

## **THE INFLUENCE OF LEADERSHIP ON IMPROVING SERVICE QUALITY IN PUSKESMAS: A CONCEPTUAL LITERATURE REVIEW (2021–2025)**

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### **ABSTRACT**

Leadership in primary health care facilities (Puskesmas) is a critical determinant of service quality and organizational performance. This conceptual literature review synthesizes empirical and theoretical studies published between 2021 and 2025 to explore how leadership affects service quality outcomes in Indonesia's community health centers. Using an integrative conceptual approach, this paper analyzes leadership theories (transformational, clinical, servant, and participatory), mediating mechanisms (motivation, empowerment, communication, and continuous quality improvement), and contextual moderators (governance, financing, human resources, and health information systems). The review finds that transformational and clinical leadership consistently enhance staff satisfaction, engagement, and adherence to clinical standards, leading to better patient-centered care and accreditation readiness. However, leadership effectiveness is constrained by systemic barriers, including limited autonomy, workforce shortages, and fragmented health information systems. The paper concludes with recommendations for structured leadership development, integration of leadership indicators into performance systems, and simultaneous investments in enabling environments to sustain quality improvement in Puskesmas.

**Key words:** leadership; service quality; Puskesmas; transformational leadership; clinical leadership

### **INTRODUCTION**

Leadership in healthcare settings plays an indispensable role in determining service quality, workforce motivation, and institutional resilience. Within Indonesia's primary health care system, *Puskesmas* (community health centers) are the backbone of service delivery and the first point of contact for most citizens. Effective leadership within Puskesmas directly affects the implementation of health programs, coordination of multidisciplinary teams, and compliance with national accreditation standards (Putri & Suryani, 2023). As the Indonesian health system continues to decentralize and pursue Universal Health Coverage (UHC), leadership capacity at the primary-care level becomes increasingly critical to ensure equitable, patient-centered, and high-quality services (Sari et al., 2022).

Globally, leadership in healthcare has shifted from traditional hierarchical models to more adaptive, transformational, and distributed frameworks. Transformational leadership, for example, is characterized by vision-sharing, intellectual stimulation, and individualized consideration, which promote a culture of engagement and innovation (Bass & Riggio, 2021). Clinical leadership emphasizes professional credibility and mentoring relationships among clinicians, which are vital for implementing evidence-based care and continuous quality improvement (Alilyyani et al., 2022). Servant leadership, focusing on empowerment and participatory decision-making, fosters organizational trust and psychological safety (Bester et al., 2023).

In Indonesia, several studies highlight that leadership effectiveness in Puskesmas is linked not only to managerial competence but also to leaders' ability to mobilize human resources, foster teamwork, and adapt to community needs (Utami et al., 2024; Fadillah et al., 2023). However, systemic barriers—such as insufficient funding, fragmented health information systems, and unclear governance—often limit leadership's transformative potential (Hidayati & Lestari, 2022). Leadership must therefore be understood as an enabling factor embedded within broader institutional and policy contexts (Permadi et al., 2023).

Service quality in Puskesmas is multifaceted, encompassing clinical quality, patient satisfaction, accessibility, and safety. Leadership determines whether these dimensions can be sustained through mechanisms such as motivation, empowerment, communication, and continuous quality improvement (CQI) (Aisyah et al., 2021). The Ministry of Health's renewed focus on accreditation and performance indicators reinforces the role of leadership in aligning local operations with national standards (Kementerian Kesehatan RI, 2022).

Given this background, the objective of this conceptual literature review is to synthesize and conceptualize how leadership influences service quality in Puskesmas, drawing from literature published between 2021 and 2025. The

review identifies key leadership theories, mechanisms of influence, contextual moderators, and implications for health system strengthening in Indonesia.

## METHODS

This study employs a conceptual literature review approach, integrating findings from empirical research, theoretical papers, and systematic reviews published between January 2021 and June 2025. Searches were conducted through databases such as PubMed, ScienceDirect, BMJ Leader, MDPI, BMC Health Services Research, and Indonesian repositories (Neliti, Garuda, and institutional e-journals). The following keywords were used: “leadership,” “transformational leadership,” “clinical leadership,” “primary health care,” “Puskesmas,” “service quality,” and “Indonesia.”

Inclusion criteria were:

1. Publications between 2021–2025;
2. Empirical, theoretical, or review papers related to leadership and service quality in primary health care;
3. Relevance to Puskesmas or equivalent community health centers;
4. Open-access or institutionally accessible studies.

A total of 48 articles were initially identified. After screening and quality assessment, 25 studies were included in the final synthesis, representing both international and Indonesian perspectives. Analysis followed a conceptual framework linking leadership styles → mediating mechanisms → service quality outcomes, moderated by systemic and contextual factors.

## RESULTS AND DISCUSSION

### Leadership Styles and Their Effects

Recent studies consistently demonstrate that transformational leadership positively affects organizational climate, job satisfaction, and quality of care (Aboyassin & Abood, 2022; Lee et al., 2023). In Puskesmas contexts, transformational leaders inspire staff to adopt shared goals and embrace innovation, fostering accountability and team cohesion (Putri & Suryani, 2023). These findings align with global literature showing that transformational leadership improves adherence to clinical protocols and enhances patient-centered care (Cummings et al., 2021).

Clinical leadership, rooted in professional credibility, enables frontline staff to lead quality improvement initiatives and mentor peers (West et al., 2022). Clinical leaders bridge managerial and clinical domains, ensuring that care standards translate into daily practice. In Indonesian Puskesmas, clinical leadership is often exercised by physicians or senior nurses who champion quality assurance and CQI processes (Siregar et al., 2024).

Servant and participatory leadership models have gained traction in primary-care teams for promoting empowerment and shared governance (Bester et al., 2023). These approaches encourage inclusive decision-making and collective ownership of service outcomes, critical in resource-constrained Puskesmas (Utami et al., 2024). Empirical studies show that participatory leadership fosters higher morale and teamwork, essential for sustaining CQI (Hidayati & Lestari, 2022).

### Mechanisms of Influence

Leadership influences service quality through several interrelated mechanisms:

- **Staff Motivation and Empowerment:** Transformational and servant leaders enhance intrinsic motivation, leading to better performance and adherence to service standards (Kurniawan et al., 2023).
- **Continuous Quality Improvement (CQI):** Leadership drives the institutionalization of CQI cycles, including audits, feedback, and service evaluation (Aisyah et al., 2021).
- **Communication and Coordination:** Effective leadership fosters open communication, reducing errors and facilitating teamwork (Lee et al., 2023).
- **Decision-Making and Resource Management:** Leaders who navigate governance structures effectively allocate resources toward service priorities (Permadi et al., 2023).

### Contextual Moderators

Leadership impact is moderated by systemic conditions: governance autonomy (Fadillah et al., 2023), predictable financing (Sari et al., 2022), human-resource adequacy (West et al., 2022), and health information systems (Hidayati & Lestari, 2022). Puskesmas leaders operating in well-governed and adequately funded environments achieve greater quality improvements than those in constrained settings.

### **Evidence Synthesis for Indonesia**

Indonesian literature shows leadership as a major driver of accreditation readiness and CQI (Utami et al., 2024; Kementerian Kesehatan RI, 2022). Studies emphasize that leadership practices integrating supervision, motivation, and staff participation correlate strongly with improved service indicators, particularly maternal and child health outcomes (Siregar et al., 2024). However, challenges persist due to limited managerial autonomy and bureaucratic rigidity (Permadi et al., 2023).

### **Limitations**

Most studies reviewed are cross-sectional or qualitative, limiting causal inference. There is heterogeneity in defining and measuring leadership and service quality, complicating meta-analysis. Few longitudinal studies examine sustained effects of leadership interventions in Puskesmas (Aisyah et al., 2021). Moreover, leadership's cost-effectiveness and scalability in decentralized Indonesian health systems remain underexplored.

### **Recommendations And Practical Implications**

Leadership development programs for Puskesmas should combine transformational and clinical competencies, emphasizing communication, mentoring, and evidence-based decision-making. Leadership indicators should be embedded in accreditation frameworks and performance monitoring systems. Policymakers should invest simultaneously in enabling systems—governance, human resources, financing, and HIS—to ensure leadership initiatives translate into improved quality outcomes. Future research should adopt longitudinal or quasi-experimental designs and standardized instruments for leadership and quality metrics.

### **CONCLUSION**

This conceptual literature review confirms that leadership is a central determinant of service quality in Puskesmas. Transformational and clinical leadership styles are most effective in improving staff motivation, teamwork, and CQI engagement. However, leadership effectiveness depends on enabling system supports such as governance, financing, and human resources. Strengthening leadership capacity must therefore go hand-in-hand with broader primary healthcare reforms to achieve sustainable quality improvement in Indonesia's Puskesmas.

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