# The Leadership Network in Public Service Assurance at Kedawung Health Center, Sragen Regency

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## ABSTRACT

The leadership is an important and needed factor in health services, therefore, the purpose of this study is to analyze the influence of leadership in health services at the Kedawung Community Health Center (Puskemas) on public service assurance for the community. Methods used quantitative research approaches and data were collected using questionnaires, observations, and literature studies. Data analysis was used SEM (Structural Equation Modeling) with a study population of 857 people, so that the research sample was 273 respondents. To strengthen the research used triangulation approach. The results showed that leadership has a significant influence on health services categorized as significant and positive with a pathway value of 0.59 greater than 0.5 and a t_value value of 4.49 greater than 1.96. The leadership has a dominant influence in health services at the Kedawung Puskemas is a relationship-oriented leadership dimension including indicators of patient protection, patient/patient family guidance, cooperation in serving patients, and increasing satisfaction of health service recipients. The existence of leadership has a significant effect on health services at the Kedawung Puskemas showing the importance of relationship-oriented leadership in achieving satisfactory health service performance for the community

## INTRODUCTION

High-quality public services can provide guaranteed service to clients. This paradigm demands that the implementation of public services not only focuses on service quality but also on the ability of public service providers to provide service assurance to the community. Public Service Assurance (PSA) is expected to be a service that can assure the public in accordance with the measures set through Standard Operating Procedures (SOPs). PSA is not just about the numbers but also about real behavioral changes for

service recipients. PSA is considered a public service model with an important role in leadership factors. The role of leadership becomes very important because it determines whether public service providers can assure service recipients, which can be measured quantitatively and qualitatively. This study presents the results of PSA in a health service research conducted by Kedawung Puskesmas, Sragen Regency, Central Java (Karno et al., 2018). The goal is a clear relationship between the services offered and the actual needs of customers (Gray & Rumpe, 2015).

Leadership is important in successfully implementing public services that assure service recipients. This research revealed that leadership significantly influences the quality of health services at Kedawung Puskemas, Sragen Regency. Factors such as minimum service standard policies, fund allocation, capacity building programs, reward systems, personality attributes, information systems, and client orientation also influence health care quality. This new concept is expected to contribute to the development of science, especially in public services, and provide practical benefits for Puskesmas leaders and local governments. This study highlights the importance of improving the quality of public health services in Puskesmas at Sragen Regency, Central Java Province, to improve the affordability of health services for the community (Karno et al., 2018). This is shown by the scope of childbirth helped by health workers, as shown Figure 1 below:
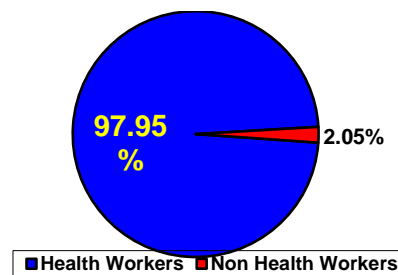


**Figure 1**: Scope of Delivery Assistance in Sragen Regency
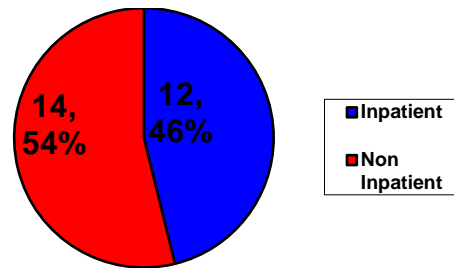*Source*: Sragen in Numbers, 2018

The figure shows that delivery assistance can be categorized as good, with a percentage of health workers' performance of 97.75%. Furthermore, Sragen Regency has a total of 26 CHC community health centers and can provide 24-hour emergency room (ER) services as in the Figure 2 below:
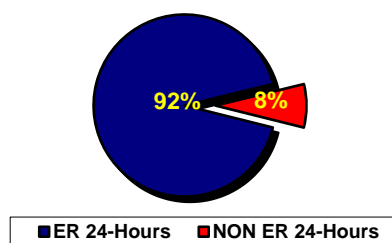


Figure 2. ER services Community health center Sragen Regency
*Source*: Sragen in Numbers, 2018

The Figure shows that the CHC that provide ER services as many as 24 CHC, and 2 CHC do not provide ER services as many as 12 CHC. Based on the number of CHC, which provide hospitalization, in the following Figure 3:

**Figure 3**. Inpatient Services Community Health Center in Sragen Regency
*Source*: Sragen in Numbers, 2018

The Figure shows CHCs that have provided this inpatient service by 12 (46%) and CHC that have not received hospitalization by 14 (54%).

Leadership is often defined as an often overlooked relationship in a field dominated by "leader-centric," both as an ideology and an empirical focus (Mwongeli, 2021;Uhl-Bien, 2011). Transformational leadership is a valuable influence process where leaders bring about improved follower performance by adjusting work values (Alamri, 2023). In addition, the linkage between leader and follower also attracts attention, where the leader and follower form a mutually influential relationship and achieve a level of mutual meaning of leadership through mutual negotiation and construction (Güntner & Kauffeld, 2021). The definition of leadership emphasizes social influence that focuses on the alignment of meanings in the leader/follower relationship (Alvesson, 2017). Interventions in leadership aim to shift from individual leaders' agency to human leadership's interdependent agency (Ipsen et al., 2018). Thus, the study of leadership needs to pay attention to relationality and the interrelationships between leaders and followers and recognize the importance of transformational leadership roles in directing organizational performance.

Leadership types can be categorized into four types (Alvesson, 2017): (1) Shared meanings, (2) value incompatibilies (diverse assessments), (3) construction incompatibilities (different views of what goes on), and (4) Multiple disturbances (high level of confusion of what goes on and how to assess it). Leadership influences a group towards achieving goals, involving influence over the leading party and followers through social interaction or communication. Emphasize that leadership also involves a deliberate process where individuals exert strong influence to guide, structure, facilitate activities, and foster relationships within a group or organization (Yulk, 2007;Robbins, 2003). According to (Huxham & Vangen, 2000), relationship-oriented leadership consists of three perspectives: (1) manipulating and influencing activities, (2) empowering or facilitating access for all members, and (3) opening the agenda in new ways, thinking creatively, and changing mindsets. These perspectives strongly resonate with collaborative leadership. In conclusion, leadership entails a person who receives formal and non-formal recognition, involves continuous processes of social interaction, and is tied to structures and rules.

The success of service provision is heavily influenced by leadership and its associated behaviors. The study utilized leadership theory to develop instruments and conduct analysis (Yulk, 2007). The research identified three key leadership behaviors: Task-oriented, Relationship-oriented, and Change-oriented Leadership. Success in public

service is closely intertwined with leadership, which emphasizes a combination of these three orientations. However, there is a noticeable gap between transformational leadership behavior and organizational citizenship behavior due to the additional role of transformational leadership (Lee et al., 2023).

The importance of leadership in achieving better performance is recognized across various organizations and periods. However, leadership effectiveness can be influenced by factors like work style, interaction patterns, and organizational fit. In the context of service leadership, it has been found that leadership is positively related to proactive behavior, encouraging employees to improve public service quality (Rihal, 2017; Haruna, 2022). The shift towards adaptive leadership emphasizes the growth and complexity of leadership networks, encompassing various styles such as decentralization, total leadership, and situational leadership (Xu et al., 2021). Viewing the leadership network as a coherent entity, integrating different leadership concepts, can facilitate a shift towards transformational leadership. Systematic initiatives are needed to prepare leadership networks that foster collaboration and enhance professional capacity, contributing to the overall success of government efforts (Leithwood & Azah, 2016; Dehghanan et al., 2021).

## METHOD

This study utilized a quantitative research approach to investigate the causality relationship of research hypotheses. Additionally, quantitative methods were employed to distribute perception scores among service recipients. This approach is called the triangulation approach, incorporating two methods in line with the guidelines proposed (Neuman, 2006; Tashakkori & Teddlie, 2010).

The total population of the study consisted of 857 people, and a sample of 273 respondents was selected following the guidelines (Neuman, 2006). Data collection involved questionnaires, observations, and literature studies. For data analysis, Structural Equation Modeling (SEM) was employed for quantitative analysis, while Qualitative Data Analysis (QDA) was used for the qualitative approach. The findings from both analyses were integrated and further discussed in the study.

## RESULTS AND DISCUSSION

Based on the purpose of the research conducted to analyze the influence of health service leadership at the Kedawung Puskemas in providing service assurance to the community. This study has two objectives: the influence of leadership on health services and the contribution of leadership in guaranteeing health services at the Kedawung Puskesmas, Sragen Regency. The influence of leadership on health services is obtained from the measurement of the structural model and hypothesis testing. The research results on the influence of leadership variables on service quality variables at the Puskesmas are listed in Table 1. The results of research conducted at the Kedawung Puskemas show that leadership influences health services at Kedawung Puskesmas in providing guaranteed services to the community, as in this Table 1.

**Table 1**: Relationship between Independent Variables and Service Quality Variables for Community Health Centers

| N | Independent Variable | Path | T-Value |
|---|---|---|---|
| 1. | Implementation of Minimum Service Standard Policy | 0,37 | 2,92 |
| 2. | Allocation of Funds | 0,40 | 3,15 |
| 3. | Implementation of Capacity Building Programs | 0,49 | 3,96 |
| 4. | Reward System | 0,44 | 3,58 |
| 5. | Personality Attribute | 0,44 | 3,64 |
| 6. | Leadership | 0,59 | 4,49 |
| 7. | Information System | 0,51 | 3,98 |
| 8. | Client Orientation | 0,80 | 5,62 |

*Source*: Karno et al., 2018.

Based on in the table above, the level of influence can be expressed significantly and positively as seen from the magnitude of the path of 0.59 greater than 0.5 and t_value of 4.49 greater than the required 1.96 (Hair et al. in Wijanto, 2008). Thus, it can be categorized as leadership's dominant influence on health services at the Kedawung Puskemas.

The study of the measurement of the structural equation model, the theory of Leadership Behavior (Yulk, 2007), which is used as the theoretical basis for the preparation of the operational concept of leadership variables to uncover and discuss leadership problems, and the theory of servqual from (Zeithaml et al., 1990), which is used as a theoretical basis for the preparation of operational concepts to uncover and discuss the problem of the quality of health services (Karno et al., 2018). Then, the leadership variable measurement model is as follows:

The dominance of leadership influence with health services at the Kedawung Health Center is a manifestation of the dimensions according to (Yulk, 2007). The results of measuring these dimensions are in the Table 2 below.

**Table 2**. Measurement Model of Leadership Variable

| Dimension | Loading | T-Value |
|---|---|---|
| Task-Oriented Leadership | 0,69 | 7,13 |
| Relationship-Oriented Leadership | 0,86 | 9,14 |
| Change-Oriented Leadership | 0,81 | 8,31 |

*Source*: Karno et al., 2018.

Table above the dimensions of task-oriented leadership behavior, relationship-oriented leadership behavior, and change-oriented leadership behavior, referred to as the 3 factors of leadership variables (Yulk, 2007). The study's results in the table above show that the loading factor value of the 3 dimensions has a strong (significant) correlation to the leadership variable construct. The most dominant dimension in the leadership variable with the highest loading value (0.86) is Relationship-Oriented Leadership Behavior.

Relationship-oriented leadership behavior in leadership variables is the most dominant factor in forming the influence of leadership on the Puskesmas Health Services. Factors of relationship-oriented leadership behavior include four indicators, namely: the protection of medical personnel with patients; the guidance of medical personnel to patients/patients' families; the cooperation of medical personnel in serving patients; and increasing the satisfaction of health service recipients (Karno et al., 2018).

Based on this very dominant dimension, a leader must have a relationship-oriented leadership behavior in providing health service assurance, especially health services at Puskesmas. Leaders must provide optimal service, courtesy, and professionalism, meet expectations, and be trusted by service recipients. In this context, it was found that the research concept was "Leadership Network in Public Service Assurance".

## DISCUSSIONS

This study aims to analyze the influence of leadership in health services at the Kedawung Health Center on providing service assurance to the community. This study has two objectives: examining the influence of leadership on health services and the contribution of leadership in ensuring health services at the Kedawung Puskemas, Sragen Regency. The influence of leadership on healthcare is obtained through measuring structural models and testing hypotheses. The research results on the influence of leadership variables on service quality variables in Puskesmas show the relationship between independent variables and service quality variables for Puskesmas. From the table, it can be stated that the level of influence is significant and positive, as seen from the path size of 0.59, which is greater than 0.5, and the t_value value of 4.49, which is greater than the critical value of 1.96 (Hair et al. in Wijanto, 2008). Therefore, it can be categorized that leadership has a dominant influence on health services at the Kedawung Puskemas.

This study uses a measurement model from the theory of Leadership Behavior (Yulk, 2007) as a theoretical basis for compiling operational concepts of leadership variables to reveal and discuss leadership problems, as well as the Servqual theory from Zeithaml et al. (1990), which is used as a theoretical basis for compiling operational concepts in revealing and discussing health service quality problems obtained dominance values from each dimension.

The dominance of leadership influence on health services at the Kedawung Puskemas is a manifestation of the dimensions according to (Yulk, 2007). The results of measuring these dimensions are leadership variable measurement models, consisting of dimensions of leadership behavior consisting of task-oriented, relationship-oriented, and change-oriented behavior. These three dimensions are then referred to as 3 variable factors of leadership (Yulk, 2007). The results showed that the load factor value of the three dimensions had a strong (significant) correlation with the construct of leadership variables. The most dominant dimension in the leadership variable with the highest load factor value (0.86) was Relationship-Oriented Leadership Behavior.

Relationship-oriented leadership behavior is the most dominant factor in forming leadership influence on Puskesmas Health Services. Relationship-oriented leadership behavior factors include protection of medical personnel to patients, guidance of medical

personnel to patients/families, cooperation of medical personnel in serving patients, and increasing satisfaction of health service recipients (Karno et al., 2018).

Based on this very dominant dimension, a leader must have relationship-oriented leadership behavior in providing health care coverage, especially in Puskesmas. Leaders must provide optimal, friendly, professional service, meet expectations, and be trusted by service recipients. In this context, it was found that the research concept is "Leadership Network in Public Service Assurance". The findings have important implications for leaders and policymakers in public health services, who emphasize building strong relationships and trust with service recipients to ensure success and efficiency in delivering health services.

The results of this study provide a deeper understanding of the important role of leadership in the implementation of public services, especially in the context of health services at the Kedawung Puskemas. The discovery of the leadership network in the Public Service Assurance concept shows that relationship-oriented leadership significantly impacts achieving the goal of quality health services and satisfying the community (Rasyid, 2000).

Overall, this study shows the importance of relationship-oriented leadership behavior in achieving good performance, creating harmonious relationships with various related parties, and providing satisfactory health services for the community. The "Leadership Network in Public Service Assurance" concept in this study underscores the importance of relationship-oriented leadership roles in public health services (Yulk, 2007).

In the context of health services, leaders who can build trust with customers (patients) will create good and sustainable relationships. This trust can motivate customers (patients) to follow the advice and actions given, thus achieving better results in seeking health. Nonetheless, these findings provide valuable insight into the role of leadership in shaping people's behavior and participation in seeking health care. In the context of Kedawung Puskemas, leaders who can provide trust and increase the self-efficacy of staff and patients will contribute positively to ensuring effective and quality public services for the community (Lewis, 2022; Irwin, 2021).

Overall, this study and previous research show the importance of the "Leadership Network in Public Service Assurance" in achieving quality and sustainable public services. Effective leadership networks can integrate various leadership styles and encourage collaboration in developing professional capacity and improving community health services (Folkman et al., 2019; McLaney et al., 2022).

Conceptual leadership based on such understanding, psychological models try to explain and predict behaviors focused on the attitudes and beliefs of the individual. The leadership perspective in public service assurance is the role and ability of a leader who is seen as capable of behavior-oriented towards tasks, relationships, and changes in providing public service assurances so that individual beliefs can be formed into a person's awareness and willingness to do self-efficacy (Karno et al., 2018). The explanation in detail is as follows:

Task-oriented leadership, including task completion, resource efficiency, regularity of task execution, and reliability of officers. Itis the leadership that can strengthen the concept of PSA in the leadership perspective. The concept is actualized by

assuranceing optimal service ability, politeness in serving professionally, and trustworthiness by the service recipient.

Relationship-Oriented leadership includes the support of medical personnel with patients, assisting medical personnel to patients/patients' families, cooperating of medical officers in serving patients, and increasing the satisfaction of health care recipients. Relationship-oriented service leadership that reinforces the Concept of PSA in a Leadership Perspective. The concept is actualized by ensuring optimal serviceability, politeness in serving professionally, and trustworthiness by the service recipient.

Change-oriented leadership, including service paradigm shift strategies, adjustments to service procedures, adjustments to service types, and health service commitments. Service leadership is oriented towards change, strengthening the concept of PSA in a leadership perspective. This concept is actualized by ensuring optimal serviceability, politeness in serving professionally, and trustworthiness by the service recipient.

Thus, showing the importance of integrating QA and QE concepts in leadership networks in an effort to achieve quality and sustainable public health services. Ensuring the current quality of service (QA) and continuously improving the quality of service (QE) must be considered as an integral part of the health service process at the Kedawung Health Center. Thus, a relationship-oriented leadership network can ensure that health services are provided in accordance with established standards and continuously strive to improve the quality of services for the satisfaction and welfare of the community (Drew & Pandit, 2020).

This argument shows that public service assurance requires quality assurance, and quality improvement are two concepts in one continuum. The organization's leadership urgently needs both to ensure sustainable public services. The management of the organization in carrying out the assurance of public services is successful or not is largely determined by the leadership.

PSA through service reforms are carried out now, and periodic service assurances are Sustainable. The following opinions: "Service reforms for service quality are experiencing three waves based on strategies and approaches to service assurance". The first focuses mainly on internal quality assurance, he second emphasizes interface quality assurance, and the third emphasizes future quality assurance in terms of relevance to the new paradigm of service assurance (Liu & Chen, 2022).

Thus, the concept of continuous service assurance emphasizes the importance of understanding the waves of change in service assurance strategies. Relationship-oriented leadership networks must apply a holistic and sustainable service assurance approach to achieve quality public health services and provide maximum benefits to the community.

The actualization of the new paradigm, in line with the similar argumentation that "Replacing Quality of Service (QoS) prediction by Quality of Service Assurance (QoSA) proposes a strategic change in the framework of spectrum sharing. The theoretical analysis of the QoSA approach and simulation results show that the proposed approach will improve the overall spectrum-sharing efficiency. QoSA significantly influences the successful Secondary User (SU) operation in shared bands" (Sohul et al., 2017).

The relationship between the results of this study and the QoSA concept shows the importance of adopting a progressive and innovative approach to improving the

quality of health services. Applying the QoSA approach in relationship-oriented leadership networks can provide significant benefits in ensuring better and more sustainable public services for the community. This argument is in line with the theory of service quality (Zeithaml et al., 1990) as QoS in the conceptual results of research that resulted in the concept of Service Assurance (Karno et al., 2018) as QoSA. Thus, the QoSA can achieve an efficient spectrum in public services.

The importance of implementing the QoSA concept in achieving efficiency and quality of public health services through a relationship-oriented leadership network, leaders can contribute positively in improving service assurance and achieving spectrum efficiency in public services at the Kedawung Health Center.

The research also highlights the importance of sophisticated IT in achieving superior and efficient customer service in public healthcare. By integrating the concepts of Customer Service Life Cycle (CSLC) and Customer Relationship Change Spectrum (CRCS), relationship-oriented leadership networks can create an integrated and proactive framework for identifying, evaluating, and implementing opportunities for the use of IT to continuously improve the quality of health services for the Community (Hill et al., 2020).

Distributed leadership may be less optimally implemented due to pressure to follow centralized management policies. This research highlights the need for efforts to overcome obstacles and obstacles in implementing leadership in relationship-oriented networks. By understanding and overcoming existing challenges, the leadership network at Kedawung Puskemas can be more effective in creating positive change and improving the quality of health services for the community (Harris et al., 2022).

The difference between hierarchical and network leadership lies in the important aspects of collaborative leadership and leadership behaviors that are considered effective in collaborative governance structures. Some of the best practices of collaborative leadership for forming shared commitment, identifying resources, creating shared understanding, achieving stakeholder support, and building trust (Friedrich et al., 2016).

As a result of the study, contingency-proximity has not been used in leadership in networks but inferred empirical basis that ranges at different levels of hierarchy and centralization. In particular, a comparison of network leadership with a single agency can benefit from considerations of two contexts, including the strength of the position in the hierarchy and more legitimacy-based in the network and the notoriously lower task structure in the network (Cepiku & Mastrodascio, 2021).

The study's findings suggest that high frequencies in using specific categories of behavior do not necessarily lead to high performance in local government networks. In addition, leadership behavior leading to high-performance networks is not always most often involved by network leaders. The findings of this study show how leaders must be heavily involved in leadership networks so that these leaders can achieve high performance (Cepiku & Mastrodascio, 2020).

Based on these findings, the main actors of the leadership network to the extent to which the leader has succeeded in mobilizing political and administrative support to be formalized in the network and will encourage innovation (Haug, 2018). However, leadership in the integrated care net also faces a lot of tension. So that in the future, it can be helpful to provide a more complete picture by examining leadership practices,

activities, and outcomes at the policy and organizational level, integrating broader progress (Mitterlechner, 2020).

Concrete forms of leadership networks are used to address cross-border, urgent social problems that have the impact of crises. The social problems of PLHIV behavior cannot be solved alone, namely the need for a Peer Support Group (PSG) among others, providing housing, providing education, sacrificing time, energy, and money, providing counseling and motivation, patient care, corpse care, advocacy, and providing care to PLHIV orphans. Social behavior change (PLHIV) is institutionalized, it requires the leadership role of government and non-governmental leadership to form other networks, and their form is not a hierarchy but equality leadership (Kartono et al., 2022).

Value-based leadership networks place the importance of leader skills to maintain cultural goals and alignment among globally distributed and interconnected teams. Value-based network leadership can be applied to any leader who needs to align the interdependent efforts of a network of teams operating in virtual and physical environments to achieve collective goals (Stricker et al., 2018).

The study's results stated above confirm that the results show how important task-oriented, relationship-oriented leadership behavior (Karno et al., 2018) and changes in the assurance of dominant and significant public services are. However, relationship-oriented leadership (networking) is the most decisive in the assurance of public services. This research shows that the main issues in government innovation include the public, actors, politics, policies, and institutions. Therefore, government innovation can be used for decision-making and organizational capacity building (Keumala & Pribadi, 2021). Cooperation between communities has been successful, but cooperation has not significantly contributed to regional income. This happens because the accessibility, facilities, and infrastructure problems are not resolved and the weak capacity of the actors involved. Because leadership is part of being a public, actor, politics and institution (Wahida et al., 2020).

The results of this study provide valuable insights into the challenges and barriers in leadership implementation in relationship-oriented networks. By understanding and overcoming existing challenges, the leadership network at Kedawung Puskemas can be more effective in creating positive change and improving the quality of health services for the community. This research also contributes to understanding the important role of leadership in implementing public services, especially in the context of health services at the Kedawung Puskemas. The results of this study affirm the importance of the role of relationship-oriented leadership in achieving the goal of good and satisfactory health service quality for the community. Thus, the "Leadership Network in Public Service Assurance" concept has important relevance in achieving quality and sustainable public services.

## CONCLUSION

The results of this study conclude that leadership in relationship-oriented networks has a significant and positive influence on public health services at the Kedawung Puskemas. Through an approach that focuses on relationships and collaboration between network members, leaders in the network can contribute to improving service quality and operational efficiency. To achieve superior and efficient public health services, leaders in relationship-oriented networks at Kedawung Puskesmas need to strengthen

relationships, overcome bureaucratic challenges, and implement adaptive leadership approaches according to the complexity and characteristics of the network. By utilizing the concept of continuous service assurance and advanced information technology, leaders in the network can positively impact society and improve the overall quality of health services.

This study has limitations regarding the local area coverage of survey data collection. The study sample was limited to only one Puskesmas. Research methods are used quantitative—research variables based on leadership perceptions and service quality as units of analysis. Further research with qualitative or mixed design is needed to explore the role of leadership in the network of several puskesmas in various regions. Further research is suggested with the same unit of analysis, but the unit of observation as respondents is expanded, so that data to measure public service assurance, network leadership and avoid measurement bias.

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