

Leadership in Healthcare: Models, Challenges, and Strengthening Strategies

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ABSTRACT

This study aims to examine leadership models and strategies in the healthcare sector and their impact on service quality and health system resilience. The method used is a literature study with thematic analysis of various scientific publications and reports from the WHO, OECD, and Ministry of Health, supplemented with case studies from several countries. The results of the study identified four main leadership models, namely transformational, servant, adaptive, and transactional, which are applied according to the context of health challenges, such as the COVID-19 pandemic and complex bureaucracy. International case studies show that adaptive and transparent leadership can result in effective crisis response management and increase public trust. The conceptual framework developed emphasizes the relationship between leadership competencies, managerial processes, and health system outcomes, including improved service quality and patient safety. In addition, Dale Carnegie's leadership principles, which emphasize inspiration, motivation, and empathy, have been proven to strengthen the performance and well-being of health workers. This research confirms that strengthening adaptive and inspirational leadership capacity is a key factor in health system reform and sustainable health service development. Therefore, developing leadership competencies at various levels of health institutions needs to be a strategic priority in order to address the dynamics and challenges in the health sector.

Key words: *Leadership, Health System, Transformational Leadership, Patient Safety, Health Governance*

INTRODUCTION

Leadership in the health sector is a strategic issue in global health development. The WHO (2020) emphasized that the success of a health system is largely determined by the quality of leaders at various levels, from hospitals and community health centers to ministries of health. The COVID-19 pandemic has demonstrated significant variation in leadership effectiveness across countries. Countries such as New Zealand and Taiwan are considered successful due to their adaptive and transparent leadership styles. Conversely, many countries are experiencing crises due to weak coordination and unresponsive leadership. In the Indonesian context, health leadership faces challenges such as complex bureaucracy, lack of transparency, and limited managerial capacity. Therefore, the study of leadership in the health sector is highly relevant to strengthening effective and sustainable health governance.

METHOD

This research uses a literature review method by reviewing scientific publications, reports from the WHO, the OECD, and the Ministry of Health. Literature selection was conducted using purposive sampling to ensure relevance and credibility. The articles reviewed came from international journals and recent policy reports. The analysis was conducted using a thematic approach: (1) leadership models, (2) challenges, (3) strengthening strategies. Case studies were used to enrich the analysis with empirical examples.

RESULTS AND DISCUSSION

These results and discussion examine various leadership models applied in the healthcare context, including transformational, servant, adaptive, and transactional models, along with their characteristics and applications. Case studies from several countries illustrate leadership responses to specific challenges, such as the pandemic and bureaucratic constraints, and their impact on the effectiveness of healthcare management, as shown in Tables 1 and 2.

Table 1. Leadership Models in the Health Sector

| Leadership Model | Main Characteristics | Application in Health Sector |
|------------------|----------------------------------|---|
| Transformational | Inspiration, motivation, changes | Improving hospital quality culture |
| Servant | Focus on team | Strengthening doctor-nurse relationship |
| Adaptive | Flexible, responsive on crisis | Leadership when pandemic |
| Transactional | Reward & punishment | Performance target management |

Table 2. Case Studies of Health Leadership in Various Countries

| Countries | Challenge | Leadership Model | Results |
|-------------|--------------------------|--|---|
| New Zealand | Pandemi COVID-19 | <i>Adaptive & Transformational</i> | Cases under control, public confidence high |
| Taiwan | SARS & COVID-19 Threats | <i>Evidence-based leadership</i> | Fast response, low mortality rate |
| Indonesia | Bureaucratic limitations | <i>Mix: Transactional & Adaptive</i> | Policies vary between regions |

Conceptual Framework for Health Leadership

The conceptual framework for leadership in healthcare illustrates the relationship between leadership competencies, managerial processes, and health system outcomes. This model emphasizes that the success of healthcare services is determined not only by the availability of resources but also by the quality of leadership in directing vision, strategy, and policy implementation.

Diagram 1. Conceptual Framework for Leadership in the Health Sector

| | | |
|--|--|---|
| Leadership Competense <ul style="list-style-type: none"> • Strategic vision • Communication • Ethics & integrity • Digital literatons | | |
| | Leadership Process <ul style="list-style-type: none"> • Decision makin • Multisector collaboration • Crisis Management • Digital Transformation | |
| | | Outcome <ul style="list-style-type: none"> • Improvement of service quality • Public trust • Patient safety • Health system resilience |

Competency → Leadership Proccess → Outcome

This framework demonstrates that leaders with the right competencies will be able to effectively manage the leadership process, resulting in outcomes such as improved healthcare quality and public trust. The developed conceptual framework emphasizes the relationship between leadership competencies, managerial processes, and healthcare outcomes, as presented in Diagram 1.

Dale Carnegie's Leadership Principles in Healthcare

Dale Carnegie's book, "Successful Leadership," emphasizes that effective leadership is not just about giving instructions, but also about inspiring, building trust, and empowering others. Carnegie's principles can be adapted to the healthcare context, particularly to improve the motivation and performance of medical personnel.

Table 3. Application of Dale Carnegie's Leadership Principles in the Health Sector

| <i>Carnegie's Principles</i> | Relevancy in Healthcare | Implementation |
|-------------------------------------|--|---|
| Lead by example | Health leaders become role models | Hospital Director participates in the first vaccination program |
| Giving awards and recognition | Improving medical staff motivation | 'Nakes of the Month' program at the hospital |
| Inspire, not suppress | Reducing burnout among medical personnel | Leaders provide motivation in daily briefings |
| Focus on developing others | Supporting CPD of healthcare workers | Training and e-learning for nurses & doctors |
| Hearing with empathy | Building medical team trust | Regular meetings to hear the aspirations of health workers |

Next, the application of Dale Carnegie's leadership principles is analyzed as an approach to strengthening the motivation, collaboration, and well-being of healthcare workers. These findings emphasize the significant role of adaptive and inspirational leadership in improving the quality and resilience of healthcare systems. The integration of Carnegie's principles enriches the healthcare leadership model by adding aspects of motivation, empathy, and recognition, thus improving not only organizational performance but also the well-being of healthcare workers.

CONCLUSION

Leadership is a key factor in strengthening health systems. Transformational, servant, adaptive, and transactional models each have relevance in different contexts. International case studies show that adaptive and transparent leadership styles produce better outcomes. Therefore, strengthening leadership capacity is a priority in health reform.

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