

**THE IMPACT OF LEADERSHIP ON *ESPRIT DE CORPS* IN ENHANCING
SERVICE QUALITY AT BHAYANGKARA SARTIKA ASIH HOSPITAL BANDUNG**

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ABSTRACT

Bhayangkara Sartika Asih Hospital Bandung experienced a decline in the Public Satisfaction Index based on a survey conducted from July to September 2024, indicating potential problems in hospital services, particularly in terms of service quality and patient satisfaction. This study aims to analyze the effect of leadership on esprit de corps and its impact on service quality at Bhayangkara Sartika Asih Hospital Bandung. The research employed a quantitative approach using survey data collected from 124 respondents across various hospital divisions. The data were analyzed using Structural Equation Modeling (SEM) with the Partial Least Squares (PLS) approach. The findings revealed that effective leadership has a significant positive impact on esprit de corps, which in turn positively affects service quality. The sense of camaraderie built through good leadership strengthens collaboration among employees, increases motivation, and enhances performance in delivering better patient care. The study also found that leadership directly contributes to service quality, while esprit de corps plays a mediating role in this relationship. This study contributes to the literature by empirically demonstrating the mediating role of esprit de corps in the relationship between leadership and service quality in a healthcare setting. Based on these findings, it is recommended that the hospital strengthen leadership training, enhance employee empowerment, and implement regular evaluations to improve service quality.

Keywords: *leadership, esprit de corps, service quality, healthcare, PLS-SEM*

INTRODUCTION

Healthcare services play a fundamental role in ensuring the well-being of society, as they are directly related to human rights and quality of life. According to Law Number 17 of 2023 concerning Health, healthcare services must be

delivered comprehensively, covering inpatient, outpatient, and emergency services, while ensuring accessibility, safety, and quality for all citizens.¹ Hospitals, as key institutions within the healthcare system, are therefore required to continuously improve their service quality

to meet increasing public expectations and remain competitive in a dynamic healthcare environment.²

Service quality has become a central concern in healthcare management, as it significantly influences patient satisfaction and organizational sustainability. Previous studies indicate that high-quality healthcare services are closely associated with patient satisfaction, trust, and loyalty.³ In this context, human resources play a crucial role, as employees are the primary actors responsible for delivering healthcare services. The effectiveness and efficiency of hospital services depend largely on employee performance, which must be continuously evaluated and improved.⁴ Among the various human resource factors influencing employee performance, leadership emerges as one of the most critical determinants, as it shapes employee behavior, motivation, and work environment.

Leadership is widely recognized as one of the most critical factors influencing employee performance and organizational outcomes. Effective leadership provides direction, motivation, and a supportive work environment that enhances collaboration and productivity.⁵ In healthcare organizations, leadership not only affects administrative performance but also directly impacts service delivery and patient outcomes.⁶ Therefore, understanding the role of leadership in improving service quality is essential for hospital management.

In addition to leadership, the concept of *esprit de corps*, or team spirit, has gained increasing attention in organizational studies. *Esprit de corps* reflects a sense of unity, mutual trust, and shared commitment among employees, which contributes to improved teamwork and organizational

performance.⁷ In hospital settings, where interdisciplinary collaboration is essential, a strong *esprit de corps* can enhance coordination, reduce errors, and improve patient care quality.⁸ Leadership is believed to play a significant role in fostering this collective spirit by creating a supportive and motivating work environment.⁹

Previous empirical studies have examined the relationships between leadership, *esprit de corps*, and employee performance. For instance, Yuswardi and Suyono found that *esprit de corps* has a significant positive effect on employee performance, with a significance value of 0.005, indicating that strong team spirit contributes to higher productivity and better service delivery.¹⁰ Similarly, research conducted in RSUD Dokter Rubini Mempawah revealed that leadership significantly influences service quality, contributing 19.8% to public service performance, although other factors such as motivation and facilities also play important roles.¹¹

Despite these findings, existing studies still exhibit several limitations. First, most prior research tends to examine leadership and service quality independently, without adequately considering the underlying mechanisms that connect them. Second, limited studies have explored the mediating role of *esprit de corps*, particularly within healthcare institutions in Indonesia, where teamwork is essential for service delivery. Third, previous research has predominantly focused on employee performance outcomes rather than directly addressing service quality as perceived in healthcare settings. These gaps highlight the need for a more integrative approach that simultaneously examines leadership, team

cohesion, and service quality within a unified empirical model.

Based on this gap, this study offers a scientific novelty by proposing an integrated model that examines the direct and indirect effects of leadership on service quality through *esprit de corps* as a mediating variable. This approach provides a more holistic understanding of how leadership influences not only individual performance but also collective dynamics that ultimately affect service quality in healthcare organizations.

The relevance of this study is further strengthened by empirical conditions observed at Bhayangkara Sartika Asih Hospital Bandung. Based on patient satisfaction survey data from July to September 2024, the Public Satisfaction Index (IKM) showed a consistent decline, although it remained within the “good” category. The index decreased from 82.90 in July to 82.02 in September, indicating a downward trend in patient satisfaction. This downward trend indicates a potential decline in perceived service quality and highlights the urgency of identifying organizational factors that influence service performance.

In addition, preliminary observations revealed several internal challenges, including inconsistencies in leadership practices, uneven team cohesion across units, and delays in service delivery during peak patient loads, indicating systemic coordination challenges. While employees generally demonstrated adequate performance, gaps in coordination and communication were still evident. These findings highlight the importance of strengthening leadership effectiveness and fostering *esprit de corps* to improve service quality.

Given these conditions, this study adopts a quantitative approach to analyze the relationships between leadership, *esprit de corps*, and service quality. Data are collected through structured questionnaires distributed to hospital employees, and statistical analysis is used to examine both direct and indirect effects among variables. This approach allows for empirical validation of the proposed model and provides evidence-based insights for improving hospital management practices.

The findings of this study are expected to provide practical implications for hospital management, particularly in designing effective leadership strategies that foster teamwork and improve service quality. By strengthening *esprit de corps* among employees, hospitals can enhance coordination, responsiveness, and overall patient satisfaction.

Therefore, this study aims to examine the direct and indirect effects of leadership on service quality through *esprit de corps* as a mediating variable at Bhayangkara Sartika Asih Hospital Bandung. This study contributes both theoretically and practically to the development of effective leadership strategies and the enhancement of healthcare service quality.

METHODS

This study used a quantitative cross-sectional survey design to examine the relationships among leadership, *esprit de corps*, and service quality at Bhayangkara Sartika Asih Hospital Bandung. The research was explanatory in nature, aiming to test the hypothesized relationships between the variables while also providing a descriptive overview of employees’ perceptions of leadership,

esprit de corps, and service quality within the hospital.

The study was conducted among employees from various divisions at Bhayangkara Sartika Asih Hospital, including medical staff, administrative staff, human resources, pharmacy, information technology, finance, and patient services. The population consisted of 179 employees, and 124 respondents were selected using simple random sampling based on the Slovin formula with a 5% margin of error. Data were collected using a structured questionnaire with a five-point Likert scale, supported by literature review, limited observation, and informal interviews to strengthen contextual understanding.

Data analysis was carried out using Structural Equation Modeling based on Partial Least Squares with SmartPLS 3.0. The analysis included measurement model evaluation through outer loading, AVE, composite reliability, and Cronbach's alpha, followed by structural model evaluation using path coefficients, t-

statistics, p-values, and R². Because the questionnaire data were originally ordinal, the Method of Successive Interval was applied to transform them into interval data for analysis. Ethical principles were observed throughout the study, including voluntary participation, confidentiality, anonymity, and use of the data solely for academic purposes.

RESULTS AND DISCUSSION

The study involved 124 respondents, consisting of 64 females (51.6%) and 60 males (48.4%). Respondents were distributed across multiple divisions, with the largest proportion from the medical team (15.3%), followed by administrative staff (12.9%) and human resources (12.1%). In terms of work experience, most respondents had 1–5 years of experience (48.4%), followed by less than 1 year (34.7%) and more than 5 years (16.9%). A complete summary of respondent characteristics is presented in Table 1.

Table 1. Respondent Characteristics

Category	Subcategory	Frequency	Percentage (%)
Gender	Female	64	51.6
	Male	60	48.4
Division	Medical Team (General Practitioners, Specialists, Nurses)	19	15.3
	Administrative Staff	16	12.9
	Human Resources	15	12.1
	Other Health Professionals (Nutritionists, Physiotherapists, Lab Staff)	15	12.1
	Finance	13	10.5
	Patient Services (Front Desk, Registration)	11	8.8
	Pharmacists	11	8.8
	Information Technology	10	8.1
	Unit Supervisors	8	6.5
	Outlet Development	6	4.9

Category	Subcategory	Frequency	Percentage (%)
Work Experience	< 1 Year	43	34.7
	1–5 Years	60	48.4
	> 5 Years	21	16.9

The measurement model evaluation shows that all indicators used in this study are valid and reliable. The outer loading values for all indicators exceed 0.7, indicating strong convergent validity, as shown in Table 2. Additionally, the reliability test results demonstrate excellent internal consistency, as all values exceed the recommended threshold of 0.7, with Cronbach's Alpha values of 0.990 for leadership, 0.973 for *esprit de corps*, and 0.985 for service quality, as presented in Table 3. The Average Variance Extracted (AVE) values for all constructs are also above 0.5, confirming that the constructs are well-measured and suitable for further analysis. These results indicate that all constructs have strong convergent validity and reliability, confirming that the measurement model is suitable for further structural analysis.

Table 2. Measurement Model Evaluation (Outer Loadings)

Indicator	Leadership	<i>Esprit de corps</i>	Service Quality
X1	0.929		
X2	0.941		
X3	0.929		
X4	0.940		
X5	0.927		
X6	0.946		
X7	0.919		
X8	0.943		
X9	0.930		
X10	0.921		
X11	0.946		

Indicator	Leadership	<i>Esprit de corps</i>	Service Quality
X12	0.928		
X13	0.927		
X14	0.939		
X15	0.926		
X16	0.925		
Y1		0.935	
Y2		0.917	
Y3		0.928	
Y4		0.914	
Y5		0.924	
Y6		0.932	
Y7		0.941	
Z1			0.918
Z2			0.885
Z3			0.927
Z4			0.929
Z5			0.870
Z6			0.922
Z7			0.903
Z8			0.902
Z9			0.904
Z10			0.912
Z11			0.900
Z12			0.927
Z13			0.892
Z14			0.928
Z15			0.890

Table 3. Reliability and Validity Assessment

Construct	Cronbach's Alpha	rhoA	Composite Reliability	AVE
Leadership	0.990	0.990	0.991	0.869
<i>Esprit de corps</i>	0.973	0.973	0.977	0.860

Construct	Cronbach's Alpha	rhoA	Composite Reliability	AVE
Service Quality	0.985	0.985	0.986	0.824

Descriptive analysis reveals that leadership has a mean score of 38.93, *esprit de corps* 16.97, and service quality 35.84, as shown in Table 4. Based on the categorization, leadership and *esprit de corps* are generally in the moderate category, while service quality tends to fall in the low to moderate range. This finding

Table 4. Descriptive Statistics of Variables

Variable	N	Mean	Median	Minimum	Maximum
Leadership	124	38.93	39.12	16.00	61.54
<i>Esprit de corps</i>	124	16.97	17.15	7.00	26.72
Service Quality	124	35.84	35.49	15.00	56.57

The correlation analysis shows strong positive relationships among all variables, as presented in Table 5. Leadership is highly correlated with *esprit de corps* ($r = 0.926$) and service quality ($r = 0.905$), while *esprit de corps* is also strongly correlated with service quality ($r = 0.889$). These results indicate strong interdependence among variables, suggesting that leadership functions as a key driver influencing both *esprit de corps* and service quality simultaneously.

Table 5. Correlation Matrix

Variable	Leadership	<i>Esprit de corps</i>	Service Quality
Leadership	1.000		
<i>Esprit de corps</i>	0.926	1.000	
Service Quality	0.905	0.889	1.000

indicates that although leadership and teamwork are functioning at an acceptable level, they have not yet reached an optimal level capable of consistently delivering high-quality services, highlighting the need for improvements in leadership and teamwork. This condition suggests that although internal organizational factors are functioning at an acceptable level, they have not yet been effectively translated into optimal service outcomes, indicating a gap between internal capacity and service performance.

Furthermore, the coefficient of determination (R^2) shows that leadership explains 87.9% of the variance in *esprit de corps* and 82% of the variance in service quality, as shown in Table 6. This suggests that leadership is a dominant predictor of both *esprit de corps* and service quality within the organizational context.

Table 6. Coefficient of Determination (R^2)

Endogenous Variable	R^2	Adjusted R^2
<i>Esprit de corps</i>	0.879	0.877
Service Quality	0.820	0.819

The structural model illustrating the relationships among leadership, *esprit de corps*, and service quality is presented in Figure 1.

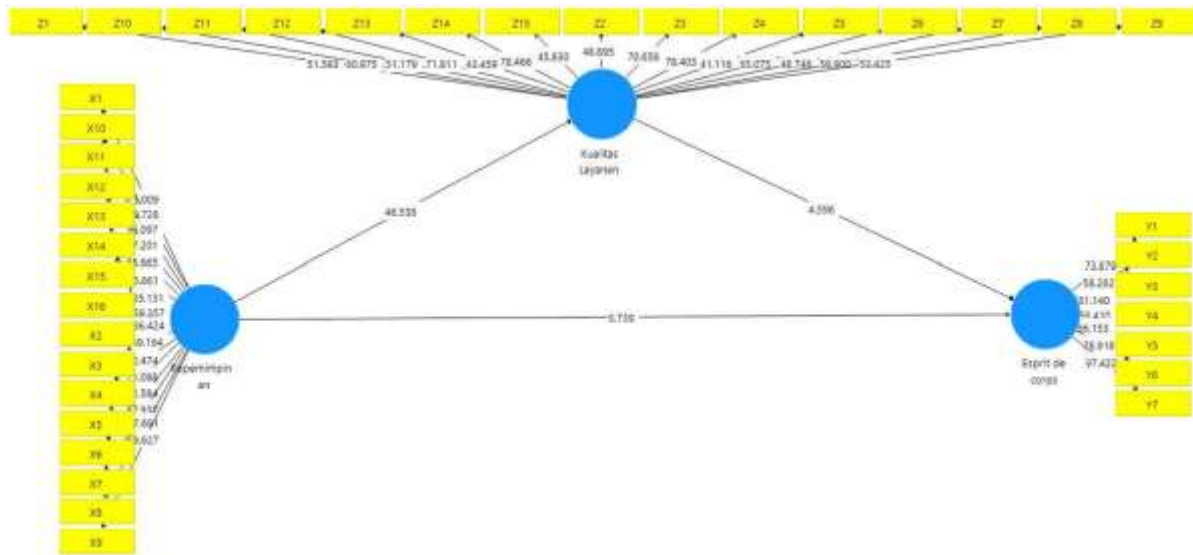


Figure 1. Structural Model (Path Diagram)

Hypothesis testing results indicate that all proposed relationships are statistically significant, as presented in Table 7.

Table 7. Hypothesis Testing Results (Direct Effects)

Path	β (Original Sample)	Mean	Std. Dev.	T-Statistic	P-Value
Leadership; <i>Esprit de corps</i>	0.625	0.625	0.072	8.739	0.000
Leadership; Service Quality	0.906	0.906	0.019	6.538	0.000
<i>Esprit de corps</i> ; Service Quality	0.333	0.334	0.072	4.596	0.000

Leadership has a positive effect on *esprit de corps* ($\beta = 0.625$, $p < 0.05$), leadership significantly influences service quality ($\beta = 0.906$, $p < 0.05$), and *esprit de corps* also affects service quality ($\beta = 0.333$, $p < 0.05$). Moreover, the indirect

effect of leadership on service quality through *esprit de corps* is significant ($\beta = 0.302$, $p < 0.05$), confirming the mediating role of *esprit de corps*. The indirect effect results are presented in Table 8.

Table 8. Indirect Effect (Mediation Analysis)

Path	β (Original Sample)	Mean	Std. Dev.	T-Statistic	P-Value
Leadership; <i>Esprit de corps</i> ; Service Quality	0.302	0.302	0.066	4.561	0.000

The findings suggest that leadership is the primary driver of service quality in this hospital setting because hospital work depends on rapid coordination, clear direction, and consistent accountability across units. In a service environment where many tasks are interconnected, leadership does not only organize work; it shapes the way employees think, communicate, and respond to patient needs. When leaders provide clarity, consistency, and support, staff are more likely to work in a coordinated manner and deliver services more effectively. This interpretation is consistent with the context of Bhayangkara Sartika Asih Hospital Bandung, where the thesis identified a decline in the Public Satisfaction Index and therefore a need to understand the organizational mechanisms behind service performance.

This dominance of leadership can be understood from the operational nature of hospital services. Service delivery in a hospital is highly time-sensitive, procedure-driven, and dependent on cross-unit collaboration. A leader who communicates priorities clearly, resolves workflow bottlenecks, and reinforces service standards creates an environment where employees know what is expected and can act quickly with less ambiguity. In this sense, leadership has a direct effect on service quality because it influences not only employee motivation, but also workflow efficiency, responsiveness, and service consistency. The effect is especially visible in hospitals because service errors, delays, or unclear instructions can immediately affect patient experience and trust.

Leadership affects service quality directly because leaders determine how resources are allocated, how problems are resolved, and how service standards are

enforced. In a hospital, employees often face high workload pressure, urgent patient needs, and interdependent tasks. Under these conditions, effective leadership helps reduce confusion, improves coordination, and strengthens employee confidence in handling service demands. As a result, patients receive faster, more orderly, and more reliable services. Leadership is therefore not only a managerial function but also a practical mechanism that shapes the daily service climate and determines whether organizational capacity is translated into patient-facing performance.

The positive relationship between leadership and esprit de corps can be explained through leadership theories emphasizing motivation and team cohesion. According to Kan (2024), leadership style significantly influences team spirit and collaboration.¹⁹ Similarly, Hersey and Blanchard's situational leadership theory suggests that leaders who adapt their style to team needs can foster stronger group cohesion.²⁰ In the context of this study, effective leadership likely enhances communication clarity, trust, and shared goals, which in turn strengthen esprit de corps. Mohan et al. (2024) also highlight that leadership contributes to building a strong sense of unity and cooperation within teams.²¹ In a hospital environment, where coordination across units is essential, leadership that promotes collaboration and mutual support becomes critical in maintaining high performance.

Esprit de corps functions as a practical bridge between leadership and service quality because leadership alone does not automatically improve service outcomes unless it is translated into shared commitment and collective action. In daily hospital operations, esprit de corps is reflected in mutual help across shifts,

smooth handovers between units, willingness to support colleagues during peak workload, and a shared responsibility to maintain service standards. When these behaviors are present, leadership becomes more effective because employees do not work in isolation, but as a coordinated team. In other words, leadership creates direction, while esprit de corps converts that direction into a collective service habit.

In the Bhayangkara context, this mediating process may be strengthened by the organizational tradition of discipline, hierarchy, and collective identity associated with the police corps culture. Such a context can reinforce a sense of *jiwa korsa*, where employees feel morally and professionally bound to support one another and uphold the institution's reputation. This shared identity can make leadership messages more credible and easier to internalize, thereby turning leadership direction into concrete teamwork and better service behavior. From this perspective, esprit de corps is not merely an abstract psychological construct; it becomes a lived organizational resource that helps translate managerial intent into service discipline, responsiveness, and reliability.

The influence of esprit de corps on service quality highlights the importance of teamwork in healthcare services. Although the effect is smaller than that of leadership, it remains significant, indicating that service quality is not solely dependent on leadership but also on how well employees collaborate. This result can be explained by the nature of hospital work, which requires high levels of coordination among different units. According to Rachmayuniawati (2018), esprit de corps enhances solidarity and coordination, leading to more efficient service delivery.²⁴ Asmara et al. (2023) also

argue that teamwork improves communication and responsiveness, which are essential components of service quality.²⁵ Thus, a hospital may have adequate technical resources and formal procedures, but without cohesive teamwork, service delivery can still become slow, fragmented, or inconsistent.

The mediating role of esprit de corps indicates that the effect of leadership on service quality is not only top-down, but also relational. Leadership builds the climate for cooperation, while esprit de corps converts that climate into collective behavior. In practice, this means that when staff feel united, trusted, and committed to the same goals, they are more willing to cooperate, solve problems together, and maintain service quality even under pressure. This finding supports Yantu (2021), who states that transformational leadership improves performance through strengthening team cohesion.²⁶ Similarly, Yuswardi and Suyono (2021) found that leadership influences performance both directly and through teamwork variables.¹⁰ Therefore, the present study confirms that service quality improvement is strongest when leadership development is accompanied by deliberate efforts to strengthen group solidarity and shared responsibility.

Overall, the study shows that leadership is the most influential factor because it shapes both the organizational climate and the daily behavior required for quality service delivery. However, leadership becomes more effective when it is supported by esprit de corps, since teamwork turns managerial direction into coordinated service action. The findings therefore imply that improving service quality in this hospital should not rely only on technical procedures, but also on

leadership practices that build trust, unity, and a strong shared commitment to patient care. Hospitals need leaders who can communicate clearly, model discipline, encourage collaboration, and create a sense of collective purpose. At the same time, they need organizational practices that sustain *esprit de corps* through cross-unit cooperation, mutual support, and recognition of shared achievements. Taken together, these elements provide a more complete explanation of why leadership is so dominant in shaping service quality and how *esprit de corps* serves as the mechanism that turns leadership influence into better patient-centered outcomes.

CONCLUSION

This study examined the influence of leadership on *esprit de corps* and its impact on service quality at Bhayangkara Sartika Asih Hospital Bandung. The findings demonstrate that leadership plays a central role in enhancing both *esprit de corps* and service quality, both directly and indirectly. Leadership was found to significantly influence team cohesion, which in turn contributes to improved service delivery. Although leadership and *esprit de corps* were observed at a moderate level, service quality remained relatively lower, indicating that existing organizational strengths have not yet been fully translated into optimal service performance.

Furthermore, the results confirm that *esprit de corps* serves as an important

mediating variable, strengthening the relationship between leadership and service quality. This highlights that effective leadership not only drives individual performance but also fosters collective collaboration that enhances overall service outcomes.

These findings emphasize the need for an integrated managerial approach that simultaneously strengthens leadership effectiveness and teamwork to achieve sustainable improvements in healthcare service quality.

Future research is recommended to explore additional variables such as organizational culture, employee motivation, and work environment, as well as to expand the research scope across different healthcare institutions to improve generalizability.

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