

## The Influence of Leadership Style on Employee Performance at Bangkalan Community Health Center

### ABSTRACT

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Employee performance is an important factor in supporting the quality of health services at Community Health Centers. This study aims to analyze the influence of various leadership styles on employee performance at the Bangkalan Community Health Center. This study used a quantitative approach with a cross-sectional design through a survey method. The study was conducted in April 2024, with 80 employees selected using a purposive sampling technique. The regression analysis showed that authoritarian leadership had a significant positive association with employee performance ( $\beta = 0.104$ , 95% CI: 0.023–0.185,  $p = 0.013$ ). Transactional leadership demonstrated a significant negative association ( $\beta = -0.077$ , 95% CI: -0.145 to -0.009,  $p = 0.027$ ). Transformational, situational, democratic, laissez-faire, and digital leadership styles were not significantly associated with employee performance ( $p > 0.05$ ). The overall model was statistically significant ( $F = 2.455$ ,  $p = 0.026$ ), but its explanatory power was modest ( $R^2 = 0.104$ ), indicating that leadership styles accounted for only 10.4% of the variance in employee performance. Thus, the authoritarian leadership style has a significant positive effect on employee performance. In addition, transactional leadership also has a significant influence, but the direction is negative. Meanwhile, transformational, situational, democratic, laissez-faire, and digital leadership styles failed to answer the hypothesis. These findings indicate that, in the context of Community Health Centers (Puskesmas) as public health service organizations, a leadership style that emphasizes clear direction, supervision, and adherence to operational standards plays a greater role in improving employee performance than other leadership styles.

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### INTRODUCTION

Community Health Centers (Puskesmas) function as primary healthcare providers and hold an important position within Indonesia's healthcare system. These institutions are responsible for delivering promotive, preventive, curative, and rehabilitative healthcare services to the community. Consequently, Puskesmas are expected to maintain sustainable and high-quality healthcare services. Employee performance becomes a crucial determinant in achieving service quality because healthcare workers directly implement healthcare programs and public services. Previous research conducted at Jaddih Community Health Center, Bangkalan Regency, reported that although most respondents perceived service quality positively, healthcare utilization was still dominated by first-time visits, while

repeat visits and recommendations remained relatively limited. This condition reflects the necessity of improving employee performance to strengthen community trust and service continuity (Xing, Song and Yan, 2020).

Employee performance in community health centers is shaped by several internal organizational factors, with leadership style being one of the most critical. Leadership plays a strategic role in guiding, motivating, and coordinating employees to work effectively and efficiently. Within healthcare institutions, effective leadership is not only directed toward achieving organizational targets but also toward creating teamwork, improving communication, and encouraging employee participation in healthcare delivery. Previous systematic reviews have shown that leadership approaches emphasizing empowerment and interpersonal relationships are associated with better healthcare team performance and improved service quality outcomes. (Bolin, 2019).

Various leadership styles have been implemented within healthcare organizations, including transformational, transactional, situational, democratic, authoritarian, and laissez-faire leadership styles. Each leadership style possesses distinct characteristics and may produce different impacts on employee performance. Research by Darmin et al. (2024) indicated that healthcare workers who perceived the leadership style of the Puskesmas head as good demonstrated good performance levels of up to 80.0%, whereas poorer leadership perceptions were associated with significantly lower performance levels. Meanwhile, Hakiki and Setiana (2023) found that leadership style accounted for 27.6% of employee performance, with the remaining variation influenced by factors including the work environment and compensation.

Along with the advancement of information technology, the concept of digital leadership has begun to be implemented in healthcare organizations. Digital leadership emphasizes leaders' ability to utilize technology to support communication, work coordination, and decision-making processes. A study by Juliana et al. (2024) showed that leadership integrated with innovative approaches and technology utilization contributes to improved organizational performance in healthcare services through strengthened work culture and organizational adaptability. This result aligns with Paul (2024), who stressed that leaders' adaptability to technological change plays a crucial role in boosting healthcare workers' performance and creativity.

In Bangkalan Regency, Puskesmas face various challenges related to human resource management and healthcare service quality improvement. Research by Jannah and Daniyanti (2025) at Jaddih Community Health Center revealed that although service quality was perceived as good to very good, the utilization of follow-up services remained relatively low, reflecting the need to improve employee performance in maintaining public trust and loyalty. Furthermore, Maduratna et al. (2023) demonstrated that leadership practices adapted to organizational conditions at Bangkalan Community Health Center contributed to improved employee performance, particularly in commitment, discipline, and responsibility, although challenges related to the adequacy and qualifications of human resources still existed. These conditions highlight that leadership style implemented by the head of the Puskesmas is a crucial factor in optimizing employee performance and healthcare service quality in Bangkalan Regency.

While many studies have explored the relationship between leadership styles and employee performance in healthcare organizations, most previous studies have focused on a single leadership approach, such as transformational, transactional, democratic, or situational leadership (Darmin et al., 2024; Hakiki and Setiana, 2023). Consequently, limited empirical evidence is available regarding the comparative influence of multiple leadership styles within the same organizational setting. Moreover, despite the increasing digitalization of healthcare services, digital leadership remains relatively underexplored in primary healthcare institutions, particularly community health centers (Juliana et al., 2024; Paul, 2024). This study therefore addresses these gaps by simultaneously examining multiple leadership styles, including digital leadership, to evaluate their influence on employee performance at the Bangkalan Community Health Center. By doing so, the study provides a more comprehensive understanding of leadership effectiveness in supporting employee performance within an increasingly digital healthcare environment.

Accordingly, this research aims to examine the impact of leadership styles on employee performance at the Bangkalan Community Health Center. In line with this objective, the study formulated the following hypotheses H1: Transformational leadership approach positively and significantly influences employee performance at Bangkalan Community Health Center; H2: Transactional leadership approach positively and significantly influence semployee performance at Bangkalan Community Health Center; H3: The situational leadership style is expected to have a positive and significant effect on employee performance at the Bangkalan Community Health Center; H4: The democratic leadership style is hypothesized to have a positive and significant effect on employee performance at the Bangkalan Community Health Center; H5: The authoritarian leadership style is hypothesized to exert a positive and significant impact on employee performance at the Bangkalan Community Health Center; H6: The laissez-faire leadership style is projected to positively and significantly affect employee performance at the Bangkalan Community Health Center; H7: The digital leadership style is presumed to have a positive and significant influence on employee performance at the Bangkalan Community Health Center.

## METHODS

This investigation made use of a quantitative approach through a cross-sectional survey design. The research was designed to investigate how leadership styles relate to employee performance at the Bangkalan Community Health Center during a particular period. Research activities were conducted in April 2024 at Puskesmas Bangkalan, located in Bancaran Village, Bangkalan District.

This study’s population comprised all staff members working at Puskesmas Bangkalan. Respondents were selected through purposive sampling based on several inclusion criteria, namely employees who had worked for a minimum of one year, were actively present during the data collection period, agreed to participate voluntarily, and completed the questionnaire appropriately. Employees who were on leave or did not complete the questionnaire were excluded. From the total of 100 employees, 80 met the eligibility requirements and were included as respondents in this research.

Data were collected through structured questionnaires utilizing a five-point Likert scale ranging from strong disagreement to strong agreement. The independent variables comprised transformational, transactional, situational, democratic, authoritarian, laissez-faire, and digital leadership styles, whereas employee performance served as the dependent variable.

Table 1. Respondent Information

No	Educational Level	Frequency (f)	Percentage (%)
1	Professional Degree	2	3%
2	Diploma IV (D-IV)	7	9%
3	Diploma III (D-III)	52	65%
4	Bachelor’s Degree (S1)	19	24%
Total		80	100%

In this research, the independent variables were represented by leadership styles, including transformational, transactional, situational, democratic, authoritarian, laissez-faire, and digital leadership. The dependent variable focused on employee performance at Puskesmas Bangkalan. The study collected data using structured survey instruments assessed with a five-point Likert scale, where 1 represented ‘strongly disagree’ and 5 represented ‘strongly agree’.

The questionnaire was developed by adapting measurement items from previously validated instruments reported in the leadership and employee performance literature. Transformational and transactional leadership were adapted from the Multifactor Leadership Questionnaire developed by Bass and Avolio (1994), whereas situational leadership indicators were adapted from the situational leadership framework of Hersey and Blanchard. Democratic, authoritarian, and laissez-faire leadership were measured using indicators derived from established leadership behavior studies. Digital leadership items were adapted from prior studies examining leaders’ capability to utilize digital technologies, facilitate digital communication, and support innovation within organizations. Employee performance

was measured using indicators adapted from established performance measurement scales focusing on work quality, productivity, responsibility, and task accomplishment. To ensure contextual relevance, all questionnaire items were modified to reflect the operational characteristics of Community Health Centers (Puskesmas) while maintaining the conceptual meaning of the original constructs. The adapted instrument was reviewed by experts in health management and organizational behavior prior to data collection.

Prior to data analysis, the questionnaire underwent validity testing to ensure the research instrument was appropriate for use. Validity testing was conducted to determine the ability of each item to measure the research variables accurately. Subsequently, classical assumption tests were performed, including normality, multicollinearity, and heteroscedasticity tests, as prerequisites for regression analysis (Ghozali, 2018). Multiple linear regression was utilized in this study to investigate the relationship between leadership styles and employee performance at Puskesmas Bangkalan. The hypotheses were examined through the F-test, which assessed the combined influence of independent variables, and the t-test, which evaluated the specific effect of each leadership style. Referring to Ghozali (2018), the coefficient of determination (R-square) was applied to quantify the explanatory power of leadership styles on employee performance. The statistical procedures were executed using IBM SPSS software.

In this research, the multiple linear regression model was employed and is expressed as follows:  $Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + \beta_6 X_6 + \beta_7 X_7 + \epsilon$  Where: Y = Employee performance at Puskesmas Bangkalan;  $\alpha$  = Constant;  $X_1$  = Transformational leadership;  $X_2$  = Transactional leadership;  $X_3$  = Situational leadership;  $X_4$  = Democratic leadership;  $X_5$  = Authoritarian leadership;  $X_6$  = Laissez-faire leadership;  $X_7$  = Digital leadership;  $\epsilon$  = Error term. This study received ethical approval (ethical clearance) from the Health Research Ethics Committee of Noor Huda Mustofa University under approval number 2650/KEPK/UNIV-NHM/EC/V/2025. All respondents were informed about the research objectives, assured of confidentiality, and participated voluntarily without coercion.

## RESULTS

Prior to conducting the empirical analysis, a validity test was carried out to confirm that the collected data were suitable and reliable for research purposes (Ghozali, 2016). The results of this test, as shown in Table 2, indicated that all questionnaire items met the validity criteria. This is indicated by the correlation values exceeding the r-table value of 0.220. The comprehensive findings of the validity test are shown in Table 2

Table 2. Results of the Validity Examination

Variable	item	r count	r table
Transformational	T1.1	0,835**	0.220
	T1.2	0,835**	0.220
	T1.3	0,837**	0.220
	T1.4	0,813**	0.220
Transactional	T2.1	0,810**	0.220
	T2.2	0,822**	0.220
	T2.3	0,811**	0.220
	T2.4	0,817**	0.220

Situational	S.1	0,889**	0.220
	S.2	0,864**	0.220
	S.3	0,899**	0.220
	S.4	0,322**	0.220
Democratic	DEM.1	0,897**	0.220
	DEM.2	0,883**	0.220
	DEM.3	0,877**	0.220
	DEM.4	0,737**	0.220
Authoritarian	A.1	0,858**	0.220
	A.2	0,853**	0.220
	A.3	0,850**	0.220
	A.4	0,737**	0.220
<i>Leises-fair</i>	LF.1	0,865**	0.220
	LF.2	0,838**	0.220
	LF.3	0,859**	0.220
	LF.4	0,816**	0.220
Digital	DIG.1	0,816**	0.220
	DIG.2	0,835**	0.220
	DIG.3	0,852**	0.220
	DIG.4	0,811**	0.220
Performance	EP.1	0,814**	0.220
	EP.2	0,847**	0.220
	EP.3	0,800**	0.220
	EP.4	0,695**	0.220
	EP.5	0,740**	0.220
	EP.6	0,772**	0.220
	EP.7	0,819**	0.220

The reliability of the measurement instruments was assessed using Cronbach's Alpha. All constructs demonstrated acceptable internal consistency, with values ranging from 0.694 to 0.801, exceeding the recommended threshold of 0.6 for social science research (Kock, 2020). Constructs such as employee performance (0.801) and democratic leadership (0.779) showed strong reliability, while authoritarian leadership (0.694) remained within the acceptable range given the limited number of items. These results confirm that the instruments are sufficiently reliable for analyzing leadership styles and employee performance in the Puskesmas context.

Table 3. Reliability Test

Variable	Cronbach's Alpha
Transformational	0,748
Transactional	0,735
Situational	0,745
Democratic	0,779
Authoritarian	0,694
<i>Leises-fair</i>	0,772
Digital	0,732
Performance	0,801

Following the validity assessment, a series of classical assumption tests were performed, which comprised normality, heteroscedasticity, multicollinearity, and autocorrelation checks. The normality test results are presented in Table 4. Based on the results, the data were normally distributed, as indicated by the Kolmogorov–Smirnov significance value of  $0.193 > 0.05$ .

Table 4. Results of the Normality Examination

Test	Score
Test Statistic	0.088
Sig.	0.193

The heteroscedasticity test, conducted as the second classical assumption, employed a scatterplot. The output demonstrated a random distribution of data points, with no visible pattern, positioned both above and below the zero line. Consequently, the regression model can be considered homoscedastic.

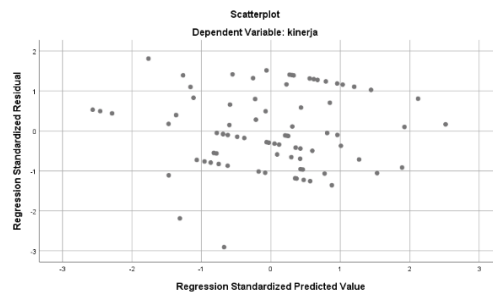


Figure 1. Results of the Heteroscedasticity Examination

The third classical assumption examined was the multicollinearity test, which was evaluated through Tolerance and Variance Inflation Factor (VIF) indicators. As presented in Table 5, all tolerance values exceeded 0.1 and all VIF scores were below 10, confirming that multicollinearity was not present among the independent variables.

Table 5. Results of the Multicollinearity Examination

Variable	Tolerance	VIF
Transformational	0.766	1.306
Transactional	0.926	1.080
Situational	0.555	1.801
Democratic	0.610	1.639
Authoritarian	0.634	1.577
Laissez-faire	0.872	1.147
Digital	0.694	1.441

The last classical assumption examined was the autocorrelation test, which was assessed through the Durbin–Watson statistic. As shown in Table 6, the Durbin–Watson statistic was 1.550. For

N = 80 and k = 7 predictors, the lower and upper bounds are approximately  $dL = 1.41$  and  $dU = 1.73$ . Since the DW value falls between  $dL$  and  $dU$ , the test result lies in the inconclusive zone. Therefore, while strong autocorrelation is unlikely, the conclusion of “no autocorrelation” should be interpreted with caution.

Table 6. Autocorrelation and Coefficient of Determination

<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>Durbin-Watson</b>
0.322	0.104	0.016	1.550

Overall, the classical assumption tests confirmed that the data and regression model were suitable for hypothesis testing.

Before conducting hypothesis testing, a simultaneous test (F-test) was performed. As presented in Table 7, the ANOVA analysis resulted in an F-value of 2.455, surpassing the F-table benchmark of 2.140, with a p-value of 0.026 below the 0.05 threshold. Therefore,  $H_1$  was accepted and  $H_0$  was rejected. This indicates that transformational, transactional, situational, democratic, authoritarian, laissez-faire, and digital leadership styles simultaneously influence employee performance at Puskesmas Bangkalan.

Table 7. Results of the F-Statistic Analysis

<b>Model</b>	<b>Sum of Squares</b>	<b>Df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
Regression	20.226	7	2.889	2.455	0.026
Residual	84.753	72	1.177		
Total	104.979	79			

Hypothesis testing was performed through the partial t-test. As shown in Table 8, among the leadership styles examined, only authoritarian leadership exhibited a statistically significant influence on employee performance, with a t-value of 2.559 and a significance level of 0.013 ( $< 0.05$ ), confirming that t-count (2.559) exceeded t-table (1.993). Therefore,  $H_0$  was rejected and  $H_1$  was accepted, indicating that authoritarian leadership significantly affects employee performance at Puskesmas Bangkalan. Moreover, authoritarian leadership had the strongest impact, as indicated by the highest beta coefficient value (0.104).

On the other hand, transactional leadership also showed statistical significance ( $p = 0.027$ ); however, the negative t-value (-2.259) indicates a negative effect on employee performance. Thus, transactional leadership failed to support the proposed research hypothesis. Meanwhile, transformational, situational, democratic, laissez-faire, and digital leadership styles did not significantly influence employee performance, as their significance values were greater than 0.05.

Table 8. Partial Analysis

<b>Variable</b>	<b>Beta</b>	<b>Std. Error</b>	<b>t-count</b>	<b>Significant</b>
Transformational	-0.036	0.046	-0.791	0.432
Transactional	-0.077	0.034	-2.259	0.027
Situational	0.079	0.057	1.386	0.170
Democratic	-0.019	0.037	-0.513	0.609
Authoritarian	0.104	0.041	2.559	0.013
Laissez-faire	-0.023	0.029	-0.782	0.437
Digital	0.002	0.047	0.051	0.960

The coefficient of determination was further analyzed to determine the extent of the linkage between the independent and dependent variables. Table 6 shows that the correlation coefficient (r) reached 0.322, reflecting a positive link between leadership styles and employee performance.

Although the regression model was statistically significant, the adjusted  $R^2$  value (0.016) was substantially lower than the  $R^2$  (0.104). This discrepancy suggests that the inclusion of seven predictors with a sample size of 80 may have led to model overfitting or limited explanatory power. Therefore, the findings should be interpreted with caution, and future research is encouraged to use larger samples or more parsimonious models.

## DISCUSSION

**Transformational Leadership Style on Employee Performance at Puskesmas Bangkalan,** The initial hypothesis suggested that transformational leadership exerts a positive and significant influence on employee performance at Puskesmas Bangkalan. However, the results of multiple linear regression analysis indicate that transformational leadership does not have a significant effect on employee performance; therefore, the first hypothesis is rejected. This finding suggests that the implementation of transformational leadership by the head of Puskesmas Bangkalan has not yet provided a meaningful direct contribution to improving employee performance. Although transformational leadership theoretically emphasizes inspiration, motivation, and shared vision, its impact on employee performance in this context appears to be limited.

This result is consistent with previous studies showing that transformational leadership does not always significantly influence employee performance in healthcare service organizations. Hakiki and Setiana (2023) found that the effect of transformational leadership on Puskesmas employee performance is inconsistent and highly dependent on organizational conditions and human resource characteristics. Furthermore, Maduratna et al. (2023) reported that structural factors, such as limited healthcare personnel and high workloads, may reduce the effectiveness of transformational leadership in improving employee performance. These findings indicate that the success of transformational leadership depends not only on leadership style but also on organizational readiness and work environment conditions.

The rejection of this hypothesis may also be explained by the work characteristics at Puskesmas Bangkalan, which tend to be routine, standardized, and strongly oriented toward compliance with operational procedures and health regulations. Under such conditions, employees require clear instructions, firm task allocation, and adequate operational support rather than purely visionary or motivational encouragement. Therefore, leadership styles emphasizing supervision, work regulation, and operational adaptability may play a more significant role than transformational leadership in improving employee performance.

**Transactional Leadership Style and Employee Performance,** The second hypothesis stated that transactional leadership positively affects employee performance. However, the analysis revealed a significant negative effect, leading to the rejection of the hypothesis. This finding indicates that transactional leadership practices may actually reduce employee performance. Leadership approaches emphasizing rewards, sanctions, and performance monitoring appear unable to motivate healthcare workers and may instead create psychological pressure that reduces work effectiveness. This negative significance may be explained by limited flexibility in implementing reward and punishment mechanisms within public healthcare organizations. In Puskesmas settings, remuneration, promotion, and incentive systems are regulated by local government policies and civil service regulations, limiting managerial discretion. Consequently, transactional leadership is often perceived as rigid control rather than motivation, negatively affecting performance (Bolin, 2019; Nasution, Syapsan, and Zulfadil, 2022).

These findings align with Hakiki and Setiana (2023), who reported that transactional leadership tends to be less effective and may even weaken healthcare worker performance within bureaucratic and standardized systems. Thus, improving employee performance cannot rely solely on exchange-based leadership mechanisms but requires more contextual and participatory leadership approaches that foster intrinsic commitment to public service.

**Situational Leadership Style and Employee Performance,** The third hypothesis proposed a positive and significant effect of situational leadership on employee performance. However, regression analysis showed no significant influence, resulting in hypothesis rejection. This suggests that adjusting

leadership style according to employee readiness and capability has not substantially improved employee performance at Puskesmas Bangkalan.

The lack of significance may be related to the standardized nature of Puskesmas work processes. Primary healthcare services operate under clear technical guidelines and clinical standards, limiting leaders' flexibility in adapting leadership styles. As a result, variations in situational leadership approaches are not strongly perceived by employees in daily practice (O'Donovan et al., 2021). Consistent with previous studies, Darmin et al., 2024 argued that leadership effectiveness in Puskesmas settings is more influenced by policy consistency and clarity of task distribution than by leadership flexibility. Therefore, employee performance in this context appears more dependent on procedural certainty and system stability than situational leadership adjustments.

**Democratic Leadership Style and Employee Performance,** The fourth hypothesis proposed that democratic leadership exerts a positive and significant impact on employee performance. However, regression results indicate no significant effect, leading to hypothesis rejection. This finding implies that employee involvement in decision-making a key characteristic of democratic leadership has not directly improved performance outcomes.

This result may be explained by the nature of healthcare services, which demand speed, accuracy, and strict adherence to operational standards. In urgent and patient-safety-oriented environments, collective decision-making is often not prioritized. Employee participation tends to remain administrative rather than operational, limiting its impact on performance effectiveness (Bolin, 2019; O'Donovan et al., 2021).

Previous research by Nasution et al. (2022) similarly found that democratic leadership does not always significantly affect employee performance in hierarchical public healthcare organizations. Maduratna et al. (2023) further emphasized that leadership effectiveness in Puskesmas settings depends more on command clarity and coordination than on participatory decision-making.

**Authoritarian Leadership Style and Employee Performance,** The fifth hypothesis stated that authoritarian leadership significantly affects employee performance, and the results support this hypothesis. Regression analysis shows that authoritarian leadership significantly improves employee performance at Puskesmas Bangkalan. This significant effect can be explained by the organizational characteristics of Puskesmas as a public healthcare institution operating under strict regulations and standardized procedures. In environments requiring procedural accuracy, patient safety, and policy compliance, employees tend to respond positively to leadership that provides firm direction and consistent supervision. In this context, authoritarian leadership functions not as repression but as a control mechanism ensuring service quality and compliance .

Empirical evidence supports this interpretation. Nasution et al. (2022) emphasized that leadership styles focusing on compliance and command clarity positively influence performance in public-sector healthcare organizations. Darmin et al. (2024) found that firm leadership practices in Puskesmas settings enhance discipline and accountability among health workers. Hakiki and Setiana (2023) also reported that clear direction and strict supervision improve employee performance in Puskesmas environments. Furthermore, O'Donovan et al. (2021) highlighted that focal leader behaviours, including strong oversight, can improve healthcare team performance. These findings collectively reinforce that authoritarian leadership, when applied in regulated healthcare contexts, can have a constructive impact on employee performance.

**Laissez-Faire Leadership Style and Employee Performance,** The sixth hypothesis stated that laissez-faire leadership has a significant effect on employee performance; however, regression analysis showed no significant effect. Thus, the hypothesis was rejected. Leadership characterized by high autonomy without sufficient direction and supervision was unable to enhance employee performance. The absence of significant influence can be explained by the need for coordination, role clarity, and procedural compliance in primary healthcare services. Insufficient leadership direction may lead to inconsistent task implementation, procedural errors, and declining service quality. Therefore, laissez-faire leadership appears unsuitable for high-risk public healthcare organizations (Bolin, 2019; O'Donovan et al., 2021).

Digital Leadership and Employee Performance, The seventh hypothesis proposed that digital leadership positively and significantly influences employee performance; however, the analysis found no significant effect. This indicates that digital leadership practices at Puskesmas Bangkalan have not yet directly improved employee performance. This result may stem from limited human resource readiness and technological infrastructure. Although digital transformation in healthcare is growing, implementation at the Puskesmas level still faces challenges such as limited technological facilities, high administrative workload, and varying levels of digital literacy among staff. Consequently, digital leadership has not been fully integrated into daily work processes (Juliana et al., 2024; Paul, 2024).

These findings align with Kornelia Saiman et al. (2024), who stated that digital leadership does not automatically improve performance without adequate system support and capacity development. Nasution et al. (2022) further emphasized that leadership effectiveness depends on organizational readiness for change. Therefore, strengthening infrastructure, training, and organizational policies is necessary for digital leadership to contribute meaningfully to performance improvement

## CONCLUSION

This study was conducted to examine the effect of various leadership styles on employee performance at Bangkalan Community Health Center. The analysis results indicate that only authoritarian leadership demonstrated a significant influence on employee performance, whereas transformational, transactional, situational, democratic, laissez-faire, and digital leadership styles did not show significant relationships. The findings suggest that leadership effectiveness is strongly affected by organizational characteristics and workplace conditions within public healthcare institutions. In the context of Puskesmas, which operate under strict regulations and standardized operational procedures, leadership emphasizing discipline, supervision, and command clarity appears to be more relevant in supporting employee performance. This study also confirms that no single leadership style can be universally applied to improve performance across all organizations. Leadership approaches should therefore be adjusted according to organizational needs, employee characteristics, and operational systems. Additionally, the implementation of participatory and technology-based leadership requires adequate organizational support, including infrastructure readiness, employee competency development, and policy adaptation.

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