

**THE EFFECT OF LEADERSHIP STYLE AND WORK PLANNING ON  
PUSKESMAS PERFORMANCE  
(Study of Implementation Indonesia Healthy Program in 2019)**

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**Abstract**

The purpose of this study was to find out whether there was effects to the leadership style and work planning towards the performance of puskesmas in the implementation Indonesia healthy program in 2019. This research was a quantitative study using survey methods. Herewith analyze and review the connection between each research variable. It is used analysis of Partial Least Squares (PLS) approachment and a combination of quantitative and qualitative research. qualitative data that obtained from direct interview with relevant officials in Puskesmas will be used to strengthen PLS analysis. the variables used in this study are: *Puskesmas* Performance (Y), Leadership Style (X1) and Work Planning (X2). the sample used in this study was 30 people out of 125 employees consisting of all Puskesmas units located in Sawangan Subdistrict, Depok city. The results of the study are leadership style influencing the performance of *Puskesmas* and work planning influences the performance of health centers.

**Keywords:** *Performance, Leadership Style, Work Planning*

**PREFACE**

The success of Healthy Indonesia Program in 2019 can be seen in the performance of Puskesmas. Performance is a number of abilities, skills, and communication of a person / institution in contributing to carry out the tasks where they are responsible for. This can be seen in the form of quantity, quality and time used. The success of performance Puskesmas is perceived by community, work programs and performance in the health sector has been proclaimed by the central government since 2016. Whereas Puskesmas is a bureaucracy and public organization which engaged in health sector and it is classified as an organization /

work unit in the region having an echelon IV equivalent organizational structure located in the area and scattered in the provincial cities, regencies / cities, sub-districts, and even in villages, it is the spearhead of the central, provincial and district / city governments.

The leadership style is an attitude and work concept of a leader which is brought and developed in workplace, in accordance with organizational expectations. These attitudes and concepts are used through approaches; task implementation orientation, cooperation relationship orientation, and results orientation to be achieved. The leader in a large or small organization is responsible for success of the organization.

Leadership determines the success or failure of an organization. The quality of leaders determines the success of the institution or organization they lead. Successful leaders are able to manage the organization, and able to influence others to achieve organizational goals. Leaders must be able to anticipate sudden changes, be able to correct weaknesses, and be able to bring the organization to the specified target within the timeframe that has been set. Specifically, the leader has the most opportunity to turn "the straw into gold" or vice versa, can "turn the pile of money into ash" if the leader is missteps and not wise. In connection with this, management is the key to business success, while leadership is the key to the success of the organization (Prof. Deddy Mulyadi, 2009).

In perspective of modern world and democratic life in democracies countries stimulates each individual to be actively participate in all activities of the organization and activities of life, and to share greater social responsibility. Likewise with the public bureaucracy, leaders play a very strategic role. The success or failure of the public bureaucracy in carrying out its duties is largely determined by the quality of its leaders, because the position of the leader dominates all activities to carry out in a bureaucracy itself.

Puskesmas leaders must be objective in dealing with various Puskesmas issues. He

must also be realistic in facing different character of employee. In carrying out its functions in accordance with the Minister of Health Regulation No. 75 of 2014 concerning Puskesmas, that each Puskesmas is authorized to: (a) Implement planning based on analysis of public health problems and analysis of necessary service needs; (b). Carry out advocacy and dissemination of health policies; (c) Carry out communication, information, education and community empowerment in the health sector; (d) Mobilize the community to identify and resolve health problems at every level of community development in collaboration with other related sectors; (e) Carry out technical guidance on community-based health services and efforts networks; (f) Carry out improvements in Puskesmas human resource competencies; (g) Monitor the implementation of development so that it is health oriented; (h) Carry out recording, reporting and evaluation of access, quality and coverage of health services; and provide recommendations regarding public health issues, including support for early awareness systems and disease response.

Based on the tasks and functions above, it can be seen that the tasks and functions inherent in Puskesmas at this time based on the structure above can be seen that the task burden is quite heavy if it is compared to human resource and the

facilities. And Ifadd with workload of the provincial and district offices and the tasks of the center of the Ministry of Health, and revitalization of new programs launched by the central government. Workloadst tend to increase every year, will add a series of problems faced by Puskesmas, among others, a very high work volume or load, an organizational structure that cannot accommodate the current Puskesmas activities, human resources (Medical and Paramedic) and facilities / and infrastructure owned, as well as problems with the management of the Puskesmas and coordination of the provincial health office and the District / City Health Office.

From problems mentioned above, researchers tried to provide input and solutions to the central government and local governments through research entitled: The Effect of Leadership Style and Work Planning on Puskesmas Performance (Study of Healthy Indonesia Program Implementation in 2019 in Sawangan Sub-District, Depok City. With the formulation of the research problem as follows:

- 1) Does leadership style affect the performance of Puskesmas in implementing Indonesia Healthy Program in 2019?
- 2) Does Work Planning affect the performance of Puskesmas in

implementing Indonesia Healthy Program in 2019?

- 3) Does Healthy Indonesia Program in 2019 implemented by the puskesmas affect the performance of the puskesma

## **METHODOLOGY**

This research is a quantitative study using survey methods by examining and analyzing the interrelationships between each research variable using Partial Least Squares (PLS) analysis and a combination of quantitative and qualitative, qualitative data obtained at the time of the interview directly with relevant officials in the Puskesmas will be used for strengthen PLS analysis. the variables used in this study are: Health Center Performance (Y), Leadership Style (X1) and Work Planning (X2). the sample used in this study is 30 people from the criteria determined from the number of 125 employees consisting of all Puskesmas units located in Sawangan Subdistrict, Depok city. Data collection that researchers do is using questionnaire techniques or questionnaires.

## **RESULTS AND DISCUSSION**

Depok City is a city in the province of West Java. The city is located right in the south of the city of Jakarta, which is at coordinates: LS 6 degrees 22'21 BT 106 degrees 49'39, is one of the cities

supporting the capital city of Indonesia, Jakarta, whose population development is very rapid, compared to the population in other provinces far from This capital city of Jakarta. The population in Depok city according to local government data in 2018 is 2,179,813 people (data updated January 12, 2018) which is spread in 11 Districts and consists of 63 villages. Sawangan sub-district is a relatively new sub-district with a population of 154,933. soul consisting of 7 villages located in the east of Depok city which borders Bogor regency.

The Puskesmas is a health service unit that is located in the sub-district area, in the villages, and even its existence is needed in the villages. Sawangan Subdistrict currently has 5 Puskesmas namely: (1) sub-district health center, (2) PasirPutih health center, (3) Pengasinan health center, (4) and Duren Seribu health center, and 5bojong sari health centers. If compared between the population and the number of Puskesmas in Sawangan sub-district it is certainly irrational, namely the population of 154,933 divided by 4 units of Puskesmas in Sawangan sub-district = 38,733 inhabitants, every 1 unit of puskesmas will serve 38,733 residents if it is assumed that all residents seek treatment. population growth rates is not balanced with the rate of growth of puskesmas in the Sawangan sub-district of Depok City.

The following data of respondents in this study can be described as follows: The total number of medical and non-medical personnel who served in the health center in Sawangan district were 125 people, consisting of 70 medical staff or 56%, while 55 non-medical personnel or 44%.

The analysis technique used in this study is descriptive analysis. According to Ferdinand (2011, p. 323) descriptive statistical analysis aims to describe the index of respondents' answers from various constructs developed. This analysis was conducted to obtain description of respondents regarding the variables used in this study. The respondent's perception was illustrated by scoring techniques

Respondent data in this study can be described as follows: The total number of medical and non-medical personnel who served in the health center in Sawangan sub-district were 125 people, consisting of 70 medical staff or 56%, while 55 non-medical personnel or 44%. From the data above, the sample in this study determined as many as 30 people, those who were directly involved in the tasks and functions mentioned above.

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This analysis was conducted to obtain a descriptive description of respondents regarding the variables used in this study. The respondent's perception was illustrated by scoring techniques.

The leadership variable in this study was measured by 20 statement items. The calculation average index obtained had value of 23.13, which means that it has a high value. the highest value is in the statement items x1.1 and x1.10 with an index value of 24.4. In other words, the index value of 24.4 according to three box methods is included in the high category. It can be interpreted that the leadership in Sawangan Puskesmas is very good in leading puskesmas the leader tell the group what they should do and behave in an attitude that can be expected toward members / groups. It can be seen from the calculation of the average index has a value of 23.92, which means it has a high value. the highest value is in the statement item X2.8 with an index value of 26.60. In other words, the index value of 26.60 according to three box methods is included in the high category. In this case it can be interpreted that the work planning in the Puskesmas in Sawangan sub-district is very good in planning all activities. The leader make documented officially a five-year work planning program.

While the variable performance of Puskesmas in this study were measured by

8 question items. It can be seen from the calculation results that the average index has a value of 22.75 which means it has a high value. The highest value is in the statement item y1.8 with an index value of 23.60. In other words, the index value of 23.60 according to the three box method is included in the high category. So it can be interpreted that the performance of the puskesmas in the Puskesmas in Sawangan sub-district is very good in term of allocation working time which morally accountable.

In this study to measure the variables of leadership style, questionnaires of work program preparation and health center performance have been distributed and have tested the validity by using convergent validity test and testing the validity of discriminant validity. After that, the reliability test of the data was processed using two models, namely designing a measurement model (outer model) and designing a structural model (inner model). This is done to find out whether the research instrument given to respondents is valid or invalid ,and reliability testing is used to test the quality of a measuring instrument by consistent respondent's answers to the statement items in the instrument about leadership style variables, work program preparation and health center performance

The first step is to test whether the model has fulfilled the convergent validity, namely whether the loading factor on the indicator for each item statement about the leadership style variables, the preparation of work programs and the performance of the health center has met the convergent validity. The results of the initial path diagram validity test with Smart PLS 3.0.

The indicator is considered valid if it has a correlation value above 0.70. However, in the research stage the development scale of loading 0.50 to 0.60 is still acceptable (Ghozali, 2014 p. 39). Based on the path diagram in the picture above, each instrument statement on the indicators of the Leadership Style variable, Work Programming and Performance of the Puskesmas with a factor loading value of  $<0.50$  will be removed and not included in the next data testing analysis.

For variables of Leadership Style, Work Program Preparation and Health Center Performance is an invalid statement instrument because it has a factor loading value  $<0.50$ . The instrument is X1.19 which has a value of -0.098, (encourages group members to work according to target). X1.2 which has a value of -0.399, (friendly with group members) X2.12 which has a value of 0.133, X2.7 which has a value of -0.070, and Y1.3 which has a value of 0.075 so it must be deleted and not included in the data testing analysis next.

Based on the recalculation result or re-estimation shown in the table below, the results can be concluded that all the instruments of each indicator regarding leadership style variables, work program preparation and health center performance are eligible and declared valid because all correlation values have factor values loading  $> 0.50$ . This means that in designing the measurement model (Outer Model) it is stated that it has succeeded because it has fulfilled the requirements, then it can conduct further data testing.

The output of SmartPLS 3.0 software is obtained by loading factor after re-estimation of each instrument in the indicator about variables of leadership style variables, work program preparation and health center performance.

All values of loading factors are above 0.5 for each instrument on the indicator in each variable. And the smallest value is in the instrument X2.8 statement states: pouring a five-year work program in an official document that has a loading factor of 0.696. Then the largest loading factor value is in the instrument statement X1.1, stating: tell the group members what they should do, with a loading factor of 0.958. Means that the instrument statement on the indicator used in this study is valid or has met the convergent validity test requirements.

The results of SmartPLS 3.0 software output obtained the value of Fornell-Lacker Criterion and AVE values from each instrument statement on indicators about

variable variables of leadership style, work program preparation and performance of health centers are as follows

**Tabel 1. Fornell-Lacker Criterion**

	Leadership style	Puskesmas performance	Work program prep.
Leadership style	0,866		
Puskesmas performance	0,924	0,837	
Work program preparation	0,930	0,933	0,841

source: Outputresult PLS 3.0

In the table above shows that testing the validity of discriminant (discriminant validity) through the Fornell-Lacker Criterion table has values above 0.6 for each variable respectively. Leadership Style (X1) has a value of 0.866, Health Center Performance (Y) has a value of 0.837, and Work Program Preparation (X2) has a value of 0.841. It can be concluded that the measurement by testing the validity of discriminant validity on the leadership style

variables, the performance of the puskesmas and the preparation of work programs is valid and has met the discriminant validity test requirements.

Another method to see discriminant validity is to see the value of the square root of average variance extracted (AVE). The recommended value is above 0.5. Smart-PLS 3.0 software output results obtained AVE values for each indicator as follows.

**Tabel 2. Average Variance Extracted (AVE)**

	Average Variance Extracted (AVE)
Leadership style	0,749
Puskesmas Performance	0,700
Work program preparation	0,708

Source: Outputresult PLS 3.0

In the table above, the AVE output shows that the AVE value is above 0.50, for all variables examined the leadership style, health center performance and the preparation of work programs. The lowest value of AVE is 0,700 in the variable of health center performance and the highest AVE value is leadership style of 0,749 then

the variable preparation of work program with AVE value is 0,708. So it can be concluded that the instruments from indicators about leadership style variables, work program preparation, and health center performance and Puskesmas performance are valid because they have fulfilled the requirements above 0.50.

The results of Smart-PLS 3.0 software output obtained the value of

Composite Reliability and Cronbach's Alpha each construct variable as follows:

**Tabel 3. Composite Reliability**

<i>Composite Reliability</i>	
<b>Leadership style</b>	0,982
<b>Puskesmas performance</b>	0,942
<b>Work program preparation</b>	0,960

source: *Outputresult PLS 3.0*

In the table above, the results of the composite reliability output show that the composite reliability value for all variables about leadership style, health center performance and work program preparation is above 0.7 which indicates that all variables in the estimated model meet the criteria. The lowest value of composite reliability is 0.942 on the health center performance variables and the highest composite reliability value is the leadership style variable of 0.982 then the work

program preparation variable is 0.960. This shows that all variables can be said to have very good reliability of each variable, namely leadership style, health center performance and preparation of work programs.

Reliability testing can also be strengthened by the results of Cronbach's Alpha where the output of Cronbach's Alpha on each variable of leadership style variables, work program preparation and health center performance are as follows:

**Tabel 4. Cronbach's Alpha**

<i>Cronbach's Alpha</i>	
<b>Leadership style</b>	0,980
<b>Puskesmas performance</b>	0,928
<b>Work planning</b>	0,953

Soucer: *Outputresult PLS 3.0*

Variable leadership style, work program preparation and health center performance are declared reliable if the Cronbach's Alpha value is above 0.7. The table above shows that the Cronbach's Alpha value for all constructs is above 0.7. In the leadership style variables, health center performance and the preparation of work programs above have an average

value of 0.9, which means very reliable. This shows that all variables have very good reliability for each construct

After doing the measurement model (Outer Model) the next step is testing the structural model (Inner Model) by looking at the value of R-Square, QSquare, path analysis coefficient value (Path



Coefficients), and t-statistical value of the Smart-PLS software output.

R Square is used for the dependent variable, which is essentially to measure

how far the model's ability to explain the variation of the dependent variable. The results of Smart-PLS 3.0 software output are as follows:

**Tabel 5. R Square and R Square Adjusted Value**

R Square	
Puskesmas performance	0,893

Source: Output result PLS 3.0

In addition to the health center performance variables as the dependent variable, in this study appeared the R Square (R<sup>2</sup>) value for the health center performance variable which is the dependent variable in this study. The following is an analysis of R Square (R<sup>2</sup>) on health center performance variables.

Based on the table above, it can be seen that the magnitude of the R Square (R<sup>2</sup>) performance of the puskesmas is 0.893 thus indicating that the contribution of leadership style variables and work program preparation has an influence of 89.3% and the remaining 10.7% is influenced by other factors, between others, HR, workload, work support, and work facilities.

Q-Square predictive relevance for a structural model is to measure how well the observation value is generated by the model and its parameter estimation. Q-square value > 0 indicates the model has predictive relevance; on the contrary if the Q-Square value ≤ 0 shows the model lacks predictive

relevance. Q-Square calculation is done by the formula:  $Q^2 = 1 - (1 - R_1^2) (1 - R_2^2) \dots (1 - R_p^2)$

Where  $R_1^2, R_2^2 \dots R_p^2$  is the R-square of the endogenous variable in the equation model. Q<sup>2</sup> has a value with a range of  $0 < Q^2 < 1$  where getting closer to 1 means the model is getting better.

$$\begin{aligned}
 Q^2 &= 1 - (1 - R_1^2) \\
 &= 1 - (1 - 0,893) \\
 &= 1 - (0,107) \\
 &= 0,893
 \end{aligned}$$

explanation:

- Q<sup>2</sup> : Q-Square predictive relevance
- R<sub>i</sub><sup>2</sup> : value of i R Square variable of puskesmas performance

It is seen that the Q<sup>2</sup> result above is 0.893. These results are in accordance with the provisions that: The magnitude of Q<sup>2</sup> has a value with a range of  $0 < Q^2 < 1$ , where the closer to 1 means the model is declared good. So  $0 < 0.893 < 1$ , where getting closer to 1 means the model is declared good. So, in the Q-Square structural model calculation the value of the

observations and the parameter estimates are declared good because they have fulfilled the specified requirements.

Based on the results of data processing for the structural model of the

path analysis coefficient section (Path Coefficients), the Smart-PLS 3.0 software output results are as follows:

**Tabel 6. Result of value Koefisien Analysis**

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics ( O/STDEV )	P Values
<b>Leadership style → puskesmas performance</b>	0,416	0,409	0,149	2,801	0,005
<b>Work planning preparation → Puskesmas performance</b>	0,546	0,550	0,146	3,731	0,000

Source :Output result PLS 3.0

In the table above there is an Original Sample (O) column, in the column, the Original Sample (O) value is used to find out the path coefficient value. Based on the table, that the results of the coefficient analysis, it can be concluded that all tests between leadership style variables on the performance of health centers showed the results of 0.416, the preparation of work programs on the performance of health centers showed a result of 0.546. Thus it can be concluded that all of them showed a positive influence between leadership style on health center performance and the preparation of prog. work on health center performance.

Statistical t test or partial test is basically to show how far the influence of an explanatory / independent variable

individually in explaining the variation of independent variables. In this study was to determine the presence or absence of a significant influence between leadership style on health center performance and the preparation of work programs on Puskesmasperformance. According to Sarjono&Julianita (2011, p. 133) s that to find the value of t table is seen at the significance level of 0.05 where  $df = \text{number of samples} - \text{number of variables}$ . Then it is known  $t \text{ table} = 2.052$  which is obtained from the formula  $df = N - K$  or  $df = 30 - 3 = 27$ , then associated with a 5% confidence level or alpha 0.05.

Based on the results of data processing for the significance test (t test), the following results are obtained:

**Tabel 7. t-Statistic test result**

	T Statistics ( O/STDEV )	P Values
<b>Leadersip style→puskesmas performance</b>	2,801	0,005
<b>Work planning preparation→Puskesmas performance</b>	3,731	0,000

Source r: *Outputresult PLS 3.0*

From data processing, partial testing is shown by the table above. In the table the results of statistical tests can be seen that the results of the leadership style testing on the performance of health centers shows a value of  $t_{count_{hitung}} 2,801 > t_{tabel} 2,052$ . So,  $H_0$  is rejected and  $H_a$  is accepted. While the significant value is 0.005, because the value of  $Sig.0.05 \geq 0.005$ . So the decision is that the leadership style influences the performance of the puskesmas. Based on the calculation of the t-statistic test, the leadership style referred to in this study is a leader whose leadership behavior is oriented to: 1. managing the task, 2. orientation of the cooperative relationship, and 3. managing the results to be achieved, so that performance will increase Puskesmas. This research is in accordance with .....

Based on the table above it can be seen that the test results of the preparation of work planning variables on the performance of health centers show a value of  $t_{count} 3,731 > t_{table} 2,052$ . So,  $H_0$  is rejected and  $H_2$  is accepted. While the

significant value is 0,000, because the value of  $Sig.0,05 \geq 0,000$ . Then the decision is the preparation of work programs have a significant effect on the performance of health centers. From the results of this calculation shows that work planning or work program prepared by the Puskesmas is very important to be done in achieving optimal health center performance, work planning / work program referred to in this study is, that at the puskesmas requires work planning / work programs that are routinely prepared by the Puskesmas in the form of: Preparation of work plans / annual work programs, preparation of five-year work plans / work programs and producing budget documents / documents will encourage improving the performance of the puskesmas.

Based on the results of the survey and interviews conducted by the research team in Sawangan Health Center as much as 45% of the "YES" statement in implementing the healthy Indonesia program in 2019 severely disrupted the performance of the puskesmas in service to

the community. This is because human resources in the puskesmas are very limited to complete the volume of work in puskesmas at this time. In addition, encouraging group members to work according to targets is very difficult to do with a limited number of group members.

## **CONCLUSION**

The results of this study prove that the leadership style influences the performance of the puskesmas. It means that the leadership of Sawangan Puskesmas that is found out can provide encouragement and enthusiasm for subordinates, that give big impact in providing services to the community. This is consistent with the hypothesis made by the researcher, because the hypothesis that is made is that the leadership style influences the performance of the Puskesmas.

The results of this study prove that work planning affects the performance of Puskesmas. It means work planning on the performance of Puskesmas in Sawangan District is very detailed because Puskesmas Sawangan has an annual work program that involves staff / groups in preparing quality programs. This is in accordance with the hypothesis made. Because the hypothesis made is that work planning affects the performance of the puskesmas.

The results of this study indicate that the implementation of the Indonesia Sehat program carried out at the Sawangan District health center has an effect on the performance of the Puskesmas through the dominant leadership style approach implemented in the task implementation orientation.

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