

Relationship between Leadership Style and Employee Involvement in Decision Making

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ABSTRACT

Leadership is an important element and determines the smooth running of health services because leadership is the core of organizational management. Cross-sectional research employing correlational analytics highlights the fact that data on independent and dependent variables are measured or observed just once, at a single point in time. 48 workers of the Selajambe Health Center made up the study's population. There were forty-three individuals in the research sample. Non-probability sampling was the sample strategy employed in this investigation. This study used interviews as its method of gathering data, and questionnaires were used to distribute the research tools. Univariate and bivariate analysis are the methods of data analysis that are employed. The asymptotic significance (two-sided) Chi Square test produced a P value of 0.000. This figure shows that, because the p-value is less than 0.05, H_a is accepted and H_0 is denied. Thus, it can be said that employee participation in decision-making at the Selajambe Health Center and leadership style are significantly correlated.

Introduction

The center of organizational management is leadership, which is one part of determining the implementation of health services properly. In its implementation, each leader has their own characteristics, for the realization of organizational goals, the leader must have an attitude that can unite individual goals into a shared vision, as well as a way to assess the performance of his staff, the application of this behavior is called leadership style (Darmin et al., 2024). Leadership style is a way or pattern of behavior used by a leader in interacting with his subordinates which aims to influence and encourage them to work productively to achieve organizational goals (Aden & Ali, 2024).

Leadership is an attitude that cannot be changed and does not hold on to ambition. Leaders must always have an attitude that can influence others, motivate themselves and others to achieve the same vision. Motivating attitude becomes the power of a leader to provide positive energy for others. Providing ideal influence on staff to maximize their performance, giving awards to staff who work optimally as expected (Latifah, 2021).

There are theories about leadership that have emerged, creating various ways to understand how leaders play a role in decision making. Ranging from transformational theory to situational theory, each approach has a different impact on how leaders influence and engage in the decision-making process. The significant impact of effective decision making is not only seen in the overall performance of the organization but of each individual (Hendriani et al., 2024). It is essential for every person and organization to make decisions. Many choices determine the ease or difficulty of making decisions. Although there are choices that can have an impact on the continuity of an organization, there are also choices that do not have a significant impact on its sustainability (Muktamar et al., 2023).



The government has made various efforts to improve leadership in health centers, focusing on management training and strengthening health facilities. The Ministry of Health (MOH) seeks to improve primary health care through a managerial training program for heads of PHCs, to strengthen their skills in service governance. In addition, the Healthy Living Community Movement (GERMAS) program is also a priority, which is accompanied by strengthening the Puskesmas network, especially in remote areas (Puspa Sari & Patnistik, 2022).

The leadership style of the head of the puskesmas can be a big influence on employee comfort, affecting employee workload, lack of employee motivation at work and not involving employees in decision making, The application of authoritarian and paternalistic leadership styles is one of the leadership styles that can make employees not involved in decision making, this is in line with the research of Triwardani et al., (2022) Heads of health centers who do not have ineffective communication make employees feel not involved in decision making.

Based on the results of observations and interviews on December 05, 2024 to 3 employees at the Selajambe Health Center, it was found that 2 employees perceived the head of the health center to apply a democratic leadership style, and 1 of them perceived the head of the health center to apply an authoritarian leadership style, and for employee involvement in decision making, the three employees felt involved in decision making at the Selajambe Health Center.

Based on the results of research by Hendriani et al., (2024) revealed that the type of leadership has a major effect on the success of the decision-making process. Leaders who can adapt their way of leading according to the needs of the situation and the character of employees usually give good results in the decisions taken. Wiwa et al., (2023) Employee performance is positively and significantly impacted by leadership attitudes, effective communication, and collective decision-making. According to the findings of the coefficient of determination test, effective leadership, communication, and decision-making can account for 76.7% of the variance in employee performance, the dependent variable. The rest of the variation is explained by other factors outside the variables examined.

This study sought to ascertain how employee participation in decision-making at the Selajambe Health Center is related to the organization's leader's leadership style.

Methods

Correlational analytical research employing a cross-sectional method highlights the fact that data on the independent and dependent variables are measured or observed once, at a single point in time. 48 workers at the Selajambe Health Center made up the study's population. The sample used for research amounted to 43 employees of the Selajambe Health Center. Non-probability sampling was the sample strategy employed in this investigation. Purposive sampling is the method used for sampling, which establishes certain standards for the sample.

1) Inclusion Criteria

- a) Employees of Selajambe Health Center
- b) Employees who are willing to fill out questionnaires and participate in research

2) Exclusion Criteria

- a) Employees with less than 6 months of service
- b) Employees with internship status
- c) Employees who refuse to fill out questionnaires and participate in research of the Selajambe Health Center.

The data collection technique in this study was through interviews with the distribution of research instruments through questionnaires that have been tested for validity and reliability. The data analysis technique used is univariate analysis and bivariate analysis. Univariate analysis aims to see the frequency distribution and describe the characteristics of each research variable.



Bivariate analysis was used to determine the relationship between the independent variable and the dependent variable using the chi-square test.

Results

Univariate Analysis

This univariate analysis aims to characterize the features of each variable under investigation. The characteristics of respondents, such as gender, age, and educational attainment, comprise the data evaluated in this study, occupation and tenure as well as a description of the leadership style and a description of employee involvement in decision making can be explained in the following table:

a. Gender

Before explaining the results of this thesis research, the researcher first describes the identity of the respondents based on gender.

Table 1. Distribution of Respondent Characteristics by Gender (n=43)

Gender	Frequency	Percentage (%)
Male	14	32,6%
Female	29	67,4%
Total	43	100%

The data indicates that 14 (32.6%) of the population is male, and the female gender is 29 people (67.4%). The majority of gender is female, namely 29 people (67.4%).

b. Age

Before explaining the results of this thesis research, the researcher first describes the identity of the respondents based on age.

Table 2. Distribution of Respondent Characteristics by age (n=43)

Age	Frequency	Percentage (%)
20-30 years	4	9,3%
31-40 years	16	37,2%
41-50 years	19	44,2%
51-60 years	4	9,3 %
Total	43	100%

According to the table, there are four people (9.3%) in the age range of 20 to 30 years, sixteen people (37.2%) in the age range of 31 to 40 years, nineteen people (44.2%) in the age range of 41 to 50 years, and four people (9.3%) in the age range of 51 to 60 years. The majority of respondents aged 41-50 years were 19 people (44.2%).

c. Education

Before explaining the results of this thesis research, the researcher first describes the identity of the selected respondents based on the level of education.

Table 3. Distribution of Respondent Characteristics based on age (n=43)



Education	Frequency	Percentage (%)
Junior High School	3	7,0%
Senior High School	2	4,7%
Diploma 3	24	55,8%
Diploma 4	5	11,6%
Bachelor	9	20,9%
Total	43	100%

Based on the table shows that junior high school education is 3 people (7.0%), high school education is 2 people (4.7%), Diploma 3 is 24 (55.8%), Diploma 4 education is 5 (11.6%), Bachelor's education is 9 people (20.9%). The majority of education in this study was Diploma 3 as many as 24 (55.8%),

d. Position

Before explaining the results of this thesis research, the researcher first describes the identity of the selected respondents based on their position,

Table 4. Distribution of Respondent Characteristics by Position (n=43)

Position	Frequency	Percentage (%)
Head of Subdivision TU	1	2.3%
Personnel	1	2.3%
Doctor	1	2.3%
Nurse	13	30.2%
Midwife	1	32.6%
Pharmacist	2	4.7%
Nutritionist	1	2.3%
Sanitarian Supervisor	1	2.3%
General Administration	6	14.0%
Cleaning	3	7.0%
Total	43	100%

Based on the table shows that for respondents who have the position of Head of Subdivision TU as many as 1 person (2.3%), Personnel as many as 1 person (2.3%), Doctors as many as 1 person (2.3%), nurses as many as 13 people (30.2%), Midwives as many as 14 people (32.6%), As many as two pharmacists (4.7%), one nutritionist (2.3%), one sanitary intermediary (2.3%), six general administration employees (14.0%), and three cleaners (7.0%) were involved. The study's findings show that more people 14 individuals, or (32.6%) work as midwives.

e. Period of Work

Before explaining the results of this thesis research, the researcher first describes the identity of the respondents based on the working period.

Table 5. Distribution of Respondents' Characteristics based on Working Period (n=43)

Period of service	Frequency	Percentage (%)
<1 Tahun	4	9.3%
1-5 Tahun	24	55.8%
6-10 Tahun	8	18.6%
>10 Tahun	7	16.3%
Total	43	100%



According to the table, four respondents (9.3%) had tenures of less than a year, a tenure of 1-5 years as many as 24 people (55.8%), a tenure of 6-10 years 8 people (18.6%), a tenure of >10 years 7 people (16.3%). The results of this study variable More work period has a work period of 1-5 years as many as 24 people (55.8%).

f. Overview of the leadership style of the Head of Selajambe Health Center

Before explaining the results of this thesis research, the researcher first describes the description of the leadership style of the Head of the Selajambe Health Center.

Table 6. Overview of the leadership style of the Head of Selajambe Health Center (n=43)

Leadership style	Frequency	Percentage (%)
Democratic	18	41.9%
Delegative	12	27.9%
Situational	0	0.0%
Transformational	13	30.2%
Total	43	100%

Based on the table shows the frequency of the leadership style of the Head of Selajambe Health Center with a Democratic style as many as 18 people (41.9%), Delegative style as many as 12 people (27.9%), Situational style as many as 0 people (0.0%), Thirteen individuals (30.2%) have a transformational style. The study's findings demonstrated that up to 18 individuals (41.9%) used the Democratic leadership style of the head of the Selajambe Health Center.

g. Overview of Employee Involvement in Making Decisions at Selajambe Health Center

Before explaining the results of this thesis research, the researcher explains the Selajambe Health Center's staff participation in decision-making first.

Table 7. Overview of Employee Involvement in Decision Making at Selajambe Health Center (n=43)

Employee Involvement	Frequency	Percentage (%)
Involved	21	48.8%
Less Involved	13	30.2%
Not engaged	9	20.9%
Total	43	100%

Based on the table shows the frequency of employee involvement in making decisions at the Selajambe Health Center, Involved as many as 21 people (49.8%), Thirteen individuals (30.2%) were less involved, while nine people (20.9%) were not involved. According to the study's findings, the Selajambe Health Center's employees frequently participate in decision-making; the majority, 21 individuals, or (49.8%), are participating.

Bivariate Analysis

This study used bivariate analysis to ascertain if employee participation in decision-making at the Selajambe Health Center and leadership style are related. Hypothesis testing in this study is the *Chi Square* test.

Table 8. Relationship between Leadership Style and Employee Involvement in Making Decisions at Selajambe Health Center.

Leadership Style	Employee Involvement						Total		P-Value
	Involved		Less		No				
	F	%	F	%	F	%	F	%	



Democratic	14	32.6 %	3	7%	1	2.3%	18	41.9%	0,000
Delegative	3	7.0%	2	4.7%	7	16.3 %	12	27.9%	
Transformational	4	9.3%	8	18.6 %	1	2.3%	13	30.2%	
Total	21	48.8 %	13	30.2 %	9	20.9 %	43	100%	

The director of the health center is recognized to have a democratic approach, with up to 14 (32.6%) employees participating, according to the findings of tabulating the table data, a democratic style with employee involvement less involved as many as 3 (7%), a democratic style with employee involvement not involved as much as 1 (2.3%), the head of the health center has a delegative style with employee involvement involved as many as 3 (7%), a delegative style with employee involvement less involved as many as 2 (4. 7%), delegative style with employee involvement not involved as many as 7 (16.3%), the head of the health center has a transformational style with employee involvement involved as many as 4 (9.3%), transformational style with employee involvement less involved as many as 8 (18.6%), transformational style with employee involvement not involved as many as 1 (2.3%).

A P value of 0.000 was obtained for asymptotic significance (2-sided) using the Chi Square test. When the p-value is less than 0.05, it means that Ha is accepted and H0 is not. Thus, it can be said that at the Selajambe Health Center, employee participation in decision-making and leadership style are significantly correlated.

Discussion

Overview of the Leadership Style of the Head of Health Center

The results showed that respondents stated that the head of the Selajambe Health Center had a democratic leadership style as many as 18 people (41.9%), a delegative leadership style as many as 12 people (27.9%), a situational leadership style as many as 0 people (0.0%), up to 13 individuals (30.2%) who use a transformative leadership approach. According to study by Gunawan et al. (2020), 105 respondents (80.8%) defined a democratic style, demonstrating that the health center's leader has a mindset that incorporates staff in decision-making.

According to Basri in Sodikun, (2022) a democratic leadership style is the approach of a leader in solving a problem often involving his members in making decisions through discussion. This leader is also open to listening to various opinions and appreciating every potential possessed by his members in order to achieve common goals. According to Hodijah et al., (2024) the democratic leadership style is more widely applied by the head of the health center because in making decisions to solve problems together or involving employees, the head of the health center has trust in his staff without removing supervision, when employees want to argue, they do not look awkward to the head of the health center.

Hodijah et al., (2024) mentioned that the democratic leadership style motivates employees because the relationship between the head of the health center and employees goes well, problem solving is always done by discussing with employees to make decisions.

According to Mustika et al. (2022) the characteristics of democratic leadership include several important things. First, leadership power is not absolute. Second, leaders show readiness to delegate some authority to their subordinates. Third, policies and decisions are made collaboratively between leaders and team members. In this type of leadership, there are aspects of behavior that stand out as protectors and saviors, as well as the ability to show and develop



the organization or group. Thus, this study concludes that the democratic style is the right approach for the head of the health center in leading employees.

Overview of Employee Involvement in Decision Making

Of the 43 respondents, it is known that the involvement of employees in making decisions at the Selajambe Health Center, involved as many as 21 people (49.8%), less involved as many as 13 people (30.2%) and not involved as many as 9 people (20.9%). This is reinforced by Antika et al., (2024) suggesting employee involvement encourages greater innovation and creativity. When democratic leaders open up space for employee participation, they create an environment conducive to the exchange of ideas and experimentation. Allowing employees from different levels and departments to collaborate and contribute innovative ideas, which can accelerate the process of innovation and organizational adaptation to change.

Reinforced by Rohman & Gunawan, (2023) that staff involvement in making a decision has significant benefits for the organization, such as increased employee motivation and job satisfaction, increased creativity and innovation, and increased employee commitment and loyalty. Thus, the assumption of the researcher is that employee involvement in decision making has significant benefits for improving services at the health center.

Relationship between Leadership Style of the Head of Health Center and Employee Involvement in Decision Making

A P-value of $0.00 < 0.05$ indicates a substantial association between the two factors, specifically leadership style and staff engagement in decision-making, according to research findings from the Selajambe Health Center. Based on the tabulation table (table 4.8), it is known that the head of the health center has a democratic style with employee involvement involved as many as 14 (32.6%), a democratic style with less employee involvement involved as many as 3 (7%), a democratic style with employee involvement not involved as many as 1 (2.3%), the head of the health center has a delegative style with employee involvement involved as many as 3 (7%), a delegative style with less employee involvement involved as many as 2 (4.7%), a delegative style with employee involvement involved as many as 3 (7%). 7%), delegative style with employee involvement not involved as many as 7 (16.3%), the head of the health center has a transformational style with employee involvement involved as many as 4 (9.3%), transformational style with employee involvement less involved as many as 8 (18.6%), transformational style with employee involvement not involved as many as 1 (2.3%).

This is supported by research by Hodijah et al., (2024) The democratic leadership style is more widely applied by the head of the health center because decision making to solve problems is carried out jointly or involves employees, the head of the health center has trust in his staff without removing supervision, when employees want to argue, they do not look awkward to the head of the health center. (Rohman & Gunawan 2023), There are several advantages for the company when employees participate in decision-making, such as increased employee motivation and job satisfaction, increased creativity and innovation, and increased employee commitment and loyalty. When workers participate in corporate decision-making, they feel appreciated and content. When workers participate in the decision-making process, they feel more accountable and committed to the choices made. When workers participate in the decision-making process, they experience increased motivation and job satisfaction. Workers believe that their participation in decision-making can enhance organizational effectiveness and yield advantages for the company.



Its key role as a mediator in the interaction between applied leadership style, organizational culture, and performance is demonstrated by the democratic leadership style's large and positive impact on employee engagement and performance. Employees who are more engaged at work exhibit greater degrees of zeal, dedication, and participation, which improves performance results. This result is consistent with earlier studies that showed a robust relationship between performance and involvement in many contexts. Employees are primarily motivated by elements such as interesting and purposeful tasks, growth prospects, recognition, and a nurturing work atmosphere. Organizations should prioritize creating conditions that optimize these factors, such as providing opportunities for professional advancement, providing consistent feedback, and recognizing employee efforts. By developing a culture that encourages active participation and engagement, companies can bring out the full capabilities of employees and achieve higher levels of performance (Abolnasser et al., 2023).

Thus, the assumption of researchers is that democratic leadership is an effective approach in encouraging employee involvement, in decision making. this leadership style provides opportunities for employees to contribute more in making decisions, promoting open dialogue, and fostering a sense of shared responsibility. This increases commitment and motivation at work for the creation of organizational goals.

Conclusion

According to the findings of the study, which had 43 respondents, 18 persons frequently had the democratic leadership style of the director of the Selajambe Health Center (41.9%), delegative style was 12 people (27.9%), situational style was 0 people (0.0%), transformational style was 13 people (30.2%). the results of this study the leadership style of the head of the Selajambe health center applied democratic as many as 18 people (41.9%).

Considering the findings of 43 respondents' research, it was found that the frequency of employee involvement in decision making at the Selajambe Health Center, involved as many as 21 people (49.8%), less involved as many as 13 people (30.2%) and not involved as many as 9 people (20.9%). The result of this study is the frequency of employee involvement in making decisions at the Selajambe health center, the majority are involved as many as 21 people (49.8%).

According to the chi-squared test, the P-Value derived as an asymptotic significance (2-sided) is 0.000. $P < 0.05$, as indicated by the P-Value, indicates that H_a is accepted and H_0 is rejected. The Selajambe Health Center's leadership style and staff participation in decision-making are shown to be significantly correlated.

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