

THE INFLUENCE OF SITUATIONAL LEADERSHIP ON PUBLIC HEALTH CENTRE SERVICE QUALITY

Imas Vivih Faradilah^{1*}, Muhardi², Ima Amaliah³

¹Magister of Management Study Program, Faculty of Economy and Business, Universitas Islam Bandung

²Magister of Management Study Program, Faculty of Economy and Business, Universitas Islam Bandung

³Magister of Management Study Program, Faculty of Economy and Business, Universitas Islam Bandung

ABSTRACT

The purpose of carrying out this research activity was to identify and analyze situational leadership in three puskesmas in Bandung Regency, to identify and analyze service quality in three puskesmas in Bandung Regency, to identify and analyze the influence of situational leadership on service quality in three puskesmas in Bandung Regency. This research is quantitative descriptive research using a survey method with a causal associative approach. The causal associative approach is research focused on uncovering the relationship between two or more variables, through a causal perspective. That is, in this study there are independent variables (influence) and dependent variables (influenced). The results of this study show that leadership with a situational leadership style at the Dayeuhkolot, Pameungpeuk and Sumbersari Health Centers can support the role in providing Puskesmas services that are in harmony with increasing service quality for the better. And it has proven to be used well in these three Puskesmas. This is proven by the involvement of all human resources in the process of providing Puskesmas services to provide good quality service. In terms of situational leadership style, it plays a big role in the operation of each Puskesmas, this is what can provide support to each other in managing the running of Puskesmas services so that the quality of service gets good results and can make their respective decisions to improve the quality of their Puskesmas services, as evidenced by their duties are carried out well together can be carried out properly according to expectations in each Puskesmas. The influence of situational leadership on the quality of service at the puskesmas is going well and is satisfying, while it is felt from the active role in providing Puskesmas services in carrying out quality services.

Keyword: leadership, puskesmas, and quality service.

1. INTRODUCTION

An organization that operates within a sphere demanding rapid adaptation is the realm of healthcare, particularly exemplified by entities such as Community Health Centers. In accordance with Regulation 43/2019 issued by the Minister of Health of the Republic of Indonesia, these institutions, notably Community Health Centers, serve as pivotal hubs for dispensing a comprehensive spectrum of healthcare services to the community. These services encompass not only curative interventions but also preventative measures, health promotion initiatives, and post-treatment recovery support. Puskesmas, explicitly designated as primary healthcare service providers within Article 29, paragraph (1) of the regulation, fulfill a dual role, offering both outpatient consultations and inpatient care. Upholding the quality of healthcare provision within these centers necessitates strict adherence to stipulated staffing criteria, encompassing a requisite minimum number of medical and non-medical personnel, as outlined by prevailing regulations. Such adherence ensures that these institutions remain adequately equipped to meet the evolving healthcare needs of the communities they serve.

Community health centres must possess resilience to compete, thrive, and innovate to deliver optimal services and endure within the constantly evolving landscape of the healthcare industry. Hence, while the quantity of health workers, spanning both medical and non-medical roles, allocated to a community health centre is crucial, it is not the

sole determinant of the centre's success in catering to the community's healthcare needs. Equally pivotal are the leadership qualities exhibited by the heads of these centres, as they wield a significant influence over the performance and morale of their staff. It is through their leadership that the collective efforts of personnel are guided, ultimately shaping the calibre of services rendered at the community health centre. Thus, effective leadership plays an indispensable role in cultivating an environment conducive to the delivery of high-quality healthcare services, thereby ensuring the sustained efficacy and relevance of the community health centre within its local healthcare ecosystem.

A body of scholarly research, exemplified by studies conducted by Crispen et al. [1], Dwivedi et al. [2], and Jones & Harris [3], underscores the profound influence that effective leadership exerts on the quality-of-service delivery within organizations. These investigations illuminate a multifaceted relationship between leadership efficacy and organizational performance, revealing that adept leadership not only furnishes a competitive advantage but also augments an organization's overall competitiveness within its industry. This assertion gains further credence from empirical findings elucidated by Schalkwyk et al. [4] and Zeb et al. [5], which demonstrate that proficient leadership is instrumental in elevating service quality standards and fostering enduring consumer loyalty.

Beyond its direct impact on service delivery, leadership plays a pivotal role in shaping the organizational landscape, engendering work patterns, and cultivating a cohesive corporate culture. The ramifications of effective leadership extend beyond mere operational efficiency to encompass the holistic development and empowerment of human resources within the organizational framework. Insights gleaned from studies conducted by Ghosh et al. [6] and Grabowski et al. [7] underscore the intricate interplay between leadership dynamics and the creation of value-added propositions for organizational stakeholders.

By elucidating the intricate nexus between leadership efficacy and organizational outcomes, these studies underscore the pivotal role of leadership as a driving force behind organizational excellence. Effective leadership transcends its traditional role as a mere determinant of organizational strategy, emerging as a potent catalyst for innovation, productivity enhancement, and the optimization of organizational functions. Thus, it becomes evident that leadership serves as both a guiding beacon and a transformative force, shaping the trajectory and success of organizations across diverse industry landscapes.

A crucial aspect of effective leadership lies in the leader's capacity to discern the varying levels of maturity among their subordinates and subsequently tailor their leadership approach accordingly. This adaptability encompasses the ability to adeptly switch between different leadership styles, as delineated by Heryyanoor et al. [8]. These styles encompass the directive approach of giving explicit orders (selling), providing comprehensive explanations of tasks (telling), actively participating in task completion (participating), and delegating tasks to subordinates (delegating).

This nuanced understanding of subordinate maturity levels empowers leaders to select the most suitable leadership style for a given situation, thereby maximizing the potential for successful task execution and fostering a conducive work environment. By effectively gauging the readiness and capabilities of their team members, leaders can adeptly navigate the complexities of leadership, ensuring that directives are communicated clearly, tasks are comprehensively understood, team engagement is optimized, and responsibilities are appropriately delegated.

In essence, the ability to discern and adapt to the varying levels of subordinate maturity not only underscores the leader's proficiency but also serves as a cornerstone for cultivating a culture of empowerment, trust, and collaboration within the organizational framework. This adaptive leadership approach not only enhances organizational efficiency but also fosters professional growth and development among team members, ultimately contributing to the attainment of overarching organizational goals.

In several Community Health Centres located within Bandung Regency, namely Bojongsong Community Health Center, Dayeuhkolot Community Health Center, Baleendah Community Health Centre, Summersari Community Health Centre, and Pameungpeuk Community Health Centre, a range of issues have been identified, contributing to suboptimal performance within these institutions. These challenges encompass several key areas namely, there is a recurring issue of tasks not being completed within the designated timeframes or in alignment with established work standards. This inconsistency undermines the efficiency and effectiveness of service delivery within the Community Health Centres. Instances have been observed where employees leave their designated work areas to attend to personal matters or engage in activities unrelated to their professional responsibilities. Such behaviour detracts from organizational productivity and detracts from the focus required for delivering quality healthcare services. Instances of discord among staff members have been noted, resulting in an inability to collaborate effectively. Cohesive teamwork is essential for the smooth operation of Community Health Centres, and conflicts among colleagues can impede the delivery of cohesive and comprehensive healthcare services to the community.

There have been instances where responsibilities are inappropriately transferred from permanent Community Health Centre employees to personnel from the Regional Public Service Agency (BLUD employees) assigned to Regional Work Units (SKPD). This transfer of responsibilities can lead to confusion, inefficiencies, and a lack of

accountability within the organizational structure. Addressing these challenges requires a concerted effort to implement targeted interventions aimed at fostering a culture of accountability, collaboration, and adherence to established protocols within the Community Health Centres. By addressing these issues head-on and implementing appropriate measures, these institutions can enhance their performance and better fulfil their mandate of providing quality healthcare services to the community.

In addition to the human resources aspect, the leadership system employed within several community health centres significantly influences patient satisfaction levels. Regrettably, the current leadership frameworks in place have not fully leveraged the potential of health workers serving within these centres. Consequently, this inadequacy undermines the overall quality of services rendered, despite the notable volume of patient visits recorded. Throughout 2021, these community health centres collectively accommodated an average of 831 patients per month, equating to approximately 28 patients attended to daily.

The discrepancy between the high patient volume and the suboptimal service quality underscores the pressing need for leadership reforms within these health centres. Effective leadership is imperative for optimizing the performance of healthcare personnel, fostering a culture of excellence, and ensuring the delivery of high-quality services that align with patient expectations. By addressing deficiencies in the current leadership systems and implementing strategies to empower and support healthcare workers, community health centres can enhance patient satisfaction levels and fulfil their mandate of providing accessible and superior healthcare services to the community.

The subpar quality of service rendered by employees within the community health centres is evidenced by recurrent complaints regarding service efficiency, as revealed through interviews conducted with informants at Summersari, Pameungpeuk, and Dayeuhkolot community health centres. These complaints serve as a stark indicator of the prevailing challenges faced by these institutions in meeting the expectations of their clientele. Moreover, the perpetuation of such issues has a detrimental effect on both employee work discipline and patient satisfaction levels.

The presence of complaints regarding service efficiency underscores a systemic issue that requires urgent attention and remediation. Inadequate service delivery not only reflects negatively on the professionalism and commitment of the employees but also erodes the trust and confidence of patients in the healthcare services provided. Consequently, this dual impact on employee morale and patient satisfaction underscores the imperative for comprehensive reforms aimed at enhancing service quality and organizational effectiveness within these community health centres.

Addressing these challenges necessitates a multifaceted approach that encompasses targeted interventions to bolster employee performance, streamline operational processes, and cultivate a culture of accountability and excellence within the organizational framework. By proactively addressing the root causes of inefficiencies and prioritizing the delivery of patient-centred care, community health centres can strive towards achieving heightened levels of employee discipline and patient satisfaction, thereby fulfilling their overarching mission of providing accessible and high-quality healthcare services to the community.

2. LITERATURE REVIEW

Humans constitute the primary driving force in organizational dynamics. Consequently, human resources are regarded as pivotal assets that shape an organization's trajectory, influencing both the quality of work and the attainment of its diverse objectives. The calibre of human resources within an organization serves as a determinant of its efficacy, with superior quality personnel enhancing the organization's potential for goal achievement [9], [10].

Indeed, organizations endowed with high-quality human resources possess a heightened capacity to realize their objectives effectively. These individuals bring forth diverse skill sets, competencies, and perspectives that synergistically contribute to organizational success. Their expertise and dedication foster innovation, productivity, and adaptability, propelling the organization towards the attainment of its goals [11], [12].

Conversely, organizations harbouring lower-quality human resources face formidable challenges in fulfilling their strategic objectives. Suboptimal personnel may lack the requisite skills, motivation, or alignment with organizational values, thereby impeding progress and hindering goal achievement. In such instances, organizational effectiveness is compromised, as the workforce's limitations constrain the organization's capacity to thrive and excel in its endeavours [13]. In essence, the quality of human resources serves as a critical determinant of organizational performance and success. By prioritizing the recruitment, development, and retention of high-calibre personnel, organizations can cultivate a robust workforce capable of surmounting challenges, driving innovation, and realizing strategic objectives. Consequently, investing in human capital emerges as a strategic imperative for organizations seeking to thrive in today's dynamic and competitive landscape.

Henceforth, it is imperative to manage human resources optimally, ensuring their utilization with a commendable degree of effectiveness and efficiency. Within the realm of management science, one focal area dedicated to the orchestration of human resources is known as Human Resource Management (HRM). Drawing from insights shared

by various experts, HRM can be conceptualized as a strategic framework employed to oversee policies and procedures pertaining to human resources. This framework enables management to guide or influence the workforce towards optimal functionality in pursuit of organizational objectives [14]. At its core, HRM entails a deliberate and systematic approach to personnel management, encompassing a spectrum of functions such as recruitment, selection, training, performance appraisal, compensation, and employee relations. By aligning these activities with organizational goals and objectives, HRM endeavours to harness the full potential of human capital, fostering a workforce that is motivated, engaged, and equipped to contribute meaningfully towards organizational success.

The strategic dimension of HRM underscores its pivotal role in driving organizational performance and competitive advantage. Through the formulation and implementation of HRM strategies, organizations can cultivate a culture of excellence, innovation, and continuous improvement. Moreover, HRM serves as a conduit for fostering employee development, enhancing job satisfaction, and fostering a conducive work environment conducive to employee growth and well-being. In essence, HRM serves as a linchpin in organizational effectiveness, facilitating the optimal utilization and management of human resources to achieve desired outcomes [15]. By adopting a strategic and proactive approach to HRM, organizations can leverage their human capital as a source of competitive advantage, thereby positioning themselves for sustained success in an ever-evolving business landscape.

Indeed, according to this perspective, the efficacy of an organization's implementation of Human Resource Management (HRM) holds substantial sway over its success in attaining diverse objectives. Consequently, the quality of HRM emerges as a critical determinant of organizational performance and viability. By extension, the aim of managing human resources within an organization is unequivocally oriented towards the achievement of organizational goals. This entails a multifaceted approach aimed at optimizing the contribution of human capital towards organizational success [15], [16]. The overarching objective of HRM is to align the efforts and capabilities of the workforce with the strategic imperatives of the organization. This alignment facilitates the realization of organizational goals across various dimensions, encompassing financial performance, market competitiveness, customer satisfaction, and innovation, among others. Moreover, effective HRM practices are instrumental in nurturing a conducive work environment conducive to employee well-being, satisfaction, and professional growth. Additionally, the purview of HRM extends beyond mere operational efficiency to encompass the holistic development and empowerment of human resources. By fostering a culture of continuous learning, skill development, and career advancement, HRM endeavours to maximize the potential of employees, thereby enhancing their capacity to contribute meaningfully towards organizational goals.

Furthermore, the success of HRM initiatives has a ripple effect on various facets of organizational performance, including employee welfare, quality optimization, and development potential. By prioritizing these aspects, HRM serves as a catalyst for enhancing organizational resilience, agility, and sustainability in an increasingly dynamic and competitive business landscape. In summation, effective HRM is indispensable for organizations striving to thrive and excel in today's complex and fast-paced environment [17]. By prioritizing the alignment of human capital with strategic objectives and fostering a culture of employee empowerment and development, HRM lays the foundation for organizational success and longevity.

The situational leadership model places a paramount emphasis on followers, as it revolves around gauging the readiness and maturity levels of employees in carrying out assigned tasks. Within this framework, a leader's behaviour is intricately linked to their leadership responsibilities and the dynamic relationship between superiors and subordinates. Unlike traditional behavioural and character-based approaches to leadership, situational leadership acknowledges the multifaceted nature of leadership effectiveness [18]. Research has increasingly recognized that there is no one-size-fits-all leadership style applicable to every manager in all situations. Instead, the situational-contingency approach asserts that leadership style must be contingent upon various situational factors, including the specific circumstances, characteristics of employees, nature of the task, organizational context, and other environmental variables.

An intriguing and comprehensive leadership theory that aligns with this perspective is Fred Fiedler's Contingency Model of Leadership Effectiveness (1967) [19]. This theory posits that the effectiveness of a group or organization hinges upon the interplay between the leader's personality and the situational context. Fiedler identifies three key elements within the work environment that influence leadership effectiveness: leader-member relationship, task structure, and the leader's position of power derived from formal authority. By scrutinizing these elements, Fiedler's model seeks to delineate which leadership style will be most efficacious in each situation. However, it's essential to note that Fiedler's study did not encompass other situational variables, such as the motivation and values of subordinates, as well as the experience levels of leaders and group members. Despite this limitation, Fiedler's Contingency Model remains a seminal contribution to the understanding of leadership effectiveness, highlighting the intricate interplay between leader characteristics and situational dynamics. By acknowledging the complexity

inherent in leadership contexts, this model underscores the importance of adopting a flexible and adaptive approach to leadership that is attuned to the specific demands of the situation.

According to Paul Hersey and Kenneth Blanchard [8], their theory, commonly known as Situational Leadership Theory, is deeply rooted in previous research on leadership, particularly drawing from the Ohio State study. Like Fiedler's contingency model, Hersey and Blanchard's approach is situational, but with a crucial distinction: they emphasize that a leader's use of adaptive styles hinges on the diagnosis they make of the situation. The fundamental premise of Situational Leadership Theory is that a leader's strategy and behaviour should be contingent upon the maturity level of their followers. Hersey and Blanchard (1990) outline four indicators of situational leadership: Telling: This stage involves the leader providing clear instructions and defining roles necessary for task completion. Followers are instructed on what needs to be done, where, how, and when to carry out their tasks. Selling/Persuading: At this stage, the leader not only provides structured instructions but also offers support and encouragement to their subordinates. The leader aims to persuade and motivate followers to execute tasks effectively. Participating/Involving: During this phase, there is increased interaction between leaders and subordinates. Leaders engage in collaborative decision-making with their team members, seeking their input on how best to accomplish the task at hand. Delegating: In the delegating stage, leaders entrust their subordinates with responsibility for task execution. Subordinates are empowered to take ownership of their work, while leaders provide guidance and support as needed [20]. By adapting their leadership style according to the maturity level of their followers, leaders can effectively navigate diverse situations and foster optimal performance within their teams. Situational Leadership Theory emphasizes the importance of flexibility and responsiveness in leadership, underscoring the need for leaders to tailor their approach to suit the specific needs and capabilities of their followers. Leadership in quality management plays a pivotal role in enhancing performance, augmenting existing quality standards, increasing output and productivity, and fostering a sense of pride among employees. Situational leadership, when applied effectively, holds the promise of elevating the quality of services provided by community health centres, thereby bolstering public trust in these essential institutions. Effective leadership serves as a catalyst for mobilizing the enthusiasm of individuals to embrace and take ownership of total quality management initiatives aimed at achieving the goals of community health centres. Leadership in quality management entails imbuing leadership characteristics with a focus on driving comprehensive change to ensure the delivery of high-quality health services. With each community health centre guided by its unique vision and mission, the leader assumes the responsibility of determining and designing strategies aligned with these goals. Through effective management functions, leaders navigate the stages of implementing quality management initiatives, leveraging their authority in executing leadership functions to drive progress and transformation.

The success of leadership in quality management hinges on its ability to realize service quality standards, as well as to uphold principles of fairness and equitable justice in service delivery. Fairness, as a crucial metric in the public sector, signifies the public's perception of equal and impartial provision of government services to all individuals. Furthermore, excellence in public service, as delineated by Thi Kim Tuyen et al. [21], encompasses criteria such as equitable justice, necessitating the wide and equitable distribution of services to ensure broad accessibility and enforceability across diverse segments of the population. In essence, effective leadership in quality management is indispensable for advancing the mission and goals of community health centres. By fostering a culture of excellence, equity, and accountability, leaders can drive meaningful change, elevate service quality, and cultivate public trust in the essential services provided by these institutions.

3. METHOD

This research adopts a quantitative descriptive approach, employing a survey method with a causal associative perspective. The causal associative approach seeks to unveil relationships between two or more variables, viewing them through a cause-and-effect lens. Consequently, the research involves independent variables (those influencing) and dependent variables (those influenced). Both primary and secondary data are utilized in this study. Primary data, which serves as the primary reference for shaping research outcomes, is gathered through the distribution of questionnaires to research subjects and interviews with select samples from the research population, employing sampling techniques. In this study, primary data pertains to the influence of situational leadership within three community health centers in Bandung Regency. Secondary data, on the other hand, is sourced from relevant literature such as journals, proceedings, and other scholarly works, as well as from profile data of the three health centres under investigation. The research population comprises healthcare workers, including doctors, nurses, and midwives, stationed or assigned to the three designated health centres: Dayeuhkolot Health Centre, Summersari Health Centre, and Pameungpeuk Health Centre. The sample size for this study is 52 individuals. Data collection is

facilitated through the administration of questionnaires, and the quantitative analysis method employed is simple regression analysis. Data processing is conducted using the Statistical Package for Social Sciences (SPSS) program. Through this systematic approach, the research endeavours to uncover insights into the impact of situational leadership within community health centres, contributing to the body of knowledge in this domain.

4. RESULTS AND DISCUSSION

The t test (t-test) tests the regression coefficient partially. This test is carried out to determine the partial significance of the role between the independent variable and the dependent variable by assuming that the other independent variables are considered constant. The test criteria are declared significant if $\text{Sig} < 0.05$. The following are the results of the partial t test using SPSS 26.0 software.

Table -1: T Partial Test Results

Variables	Regression Coefficient (B)	t count	Sig.	Results
(Constant)	31.593	6.322	0.000	
X Situational Leadership	0.184	4.857	0.000	Significant

Based on the results of the analysis in the table above, the results show that situational leadership (X) has a significance value (Sig.) of 0.000, which is less than 0.05 and a regression coefficient (B) of 0.184, so it can be stated that situational leadership partially has a positive effect on service quality. For every additional 1 situational leadership value, the leader's decision will increase Y Service Quality by 0.184 points. Based on these results, it can be decided that H1 is accepted and H0 is rejected. This means that situational leadership partially influences the quality of service in the 3 selected health centers.

The F test in regression analysis evaluates the overall significance of the regression model, which means it assesses whether the independent variables, taken together, have a statistically significant effect on the dependent variable. This test is crucial in determining whether the regression model is meaningful and provides valuable insights into the relationship between the independent and dependent variables. The criteria for determining the significance of the F test are typically based on the significance level (often denoted as α), which is commonly set at 0.05. If the p-value (Sig) associated with the F test is less than 0.05, or if the calculated F value exceeds the critical F value from the F table, then the overall regression model is considered statistically significant. In practical terms, if $\text{Sig} < 0.05$ or if the calculated F value $>$ F table value, it indicates that there is a statistically significant relationship between the independent variables and the dependent variable, meaning that the independent variables, when considered together, have a significant impact on the dependent variable. This information is crucial for researchers and analysts to understand the overall effectiveness of their regression model in explaining the variation in the dependent variable and drawing meaningful conclusions from their analysis.

Table -2: Simultaneous F Test Results

Model	Sum of Squares	Df	Mean Square.	F Hitung	Sig.	Results
Regression	476.144	1	476.144	23.590	.000b	Significant
Residual	1029.403	51	20.184			
Total	1505.547	52				

Table -3: Respondents Response on Situational Leadership Implementation in Dayeuhkolot, Pameungpeuk, and Sumpersari Health Centres

Situational Leadership Dimensions	Percentage (%)	Min (%)	Max (%)	St. dev (%)
Directing	73.9	44.4	100.0	12.1
Coaching	74.7	40.0	100.0	14.3
Supporting	78.9	54.0	100.0	9.5
Delegating	71.3	40.0	100.0	11.6

The output results from SPSS regarding descriptive statistics of respondents based on situational leadership at the Dayeuhkolot, Pameungpeuk, Sumpersari Health Centres will be displayed in Table 3.

Based on the findings presented in Table 3, it is evident that the Supporting leadership style emerges as the most dominant factor, accounting for 78.9% of the total influence. Previous research conducted by Usman and Purwanti

(2022) underscores the significance of the Supporting leadership style, wherein leaders actively involve their subordinates in the decision-making process, acting primarily as facilitators to streamline tasks through effective communication channels. Consequently, leaders within the Dayeuhkolot, Pameungpeuk, and Sumbersari health centers encourage active participation from their subordinates in decision-making processes, fostering a collaborative environment conducive to service quality improvement.

Furthermore, the Coaching leadership style emerges as the second most influential factor after Supporting. In this style, leaders provide guidance and instructions while actively accompanying their subordinates, aiming to ensure that tasks are executed effectively through collaborative efforts. This approach differs from the Directing leadership style, wherein leaders dictate the roles of their subordinates and provide explicit instructions regarding the execution of activities. Essentially, directing leadership entails a more hands-on approach from the leader in guiding subordinates. While Directing leadership is also utilized within the three community health centres in Bandung, it is not as prevalent as the Supporting and Coaching styles.

Lastly, the Delegating leadership style is employed within the three community health centres, albeit less frequently. In situations where this style is utilized, leaders adopt a behaviour characterized by low orientation, limiting their involvement to providing direction to subordinates and entrusting them with autonomy in task execution. This hands-off approach allows subordinates to take ownership of their responsibilities without excessive intervention from the leader. However, it is noteworthy that the Delegating style is not as commonly implemented within these health centres compared to the other leadership styles discussed.

In summary, the findings underscore the importance of leadership style, particularly the Supporting and Coaching approaches, in driving service quality improvement within community health centres. By fostering collaboration, active participation, and effective communication, leaders can empower their teams to contribute positively to the enhancement of service quality, ultimately benefiting the communities they serve.



Fig-1: Situational Leadership Model [19]

According to Hassan et al. [18], the situational leadership style is defined by behaviours that encompass both directive and supportive aspects. In the context of the three community health centres under study, this supportive behaviour is particularly pronounced. The depiction below illustrates that while the directive behaviour may be low, the supportive behaviour is high. This observation is consistent with the leadership practices observed in these health centres, where established standards and standard operating procedures (SOPs) provide a framework for operations. This leadership style is characterized by a balanced approach, with leaders offering minimal direction but providing significant support and assistance to team members. Rather than micromanaging or dictating every aspect of tasks, leaders in these community health centres empower their team members by offering guidance and support as needed. This approach fosters a collaborative and inclusive work environment where team members feel valued and empowered to contribute to the collective goals of the organization.

By adopting a supportive leadership style, leaders can leverage the skills and expertise of their team members while also nurturing a sense of autonomy and accountability. This approach aligns with contemporary perspectives on

effective leadership, emphasizing the importance of collaboration, communication, and empowerment in driving organizational success. Ultimately, the supportive leadership style observed in these community health centres contributes to a positive work culture and enhances overall team effectiveness.

The decision-making process within the three community health centres has embraced participatory methods, fostering collaborative efforts to reach consensus and produce joint decisions. Subordinates are actively engaged in this process and wield significant influence in determining the outcomes. Discussions are characterized by openness to ideas, suggestions, and constructive criticism, with leaders assuming the role of attentive listeners, valuing input from team members across all levels. This inclusive approach to decision-making has contributed to the improvement of relationships between leaders and their subordinates within the health centres. By adopting a two-way communication approach that integrates both top-down and bottom-up channels, leaders have fostered a culture of openness, transparency, and mutual respect. This communication model closely resembles a democratic leadership style, wherein decision-making authority is distributed among team members, and input from all stakeholders is valued and considered.

The democratic leadership style, characterized by shared decision-making and active participation from all members of the team, aligns with the collaborative ethos observed within the community health centres. By encouraging participation, fostering open dialogue, and valuing diverse perspectives, leaders within these health centres have cultivated an environment conducive to innovation, teamwork, and continuous improvement. Overall, the adoption of a democratic leadership approach in decision-making has not only enhanced the quality of relationships between leaders and subordinates but has also empowered team members to contribute meaningfully to the collective goals and objectives of the organization. Through collaboration and inclusivity, these health centres are better positioned to address challenges, capitalize on opportunities, and deliver high-quality services to their communities.

The research conducted by Christopher et al. [22] emphasizes the significance of adaptive leadership styles in enhancing service quality, particularly in dynamic and challenging environments such as the Covid-19 pandemic. In response to the unprecedented circumstances posed by the pandemic, three community health centres in Bandung exemplified the application of a situational leadership style. This entailed implementing rigorous health protocols and actively involving subordinates, including branches of the health centres, in decision-making processes to combat and manage the pandemic effectively. This collaborative and adaptive approach aligned with findings from various studies, including those by Henkel et al. [23], which underscore the positive impact of situational leadership styles on service quality improvement. Situational leadership offers several benefits in addressing organizational challenges, including streamlining complexities, fostering collaboration between leaders and subordinates, enhancing productivity and motivation among employees, raising awareness of prevailing circumstances, and clarifying ambiguity in office protocols.

During the Covid-19 pandemic, the situational leadership approach adopted by the community health centres in Bandung facilitated cohesive teamwork and united efforts to serve patients effectively. By adapting leadership strategies to the unique demands of the situation, these health centres were able to navigate the complexities of the pandemic, mitigate risks, and maintain service quality standards. This underscores the versatility and effectiveness of situational leadership in responding to dynamic and unpredictable environments, ultimately contributing to organizational resilience and success.

According to the research conducted by Heryyanoor et al. [8], the situational leadership style entails leaders inviting their subordinates to actively participate in the decision-making process. In this approach, leaders primarily serve as facilitators, leveraging effective communication channels to streamline tasks and empower their subordinates. This inclusive leadership style is evident within the community health centres in Bandung, where leaders encourage active involvement in decision-making processes. Each health centre is encouraged to collaborate, offer support to one another, and make autonomous decisions aimed at enhancing the quality of their services.

Furthermore, the Coaching leadership style emerges as the second most prominent approach after Supporting. In this style, leaders provide guidance and instructions while actively engaging with their subordinates, fostering a collaborative environment to ensure tasks are executed effectively through collective efforts. Unlike the Directing leadership style, where leaders dictate roles and provide specific instructions, Coaching involves a more collaborative approach, with leaders actively guiding and supporting their team members in task execution.

By adopting these situational leadership styles, leaders within the community health centres in Bandung can harness the collective expertise and insights of their teams, fostering collaboration and empowering subordinates to contribute to the improvement of service quality. Through effective communication, collaboration, and support, these leadership styles enable the health centres to adapt to changing circumstances, enhance teamwork, and ultimately deliver better services to their communities.

Indeed, the Directing leadership style differs from the Situational Leadership styles previously discussed. In Directing leadership, the leader takes a more authoritative approach by delineating specific roles for subordinates

and providing detailed instructions on how, when, and where activities should be carried out. This style is characterized by a top-down approach, where the leader assumes a directive role in guiding and instructing subordinates. While Directing leadership is utilized to some extent within the three community health centres in Bandung, it is not as prevalent as the Situational Leadership styles described earlier.

Conversely, the Delegating Situational Leadership style involves the leader granting autonomy to subordinates in certain situations. In this approach, the leader adopts a hands-off approach, providing minimal direction and allowing subordinates to take ownership of their responsibilities without interference. However, as you mentioned, this leadership style is rarely implemented within the community health centres in Bandung. The observations suggest that while Directing leadership may have a role within the community health centres, it is not the dominant leadership style. Instead, leaders within these health centres tend to adopt Situational Leadership styles, such as Supporting and Coaching, which emphasize collaboration, active participation, and empowerment of subordinates. These styles are better suited to the dynamic and complex nature of healthcare environments, allowing leaders to adapt their approach based on the specific needs and challenges faced by their teams.

According to Henkel et al. [23], the situational leadership style is characterized by behaviors that encompass both directive and supportive elements. The illustration below demonstrates that while the directive aspect is minimal, the supportive behavior is substantial. This is because the leadership is implemented in three community health centres, each of which has its own established standards and standard operating procedures (SOPs), thus necessitating less direction from leaders. In essence, the situational leadership style adapts to the specific needs and circumstances of the situation. In this case, within the context of the community health centres, the presence of established standards and SOPs provides a framework within which team members can operate with less direct guidance from leaders. Instead, leaders primarily focus on providing support and fostering an environment conducive to collaboration, innovation, and effective teamwork. This approach enables team members to navigate their tasks autonomously while receiving the necessary support from their leaders as needed.

4. CONCLUSIONS

Leadership characterized by a situational leadership style at the Dayeuhkolot, Pameungpeuk, and Sumbersari Community Health Centres has significantly contributed to the enhancement of service quality. This leadership approach has been effectively utilized within these health centres, as evidenced by the active involvement of all personnel in delivering community health services to ensure superior service quality. The success of these health centres in providing high-quality services can be attributed to the effective implementation of situational leadership, which has played a pivotal role in their operational management.

The collaborative efforts facilitated by situational leadership have enabled these health centres to support each other in managing their service delivery processes, ultimately yielding positive outcomes and empowering them to make informed decisions independently. Through effective teamwork and shared responsibilities, these health centres have successfully fulfilled their duties and exceeded expectations in providing services to their respective communities.

The influence of situational leadership on service quality at the Dayeuhkolot, Pameungpeuk, and Sumbersari health centres has resulted in the seamless operation of these facilities, characterized by high levels of satisfaction among service recipients. The active engagement of personnel in implementing quality service standards further underscores the positive impact of situational leadership on service delivery.

In summary, the effective utilization of situational leadership within these health centres has contributed significantly to the provision of high-quality services, thereby enhancing the overall health outcomes and satisfaction levels of the communities they serve. Through collaborative efforts and proactive decision-making, these health centres have demonstrated their commitment to excellence in healthcare delivery.

6. REFERENCES

- [1] C. Crispin, O. S. Michael, and M. Tendai, "Leadership style, employee motivation and commitment: Empirical evidence from a consolidated retail bank operating in a depressed economy," *African Journal of Business Management*, vol. 5, no. 20, pp. 8337–8346, Sep. 2013, doi: 10.5897/ajbm11.1005.
- [2] P. Dwivedi, V. Chaturvedi, and J. K. Vashist, "Transformational leadership and employee efficiency: knowledge sharing as mediator," *Benchmarking*, vol. 27, no. 4, pp. 1571–1590, 2020.

- [3] M. Jones and A. Harris, "Principals leading successful organisational change: Building social capital through disciplined professional collaboration," *Journal of Organizational Change Management*, vol. 27, no. 3, pp. 473–485, May 2014, doi: 10.1108/JOCM-07-2013-0116.
- [4] R. D. Van Schalkwyk, A. Davis, and R. Pellissier, "THE IMPACT OF LEADERSHIP PRACTICES ON SERVICE QUALITY IN PRIVATE HIGHER EDUCATION IN SOUTH AFRICA," 2013.
- [5] A. Zeb, N. H. Abdullah, A. Hussain, and A. Safi, "Authentic leadership, knowledge sharing, and employees' creativity," *Management Research Review*, vol. 43, no. 6, pp. 669–690, May 2020, doi: 10.1108/MRR-04-2019-0164.
- [6] R. Ghosh, T. G. Reio, and R. K. Haynes, "Mentoring and organizational citizenship behavior: Estimating the mediating effects of organization-based self-esteem and affective commitment," *Hum Resour Dev Q*, vol. 23, no. 1, pp. 41–63, 2012.
- [7] D. Grabowski, A. Chudzicka-Czupala, M. Chrupala-Pniak, A. L. Mello, and M. Paruzel-Czachura, "Work ethic and organizational commitment as conditions of unethical pro-organizational behavior: Do engaged workers break the ethical rules?," *International Journal of Selection and Assessment*, vol. 27, no. 2, pp. 193–202, 2019.
- [8] H. Heryyanoor *et al.*, "Factors Contributing to the Implementation of Situational Leadership in Hospitals nursalim Factors Contributing to the Implementation of Situational Leadership in Hospitals," *International Journal of Psychosocial Rehabilitation*, vol. 24, no. 9, pp. 880–888, 2020.
- [9] J. Y. Lee, T. S. Rocco, and B. Shuck, "What Is a Resource: Toward a Taxonomy of Resources for Employee Engagement," *Human Resource Development Review*, vol. 19, no. 1. SAGE Publications Ltd, pp. 5–38, Mar. 01, 2020. doi: 10.1177/1534484319853100.
- [10] M. Shammi, M. Bodrud-Doza, A. R. M. Towfiqul Islam, and M. M. Rahman, "COVID-19 pandemic, socioeconomic crisis and human stress in resource-limited settings: A case from Bangladesh," *Heliyon*, vol. 6, no. 5, May 2020, doi: 10.1016/j.heliyon.2020.e04063.
- [11] T. Baum, "Human resources in tourism: Still waiting for change," *Tour Manag*, vol. 28, no. 6, pp. 1383–1399, 2007, doi: 10.1016/j.tourman.2007.04.005.
- [12] M. Fihris Khalik, ; Asbar Asbar, and E. Elihami, "THE QUALITY OF HUMAN RESOURCE IN ENREKANG DISTRICT."
- [13] G. Anwar and N. N. Abdullah, "The impact of Human resource management practice on Organizational performance," *International journal of Engineering, Business and Management (IJEEM)*, vol. 5, no. 1, pp. 2456–8678, doi: 10.22161/ijeem.5.1.
- [14] Ž. Karazijienė, A. Jurgelevičius, ; Z Karazijiene, and A. Jurgelevicius, "Expanded Concept of Human Capital as Intangible Resource at Macro Level," *Žaneta Karazijienė, and Artūras Jurgelevičius / Montenegrin Journal of Economics*, vol. 12, no. 4, pp. 141–156, 2016, doi: 10.14254/1800-5845/2016.12-4.13.
- [15] E. Y. Cherksova, E. A. Breusova, E. P. Savchishkina, and N. E. Demidova, "Competitiveness of the human capital as strategic resource of innovational economy functioning," *Journal of Advanced Research in Law and Economics*, vol. 7, no. 7, pp. 1662–1667, 2016, doi: 10.14505/jarle.v7.7(21).11.
- [16] V. Kumar, "DECIPHERING DIMENSIONS OF HUMAN RESOURCE CLIMATE IN INDIAN CONTEXT: AN EMPIRICAL STUDY." [Online]. Available: <https://www.researchgate.net/publication/349736811>
- [17] A. Javadian, A. Mehrara, S. A. Ebrahimi, and M. R. Bagherzadeh, "Identifying Dimensions and Components of Human Resource Efficiency in Medical Universities of Iran: To Present a Conceptual Model," 2019. [Online]. Available: <http://www.iase-idje.ir/>
- [18] A. Hassan, Z. Mohd Zain, and M. Na'iem Ajis, "Social integration in post conflict Somalia: implications for a situational leadership style framework," 2019.
- [19] E. Wuryani, A. F. Rodli, S. Sutarsi, N. N. Dewi, and D. Arif, "Analysis of decision support system on situational leadership styles on work motivation and employee performance," *Management Science Letters*, pp. 365–372, 2021, doi: 10.5267/j.msl.2020.9.033.
- [20] G. Thompson and L. Glasø, "Situational leadership theory: a test from a leader-follower congruence approach," *Leadership and Organization Development Journal*, vol. 39, no. 5, pp. 574–591, Jun. 2018, doi: 10.1108/LODJ-01-2018-0050.
- [21] P. Thi Kim Tuyen and P. Xuan Hung, "FACTORS INFLUENCING PATIENTS' SATISFACTION WITH HEALTHCARE SERVICES-A CASE STUDY OF PUBLIC HOSPITALS IN HUE CITY," *Hue University Journal of Science: Economics and Development*, vol. 130, no. 5B, pp. 117–128, 2021, doi: 10.26459/hueunijed.v130i5B.6656.

- [22] P. Christopher, D. C. Francisco, A. V Nuqui, and M. H. Del Pilar, "International Journal of Academic Multidisciplinary Research (IJAMR) Emergence of a Situational Leadership during COVID-19 Pandemic called New Normal Leadership", [Online]. Available: www.ijeais.org/ijamr
- [23] T. Henkel and D. Bourdeau, "A Field Study: An Examination Of Managers' Situational Leadership Styles," 2018.

