning (developing SOPs, activity workflows, and indicators), organizing work teams, appointing PICs and assigning responsibilities, directing staff through coaching and briefings, and controlling through regular monitoring and evaluation. Through a planned, stepwise approach, the transformation of work culture toward a healthy, productive, and humane environment can be achieved across all inpatient units at RS X.

## CONCLUSION

The implementation of the Healthy Nurse Program at RS X revealed that nurses' well-being, particularly among newly recruited staff, still requires a stronger and more structured support system, with the main challenge being the suboptimal execution of nursing management functions in the areas of directing and controlling. The POSAC managerial approach indicated that the stages of planning, organizing, staffing, directing, and controlling have not been fully implemented, further hindered by the absence of SOPs, implementing teams, activity schedules, and evaluation indicators. Initial interventions applying Kotter's change model up to the fourth step have laid the groundwork for a healthier workplace culture, aligning with the Job Demands–Resources theory, Self-Determination theory, and healthcare quality principles. The program's future success will depend heavily on the ratification of BPSS-based SOPs, the establishment of unit-level champion teams, the integration of BPSS indicators into nursing quality evaluations, advanced training for nursing managers, and the hospital management's commitment to making nurse well-being a priority in service quality.

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