

THE RELATIONSHIP OF LEADERSHIP WITH HEALTH WORKER IN TAMALANREA JAYA HEALTH CENTER, MAKASSAR CITY

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ABSTRACT

Background: Performance can be defined as the evaluation of employees' accomplishments in relation to pre-established work standards. One of the factors that affect performance is the leadership factor of a leader to be able to communicate and influence his subordinates so that they can work to achieve organizational goals. Purpose: This study aims to examine the impact of different leadership factors, such as leader-member relationships, task structure, and the leader's position power, on the performance of healthcare staff at the Tamalanrea Jaya Health Center in Makassar City. Methods: The study conducted between January and April 2023 at Tamalanrea Jaya Health Center involved a population of 37 health workers who were selected using the total sampling technique. The research method employed was a crosssectional design with a quantitative approach. The data analysis techniques used were univariate and bivariate, and the tests applied were the Fisher exact test and contingency coefficient test. **Results:** The study's findings revealed that the performance of healthcare professionals at Tamalanrea Jaya Health Center was associated with three factors: leadermember relationship (p=0.001), task structure (p=0.012), and the leader's power position (p=0.005). Conclusion: The performance of healthcare workers at the Tamalanrea Jaya Health Center in Makassar City is correlated with leadermember relations, task structure, and the power of the leader's position. It is recommended for leaders to improve supervision and evaluation related to discipline and timeliness of entering employee working hours

INTRODUCTION

Health development is one of the agendas in national development in the health sector aimed at improving the highest degree of public health. To achieve these health development goals, of course, quality human

resources (HR) are needed. Healthcare personnel encompasses individuals who work professionally within the healthcare industry, regardless of whether or not they have received formal health education. They are responsible

for planning, mobilizing, and executing health development initiatives (Mirino, Rumayar, and Ratag 2021). The optimal implementation of health development in Indonesia is dependent on the presence of competent human resources, as health human resource factors contribute up to 80% of the success of such development. Therefore, without quality human resources, the progress of health development would be suboptimal (Aprianto and Zuchri 2021).

In connection with improving quality human resources, the factor that must be considered is the issue of performance. Performance is an important thing for an organization to achieve because it can describe the ability of an organization to manage its employees (H, Darmawansyah, and Marzuki 2020). Various factors undoubtedly impact the performance of employees, regardless of whether it is excellent or subpar. One of these factors is the element of leadership. Leadership is a leader's ability to be able to communicate and influence others so that they can work to achieve goals and objectives with good results (Dirham 2019).

Based on the results of research (Oktaviana and Wahyono 2020; Yanthi et al. 2021), several factors affect the performance of health workers, namely motivational factors or encouragement that cause someone to work hard and well, and leadership factors that influence subordinates. In addition, according to research (Sitepu, Silalahi, and Hutabarat 2020) it states that the factor that affects

performance is leadership, where the respondents of this study consider that if the leadership of a leader is good, employee performance will also be good. In line with this, according to research (Nazilah, Sobri, and Alfitri 2021) shows that leadership affects the performance of health workers, this can be seen from hospital leaders who cannot be separated from activities in directing and mobilizing health workers to achieve optimal performance.

The contingency theory proposed by Fiedler argues that the effectiveness of a leader is determined by the situation or various situational factors that the leader encounters. These factors include the relationship between the leader and the members, the structure of the task, and the leader's power and position (Maisyaroh et al. 2019). Based on research (Adistia and Verawati 2022) states that leadership (leader-member relation, task structure, and leader power position) has an influence on the performance of employees of the Industry and Trade Office of Magelang City. In line with this, based on research (Saragih 2020) The text suggests that in 2017, connection was found between the performance of employees at the Bah Kapul Health Center in Siantar Sitalasari District, Pematang Siantar City and their leadership.

The Community Health Center is a publicly-funded establishment that delivers healthcare services to the local populace. Tamalanrea Jaya Health Center, Makassar City is one of the health centers that provides health

services to the community, especially those in the Tamalanrea Jaya Village area, Tamalanrea District, Makassar City. Based on data from previous research (Mansyur, Yusuf, and Rifai 2021) it shows that of the 35 employees of the Tamalanrea Jaya Health Center, 26 employees (74.3%) have less performance. In addition. Numerous individuals have raised concerns regarding the substandard quality of service at this healthcare facility due to the high volume of patients being served, resulting in extended waiting times.

According to preliminary information received from the Tamalanrea Jaya Health Center, it stated that most of the achievements of health efforts had not met the target (<100%) or were in the good category, where in 2020 out of 14 health efforts there were only 3 health efforts that met the target (100%) or were in the good category. Meanwhile, in 2021, out of 14 health efforts, there were only 4 health efforts that met the target (100%) or were in the good category. While other health efforts are still in the moderate and low categories. The data from the monthly absentee report (September-November) in 2022 shows that most of the attendance of health workers at Tamalanrea Jaya Health Center is not met or <100%.

Undoubtedly, the achievement of a leader in inspiring and encouraging their team members to strive towards accomplishing the established objectives is closely tied to all of this. However, based on the results of interviews with Tamalanrea Jaya Health center

employees, it is stated that the leader of the Tamalanrea Jaya Health Center has a busy schedule such as activities or other organizations outside the health center, so that the leader is rarely in the office. Moreover, the leader's expertise and practical experience are somewhat insufficient, resulting in frequent direction from more knowledgeable and experienced employees, who are considered senior.

The objective of this research is to examine how leadership affects the job performance of healthcare employees at the Tamalanrea Jaya Health Center. The investigation will center on the examination of various factors that are thought to have an effect on leadership and performance, including but not limited to the leader-member relationship, task structure, and the leader's level of authority.

METODHS

This research employed a quantitative method with a cross-sectional design and was carried out between January and April 2023 at Tamalanrea Jaya Health Center located in Makassar City. The research targeted all 37 health workers employed at this health center as the population, and the sample for this study was determined through total sampling methods, where all 37 health workers were included as research participants.

Data collection is divided into two, namely primary data obtained through administering questionnaires, to health workers of Tamalanrea Jaya Health Center, Makassar City who are the research sample, and secondary data obtained from collecting documents such as the performance report of Tamalanrea Jaya Health Center, Makassar City in 2020 & 2021, Tamalanrea Jaya Health Center Profile 2021 and attendance of Tamalanrea Jaya Health Center Makassar City in 2022. The questionnaire is a research instrument used in this study. The data analysis techniques used are univariate and bivariate with SPSS using the Fisher exact test and contingency coefficient. After analyzing the data, the information will be presented in the table of a frequency distribution with interpretation.

RESULTS

Data on the relationship between leadership and health worker performance were collected from February 24 to March 13, 2023 at Tamalanrea Jaya Health Center, Makassar City. This study gathered information on 37 healthcare professionals at Tamalanrea Jaya Health Center, including their age, gender, education level, marital status, length of employment, employment status, and job position/profession.

Table 1. Distribution respondents of Tamalanrea Jaya Health Center Makassar City

City								
Characteristics of	Frequen	Percentage						
respondents	cy (n)	(%)						
Age (year)								
21-30	10	27.03						
31-40	15	40.54						
41-50	8	21.62						
51-58	4	10.81						
Gender								
Male	1	2.70						
Female	36	97.30						
Latest Education								
D3	19	51.35						
D4	2	5.41						
S1	14	37.84						
S2	2	5.41						
Marriage Status	=	J.11						
Married	28	75.68						
Not Married	9	24.32						
length of work		232						
< 1 year	3	8.11						
1-10 year	16	43.24						
11-20 year	10	27.03						
21 - 30 year	6	16.22						
>30 year	2	5.41						
Employment								
Status								
Civil Servant	29	78.38						
Non Civil Servant	8	21.62						
Profession								
Doctor	3	8.11						
Dentist	1	2.70						
Nurse	9	24.32						
Dental nurse	1	2.70						
Midwife	10	27.03						
Pharmacist	2	5.41						
Pharmacist	2	5.41						
Assistant	<i>≟</i>	<i>5.</i> ⊤1						
Nutrisionist	3	8.11						
Sanitarian	1	2.70						
Administration	2	5.41						
Medical Records	1	2.70						
ATLM	2	5.41						
Total	37	100%						
1 Utal	2022	100 /0						

Source: Primary Data, 2023

According on the results of this study in table 1, it shows the most respondents in this study were in the age group 31-40 years,

namely 15 people (40.54%) and the least in the age group 51-58 years, namely 4 people (10.81%). Based on gender, there were more female respondents, with 36 people (97.30%) compared to 1 person (2.70%). The education of respondents in this study was mostly at the D3 final education level, namely 19 people (51.35%) and the least at the D4 and S2 levels, namely 2 people (5.41%).

Based on marriage status, most of the respondents in this study were married, with 28 people (75.68%) and a small proportion were not married, with 9 people (24.32%). For the category of length of work, the most respondents were respondents with a length of work of around 1 - 10 years, namely 16 people (43.24%) and the least with a length of work for> 30 years, namely 2 people (5.41%). According to employment status, the highest percentage of respondents were respondents with civil servant status, with 29 people (78.38%) and the least with non-civil servant status, with 8 people (21.62%). As for the profession, the most respondents respondents who work as midwives, namely 10 people (27.03%) and the least who work as dentists, dental nurses, sanitarians and medical records, namely 1 person each (2.70%).

Table 2. Distribution of Respondents' Ratings related to Research Variables

Variable	Frequen cy (n)	Perse ntage (%)	
Leader-member relation			
Enough	34	91.89	
Less	3	8.11	
Task structure			
Enough	32	86.49	
Less	5	13.51	
Leader Position Power Enough	33	89.19	
Less	4	10.81	
Health Worker			
Performance	32	86,49	
Enough	5	13.51	
Less			
G D: 0000	·		

Source: Primary Data, 2023

Based on the respondents' assessment of the research variables in table 2, it shows that out of 37 respondents, 34 respondents (91.89%) considered the relation leadermember to be enough, while as many as 3 respondents (8.11%) considered the relation leader-member to be less. A total of 32 respondents (86.49%) rated the task structure as enough, while as many as 5 respondents (13.51%) rated the task structure as less. A total of 33 respondents (89.19%) rated the leader position power as enough, while as many as 4 respondents (10.81%) rated the leader position power as less. In addition, the results also show that there are 32 respondents (86.49%) have enough performance, while as many as 5 respondents (13.51%) have less performance.

Table 3. Distribution of Independent Variables with the Performance of Health Workers at Tamalanrea Java Health Center Makassar City

Variable	Health Worker Performance			Total		р	C	
	Enough		Less					
	n	%	n	%	N	%	_	
Leader-member								
relation Enough	32	94.12	2	5.88	34	100	0,001	0,601
Less	0	0	3	100	3	100		
Task structure								
Enough	30	93.75	2	6.25	32	100	0,012	0,473
Less	2	40	3	60	5	100		
Leader position								
power	31	93.94	2	6.06	33	100	0,005	0,531
Enough Less	1	25	3	75	4	100	,	, -

Source: Primary Data, 2023

The results of the bivariate analysis in table 3 show that based on the leader-member relation variable, of the 34 respondents who considered that the leader-member relation was enough, 32 respondents (94.12%) had enough performance and 2 respondents (5.88%) had less performance. Meanwhile, of the 3 respondents who rated the leadermember relation as less, there were no respondents with enough performance and there were 3 respondents (100%) with less performance. Statistical test results using Fishers exact test gave a value of p = 0.001. The reason for the relationship between the leader-member relation and the performance of health workers at the Tamalanrea Jaya Health Center, Makassar City is indicated by the value of p < 0.05. A correlation test using the contingency coefficient test gave a value of C = 0601. Because the value of C is in the range of 0.60 - 0.79 and is positive, it means

that the relationship between the leadership and subordinate relationship variables and the performance of health workers is high and unidirectional.

Based on the relationship between task structure and performance, it states that of the 32 respondents who considered that the task enough, 30 respondents structure was (93.75%) had enough performance and 2 respondents (6.25%) had less performance. Meanwhile, of the 5 respondents who rated the task structure as enough, there were 2 respondents (40%) with enough performance and there were 3 respondents (60%) with less performance. The utilization of Fishers exact test in analyzing the data provided a statistical value of p = 0.012. This implies that there is a significant correlation between the performance of health workers at the Tamalanrea Jaya Health Center, Makassar City and the task structure, since the p-value is less

than the significance level of 0.05. A correlation test using the contingency coefficient test gave a value of C = 0.473. The moderate and unidirectional relationship between the performance of health workers and task structure can be inferred from the positive C value falling within the range of 0.40 to 0.59.

As for the relationship between the leader position power and the performance of health workers, it shows that of the 33 respondents who considered that the leader position power was enough, there were 31 (93.94%) respondents had enough performance and 2 respondents (6.06%) had less performance. Meanwhile, of the 4 respondents who rated the strength of the leader position power as less, there were 1 respondent (25%) with enough performance and there were 3 respondents (75%) with less performance. The outcome of the statistical test conducted using Fishers exact test indicated a p-value of 0.005. Because the pvalue is lower than 0.05, it indicates that there is a connection between the level of authority held by the leader and the job performance of the healthcare staff at Tamalanrea Jaya Health Center in Makassar City. A correlation test using the contingency coefficient test gave a value of C = 0.531. Because the C value is in the range of 0.40 - 0.59 and is positive, it means that the relationship between the strength of the leader's position and the performance of health workers is moderate and unidirectional.

DISCUSSION

The leader-member relation is the interaction that exists between leaders and subordinates. A good leader-member relation means that when the leader gets support from his subordinates, subordinates respect, like, are comfortable and confident in the leader, and leaders and subordinates can work well together to achieve organizational goals.

Table 3 shows that of the 34 respondents who considered that the leadermember relation was enough, there were 32 respondents (94.1%) who had enough performance. This indicates that there is a good relationship between employees and leaders, where employees feel comfortable, familiar, confident, and supportive of leaders and can cooperate with leaders so that employees feel enthusiastic about working and doing their job. Meanwhile, 2 respondents (5.9%) considered the leader-member relation to be enough but had less performance. This is because even though they have a good relationship, it does not make respondents attend on time and do not skip work. There are also 3 respondents (100%) with less leader-member relation and less performance. This is because some respondents feel that they do not have a familiar, comfortable. and confident relationship with the leader.

This study is consistent with the contingency theory of leadership according to Fiedler which suggests that the relationship leaders and member is one of the situational factors that will affect the performance and

goals of an organization. Collaboration and support from both leaders and subordinates are essential in order to attain the objectives of the organization. If the leader-member relation is good, it will make employees support and trust their superiors more (Azizi, Tobirin, and Sulistiyani 2021).

The outcome of Fishers exact test revealed a p-value of 0.001. This indicates that there is a significant correlation between the leader-member relationship and the performance of health workers at the Tamalanrea Jaya Health Center in Makassar City, as the p-value is below 0.05. A correlation test using the contingency coefficient test gave a value of C = 0.601. Because the C value is in the range of 0.60 -0.79 and is positive, it means that the relationship between the leadership and subordinate relationship variables and the performance of health workers is high and unidirectional. The statement implies that there is a positive correlation between the quality of the relationship between leaders and subordinates and the performance of health workers. In other words, the better the relationship between leaders and subordinates, the higher the performance of health workers.

The results of this research are consistent with a study (Meri 2018) The Makassar Health Training Center discovered a correlation between the leader-member relationship factor and the work performance of their employees. In line with this, according to research (Ghodang 2021) The text indicates

that employee performance is greatly influenced by the relationship between leaders and their subordinates.

Task structure is the procedure or clarity of task descriptions given by a leader in the organization. A good task structure means when the leader is able to provide task information and job descriptions to employees clearly and in accordance with employee expertise so that it makes it easier for employees to do their jobs.

Table 3 shows that of the 32 respondents who considered that the task structure was enough, 30 respondents (93.8%) had enough performance. This indicates that the assignment by the leader is good enough, where employees feel that the task information provided by the leader is clear, according to employee expertise, and the assigned tasks can be completed properly. Meanwhile, 2 respondents (6.3%) have less performance. This is because even though the task description given is clear, it does not affect the respondents to be present on time and not skip work.

There were also 5 respondents who rated the task structure as less, of which 2 respondents (40%) with enough performance, because they felt that even though the tasks given were unclear, they were able to complete the tasks they were responsible for. And there respondents (60%)3 with less performance. This is because some respondents feel that the leader does not provide solutions if there are tasks that are not understood and does not set a time for completing the work so that they find it difficult to complete their work according to the target.

The findings of this research uphold Fiedler's leadership theory, which includes task structure as one of the situational factors. Structured, clear and detailed tasks given by leaders will make it easier for subordinates to complete existing tasks. The more the task is easy to understand, the greater the opportunity for subordinates to support superiors and get satisfactory results (Mardia and Mukhtar 2022).

Statistical test results using Fishers exact test gave a value of p = 0.012. Because the p < 0.05, it means that there is a relationship between task structure and the performance of health workers at the Tamalanrea Jaya Health Center, Makassar City. A correlation test using the contingency coefficient test gave a value of C = 0.531. The positive C value falling within the 0.40 - 0.59 range implies a moderate and one-way association between the performance of health workers and the task structure. Hence, it suggests that an improvement in the task structure will lead to better health worker performance. The findings of this study are consistent with research (Rana, K'Aol, and Kirubi 2019) The research findings indicate a notable correlation between the nature of tasks and the job performance of employees in coffee businesses located in Kenya. This aligns with prior studies. (Orikyiriza 2022) The text implies that there is a significant association between how a task is structured and the level of employee performance.

The leader position power is the authority of a leader in giving awards, promotions, and reprimands to his subordinates. The strength of a good leader's position means that the leader is able to evaluate and supervise the work of his subordinates, is able to provide motivation, direction, promotion, appreciation, and reprimand to his subordinates at work.

Table 3 shows that of the respondents who considered that the leader position power was enough, 31 respondents (93.9%) had enough performance. This indicates that the leader position power is good enough, where employees feel that the leader is able to supervise and evaluate the work of his subordinates, is able to provide awards, promotions, reprimands, motivation and direction so that employees have the enthusiasm to work. Meanwhile, 2 respondents (6.1%) considered that the leader position power was enough but had less performance. This is because even though the leader always supervises and evaluates work, it does not affect respondents to be on time and not skip work.

There are also 4 respondents who rated the leader position power as less, where 1 respondent (25%) with enough performance because this employee thinks that even though the leader does not provide promotions, direction and motivation to him, he feels able to complete the tasks that are his responsibility. And there are 3 respondents (75%) with less performance. This is because respondents feel that leaders do not provide rewards, promotions, motivation and direction to them to improve performance in achieving organizational goals. The results of this study support one of the contingency leadership theories, namely the leader position power. Where the leader's power to influence his subordinates is needed to make subordinates comply with the rules of an organization. This compliance is usually obtained through giving gifts/promotions/awards if they work well and through reprimands if they make mistakes (Mujahidah and Wulansari 2021).

The Fishers exact test was utilized to analyze the statistical data, resulting in a pvalue of 0.005. The implication is that there is a notable association between the effectiveness of healthcare personnel in the Tamalanrea Jaya Health Center, Makassar City and the power held by their leader in their position, as the obtained p-value is less than the threshold of 0.05. A correlation test using the contingency coefficient test gave a value of C = 0.531. Because the C value is in the range of 0.40 -0.59 and is positive, it means that the relationship between the leader position power and the performance of health workers is moderate and unidirectional. This shows that the good the leader position power, the good the performance of health workers. The results of this study support a study by (Meri 2018) The text suggests that there is a noteworthy

correlation between the power of the leader's position and the performance of employees working at the Makassar Health Training Center (BBPK). In addition, this study is also similar to research (Siwiyanti, Amal, and Sudarma 2022) The study discovered a correlation between a leader's level of power within their position and their performance.

CONCLUSION

According to the text, there are two factors that are linked to the effectiveness of the healthcare professionals working at the Tamalanrea Jaya Health Center. Firstly, there is a correlation between the leadershipmember relationship variable and their performance, with a significance level of p=0.001. Secondly, the task structure is also related to their performance, with a significance level of p=0.012. Then there is a relationship between the variable leader power position (p=0.005) and the performance of health workers at the Tamalanrea Jaya Health Center.

The results of this study are expected to contribute and support theories, especially in public health science regarding health human resources related to leadership to improve the performance of health workers.

SUGGESTION

Leaders are advised to enhance their monitoring and assessment of employee discipline and punctuality during work hours. One solution suggested is to introduce an electronic attendance system as a preventive measure against attendance fraud. In addition,

it is also hoped that employees will improve discipline and be present on time at work in order to improve their performance in achieving organizational goals or targets.

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