Determinants of Health Intervention Success: The Role of Transformational and Servant Leadership in Community Settings

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Abstract

The effectiveness of health interventions is determined by multiple factors, such as leadership, participation, and environmental support. This study analyzes the determinants and most influential factors contributing to the success of health interventions. A quantitative approach with a cross-sectional analytical design was employed, involving 194 respondents selected through proportional random sampling in Lepo-Lepo (Southeast Sulawesi Province). Data analysis utilized the chi-square test and logistic regression. The findings indicate that leadership capacity (p=0.021; OR=2.130), participation (p=0.000; OR=3.640), communication skills (p=0.000; OR=8.016), support in decision making (p=0.000; OR=4.800), access to health facilities (p=0.000; OR=4.759), local culture and norms (p=0.012; OR=2.231), transformational leadership style (p=0.000; OR=15.171), and servant leadership style (p=0.011; OR=2.231) significantly affect the success of health interventions. In contrast, community credibility and trust (p=0.869) and regional policies (p=0.843) do not demonstrate a significant effect. The most dominant factor was transformational leadership style, with an OR of 12.409, meaning leaders with a transformational style were more than 12 times more likely to achieve intervention success than leaders who did not. These results confirm that leadership quality and participatory support, particularly transformational leadership style and effective communication skills, are critical to the success of health interventions. One of the implications of the results of this study for public health is that they emphasize that effective interventions require leaders capable of inspiring and facilitating transformational change, not just managing technical matters, and communication is a core skill that must be developed at every level of health management, particularly given its role in strengthening community compliance and trust.

Keywords: Health Interventions, Leadership, Participation, Communication, Transformational Leadership.

INTRODUCTION

Public health interventions in various regions are often influenced by a variety of local factors that determine their effectiveness. In many cases, health programs fail to achieve optimal results due to a lack of adaptation to local needs and dynamics, which then creates a gap between policy objectives and field results. For example, maternal and child health interventions, immunization, or chronic disease management often encounter barriers to community participation, lack of trust, and minimal transparency in implementation (Gholipour et al., 2023; Mahmoodi et al., 2023). In this context, the power and role of community leaders become increasingly crucial as a bridge between the formal health system and the community (Okechi et al., 2025). Local leadership involves not only the capacity to

organize and mobilize residents, but also the capacity to bridge community values, norms, and expectations into health intervention strategies (Naing et al., 2023).

Various global institutions highlight the importance of community involvement in strengthening health interventions. The US Centers for Disease Control and Prevention (CDC), the Institute of Medicine (IOM), the Robert Wood Johnson Foundation (RWJF), and the National Institutes of Health (NIH) explicitly encourage community-based approaches to addressing chronic diseases through cross-sector collaboration led or facilitated by local communities (Gibbons & Pérez-Stable, 2024; Akintobi et al., 2025). One example is Sweden, which has a lower stringency index but a higher mortality rate than countries with stricter policies such as Finland or Denmark. This may indicate that government policy/decision-making (as a reflection of government leadership/response) correlates with different health outcomes (OCHA, 2025). Furthermore, a collective of researchers in the CDC-PCD (2025) publication stated that the relationship of mutual trust built with the community, their position as decision-makers in the program planning and evaluation process, and their function as active partners are important foundations in preventing disease and improving population health. This illustrates that community leaders are not merely facilitators but core agents in the success of public health interventions (Kwang et al., 2025; Akintobi et al., 2025).

Recent research also supports this argument in Bangladesh, for example, where Participatory Learning and Action (PLA) interventions carried out by local facilitators (both male and female) significantly reduced the incidence and prevalence of type 2 diabetes, and demonstrated good cost-effectiveness (Akter et al., 2023). In addition, a study in Uganda that held health accountability meetings between communities and local political leaders shows positive perceptions of service quality and community awareness of their health rights (Lee et al., 2024). Similar findings were also seen in research on collaborative leadership in fall prevention initiatives among the elderly population in Canada, which highlighted how public health professionals acted as collaborative leaders to encourage cross-sector community participation (Markle-Reid et al., 2017).

However, despite numerous studies supporting the importance of local leadership, there is still a gap that needs to be filled. Most studies still focus on evaluating the effectiveness of interventions without comprehensively mapping the specific mechanisms through which community leadership contributes to health outcomes. Furthermore, there is still little research examining the role of leadership styles (e.g., transformational, servant) in the context of local communities. Even in the public health management literature, some studies suggest that public leadership behavior contributes significantly to the success of health services, but they are

limited in empirically examining actual practices at the community level (Zia ud din et al., 2024). This gap calls for research that not only measures impact, but also explains “how” and “why” local leadership strengthens the success of health interventions.

Another study from South Africa highlights the importance of leadership and governance in community health worker (CHW) programs, where adapting national policies to local practices is a crucial challenge. Local leadership plays an important role in choosing the structure of authority delegation, regulating horizontal and vertical accountability, and shaping responsiveness to community needs (Mantell et al., 2022). Meanwhile, the theoretical framework of the National Academies of Sciences states that capacity building, collective organization, and community leaders are the basis for the success of sustainable interventions to achieve equity in health (Farhang & Morales, 2022). Both emphasize that local leadership is not merely an additional element, but rather a structural foundation for relevant, inclusive, and sustainable development interventions.

Based on these gaps, this study presents an innovation through a quantitative analysis approach to explore the specific mechanisms (aspects of leadership style, access to health facilities, regional policies, and local culture/norms) of community leaders in supporting health interventions, in this case focusing on maternal and child health interventions. Therefore, this study aims to identify the determinants of local leadership on the effectiveness of public health interventions (specifically maternal and child health).

METHODS

This study uses a quantitative design with a cross-sectional approach. This approach was chosen because it is suitable for assessing the relationship between local leadership variables and the success of health interventions at a specific point in time. The cross-sectional method allows researchers to obtain a comprehensive picture of the extent to which local leadership characteristics are related to the level of success of health interventions in the target community without having to conduct long-term observations. The study was conducted in the working area of the Lepo-Lepo community health center, which has a track record of community-based health interventions carried out in May 2025. The research population consisted of all people living in the target area of the health intervention who had an active community leadership structure. From this population, a sample of 194 respondents was determined. The sampling method used was proportional random sampling. Each neighborhood unit (RT/RW) in the sub-district received a proportion of respondents according to the population size, and then respondents were selected at random. This technique was used

so that all parts of the population had an equal chance of being sampled, while ensuring that respondents from each area were represented.

This study uses a structured questionnaire that adapts standard instruments, namely the MLQ Form 5X for transformational leadership style (20 items) and the Servant Leadership Scale for servant leadership (7 items), while leadership capacity, participation, communication, decision-making support, access to health services, culture and norms, community trust, and regional policies were measured using scales adapted from relevant international frameworks and instruments. The success of the health intervention is measured using 10 items based on the CDC Program Evaluation Framework, and all items are assessed using a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). The scores are then summed and categorized based on the median value for analysis. Item validity testing through item–total correlation (Pearson Product-Moment) yields calculated r values ranging from 0.412 to 0.768, all of which exceed the table r value ($\alpha = 0.05$), indicating that all items are deemed valid. The reliability test using Cronbach's Alpha produces a value of $\alpha = 0.891$, indicating that the internal consistency of the instrument is in the very good category.

The analysis was carried out in several stages, namely Univariate analysis, Bivariate analysis**,** using Chi-Square test to examine the relationship between local leadership and the success of health interventions. Multivariate analysis used logistic regression to identify the leadership variables that most influence the success of health interventions. The results of the analysis are presented in the form of distribution tables, contingency tables, and regression models, accompanied by a narrative interpretation of the results. The presentation is systematic to facilitate readers' understanding of the research findings. This study has gone through an ethical review process by the Research Ethics Commission of Hang Tuah Health College, Surabaya, Number: PE/185/III/2025/KEP/SHT.

RESULTS

Table 1 Characteristics of Respondents (n=194)

Characteristics	Frequency (n)	Percentage (%)
Mother's Education		
Low	63	32.5
High	131	67.5
Mother's Age		
At-risk	33	17.0
Non-risk	161	83.0
Household Income		
Low	95	49.0
High	99	51.0
Mother's Occupation		
Housewife	22	11.3
Working	172	88.7

Table 1 shows that the majority of respondents were mothers with a high level of education, at 67.5%, while those with low education were 32.5%. In terms of age, the majority of mothers were in the non-risk category (83.0%), while only 17.0% were in the at-risk category. In terms of household income, the composition was relatively balanced, although there were more high-income mothers (51.0%) than low-income mothers (49.0%). Meanwhile, in terms of occupation status, the majority of mothers were working mothers (88.7%), while only 11.3% were housewives.

Table 2. Determinants of Local Leadership on the Success of Health Interventions

Variables	Effectiveness of Health Interventions						P-Value	OR
	Unsuccesful		Succesful		Total			
	n	%	n	%	n	%		
Leadership Capacity								
Less	49	40.8	23	31.2	72	100	0.021	2.130
Good	61	69.2	61	62.8	122	100		(1.158-3.919)
Participation and Involvement								
Less	62	47.6	22	36.4	84	100	0.000	3.640
Good	48	62.4	62	47.6	110	100		(1.967-6.735)
Credibility and Public Trust								
Less	7	6.2	4	4.8	11	100	0.869	1.359
Good	103	103.8	80	79.2	183	100		(0.385-4.805)
Communication Skills								
Less	101	85.1	49	64.9	150	100	0.000	8.016
Good	9	24.9	35	19.1	44	100		(3.573-17.985)
Support in Decision-Making								
Less	80	62.4	30	47.6	110	100	0.000	4.800
Good	30	47.6	54	36.4	84	100		(2.601-8.857)
Access to Health Facilities								
Less	82	64.6	32	49.4	114	100	0.000	4.759
Good	28	45.4	52	34.6	80	100		(2.573-8.801)
Regional Policies								
Less	25	26.1	21	19.9	46	100	0.843	0.882
Good	85	83.9	63	64.1	148	100		(0.454-1.716)
Local Culture and Norms								
Less	55	45.9	26	35.1	81	100	0.012	2.231
Good	55	64.1	58	48.9	113	100		(1.231-4.043)
Transformational Leadership Style								
Less	71	45.4	9	34.6	39	100	0.000	15.171
Good	39	64.6	75	49.4	114	100		(6.857-33.566)
Servant Leadership								
Less	58	48.8	28	37.2	86	100	0.011	2.231
Good	52	61.2	56	46.8	108	100		(1.239-4.017)

The results in Table 2 show that leadership capacity has a significant relationship with the effectiveness of health interventions. Respondents with good leadership capacity were more successful in health interventions (52.8%) than those with less capacity (31.2%). A p-value of 0.021 indicates a significant relationship, with an odds ratio (OR) of 2.130, meaning that good leadership capacity approximately doubles the chances of intervention success. In the participation and involvement variables, a clear difference was observed. Intervention success

was higher among respondents with good participation (47.6%) compared to those with less participation (36.4%). This relationship was significant with a p-value of 0.000 and an OR of 3.640, indicating that good participation can increase the chances of effectiveness by up to 3.6 times. Meanwhile, credibility and public trust did not show a significant relationship with the effectiveness of the intervention. Respondents with good credibility had a higher success rate (79.2%) compared to those with less credibility (42.9%), but the p-value of 0.869 indicates that the relationship was not statistically significant. The OR of 1.359 also confirms that the effect is not significant.

In contrast to credibility, communication skills demonstrated highly significant results. Respondents with good communication skills achieved a 64.5% success rate, significantly higher than those with poor communication skills (19%). A p-value of 0.000 and an OR of 8.016 indicate that good communication increases the chances of intervention effectiveness by eightfold. Support in decision-making also had a significant impact. Respondents with good support demonstrated a 46.4% success rate, compared to those with poor support, who had only 10%. With a p-value of 0.000 and an OR of 4.002, it can be concluded that support in the decision-making process increases the likelihood of success fourfold. Access to health facilities also proved to be significantly related. Intervention success was higher among those with good access (34.6%) compared to those with poor access (49.4%). A p-value of 0.000 and an OR of 4.759 indicate that good access to health facilities increases the chances of success almost fivefold.

In contrast, regional policies did not show a significant relationship. A p-value of 0.843 and an OR of 0.882 indicate that regional policies had no significant effect on the effectiveness of health interventions. Local culture and norms did have a significant influence. Respondents who supported good local culture and norms had a 48.9% success rate, compared to 35.1% in the less supportive group. A p-value of 0.012 with an OR of 2.231 indicates that good local culture and norms doubled the chances of effectiveness. The transformational leadership style also proved significant. Respondents with a good transformational leadership style were more successful (49.4%) than those with a less supportive style (19.5%). A p-value of 0.000 with an OR of 4.457 indicates that good transformational leadership increased the likelihood of intervention effectiveness by approximately four and a half times. Finally, service leadership style was also significantly related to intervention effectiveness. Respondents with a good service leadership style showed higher effectiveness (46.8%) than those with a less supportive style (37.2%). With a p-value of 0.011 and an OR of 2.231, it can be concluded that good

service leadership increases the chances of effectiveness of health interventions more than twofold.

Table 3. The Most Influential Factors on the Effectiveness of Health Interventions

Independent Variables	B	*p-value*	OR	95% CI
Leadership Capacity	1.712	0.001	5.541	1.989-15.434
Participation and Involvement	1.374	0.003	3.949	1.612-9.673
Communication Skills	1.563	0.008	4.773	1.504-15.143
Supports in Decision-making	1.372	0.006	3.944	1.473-10.562
Access to Health Facilities	1.871	0.000	6.493	2.556-16.493
Transformational Leadership Style	2.518	0.000	12.409	4.333-35.538

Based on the analysis results in Table 3, all tested variables were shown to significantly influence the effectiveness of health interventions. These factors include leadership capacity, participation and involvement, communication skills, support in decision-making, access to health facilities, and transformational leadership style. This indicates that the effectiveness of health interventions is influenced by a combination of individual factors, social support, and the availability of adequate facilities. Of all the variables studied, the most dominant factor was transformational leadership style, with an OR of 12.409, meaning leaders with a transformational style were more than 12 times more likely to achieve intervention success than leaders who did not. Thus, the role of transformational leadership is crucial in encouraging participation, strengthening communication, and maximizing existing support and facilities so that health interventions can be more effective.

DISCUSSION

Theoretically, leadership capacity is seen as a central factor bridging policy formulation with practical implementation on the ground. Both organizational change theory and transformational leadership emphasize that a clear vision, effective communication, team member empowerment, and networking skills are key elements in ensuring the success of an intervention (Restivo et al., 2022). Furthermore, effective leadership is understood not only as an individual attribute, but as a collective capacity that includes building collaborative mechanisms, strengthening accountability, and optimizing resources. This enables organizations to better adapt to local contexts, thereby increasing the effectiveness of health interventions (Zia ud din et al., 2024).

Recent empirical findings confirm these theoretical constructs. Results of systematic reviews and meta-analyses indicate a positive relationship between leadership capacity and service performance, including adherence to guidelines and teamwork effectiveness, although the effects vary depending on the context and leadership style applied (Restivo et al., 2022). Action-based research in rural healthcare also shows that collaboratively designed leadership

development programs can encourage a shift from "individual leadership" to distributed leadership. This model has proven more appropriate for improving the quality of primary care and aligns with evidence that public leadership that supports collaborative administration contributes to improved health delivery success (Hartviksen et al., 2024; Zia ud din et al., 2024).

Another significant finding is the variable of community participation, support in decision-making, and access to health facilities. All of this strengthens the theory of social determinants of health, which states that active community involvement and easy access to services are key to reducing inequality and increasing the effectiveness of interventions (Michener et al., 2025). This finding is also in line with the collaborative model in public health governance, where good leadership can encourage cross-partnership collaboration and collective administration, which ultimately improves health delivery (Zia ud din et al., 2024). Recent studies highlight that groups experiencing social exclusion bear the brunt of inequalities due to inadequate access to services, and outreach strategies and coverage-based services have been shown to bridge structural barriers and reduce outcome disparities (Johnson et al., 2025). In primary facilities, principles of coordinated practice across the system, including social integration of health and a focus on vulnerable populations, are seen as important for reducing disparities (Gkiouleka et al., 2023). In line with this, WHO emphasizes that investing in partnerships and co-production with communities strengthens trust, improves the service experience, and ultimately increases the quality and safety of services (World Health Organization, 2024).

In Indonesia, the principles of community participation, support in decision-making, and access to health services have been widely realized through the Posbindu PTM and Posyandu programs. These two institutions provide tangible means for residents to engage in community-based health management. Through health cadres, communities are not only recipients of services but also play an active role in providing education, conducting early detection of non-communicable diseases, and facilitating referrals to community health centers. Recent research shows that the presence of Posbindu significantly increases public awareness of risk factors for chronic diseases and strengthens a sense of ownership of health programs (Siswati et al., 2022). Furthermore, efforts to expand access to healthcare services are also reflected in the National Health Insurance (JKN) program. This program allows vulnerable groups to gain more equal access to primary and referral services. Studies show that JKN implementation has contributed to increased healthcare utilization, particularly among poor households, although challenges

remain in terms of facility distribution and service quality (Agustina et al., 2019; Soraya et al., 2023).

The variable of communication ability also proved to have a strong influence, giving the implication that clear, consistent communication, carried out by a trusted source, plays an important role in increasing compliance with health interventions. This is supported by research on non-pharmaceutical communication during the COVID-19 pandemic in the UK, which concluded that information delivered clearly, consistently, and by a trusted authority is able to increase the adoption of public health behaviors (Williams et al., 2023). This also aligns with the concept of social and behavior change communication (SBCC), which emphasizes adaptive, research-based communication strategies and audience segmentation to create an environment that supports long-term behavior change. This approach is not only focused on the individual but also integrates social and cultural factors that influence behavior, resulting in a broader impact on society. Thus, the implementation of SBCC can make a substantial contribution to improving public health and strengthening social awareness (Pal Kaur, 2022).

Interestingly, community credibility and trust, as well as local policies, did not show significant effects, which may contradict initial expectations that reputation and policies would provide a stable basis for interventions. This may be due to the local context of the study, where direct interactions between leaders and communities proved more impactful than formal policies or reputation alone, indicating that local context and dynamics still strongly influence intervention effectiveness, and that universal theories need to be reexamined in specific contexts. Qualitative studies in Aceh have shown that although health cadres are an integral part of the community, their presence does not automatically translate into credibility. This credibility is only established when cadres have institutional support and are able to articulate health information within a framework that is perceived as valid by residents (Randell et al., 2024). These findings suggest that community-based reputation does not necessarily equate to legitimacy, and that structural support remains necessary to strengthen the role of local agents. Furthermore, comparative research in Jakarta and South Sulawesi confirms that public trust in government varies significantly across regions. Jakarta residents demonstrate higher levels of trust in the government, resulting in relatively better compliance with health protocols. Conversely, residents in South Sulawesi tend to be skeptical of government policies, despite their high awareness of the health risks they face (Reid et al., 2022; Tuti et al., 2022). This indicates that policy legitimacy is inextricably linked to local socio-political dynamics and that public acceptance is strongly influenced by the level of trust in institutions.

Cultural variables and local norms were found to have a significant positive impact on intervention success, supporting the literature on cultural competence, which suggests that health interventions that respect local norms, values, and culture are more easily accepted and sustained. These findings reinforce the importance of designing interventions that are not only evidence-based but also culturally sensitive and participatory. In the Indonesian context, recent reviews have shown that cultural sensitivity, such as leveraging the culture of mutual cooperation (gotong royong), involving families, and respecting spiritual beliefs, can empower patients and strengthen the acceptance of community health interventions. Such cultural strategies promote effective behavior change, particularly in lower-middle-income countries (Cipta et al., 2024). In the realm of health education in Indonesia, the use of methods associated with culture such as the use of regional languages, traditional stories, wayang, and involving traditional/religious leaders in health promotion has been proven to increase patient understanding and compliance, for example in diabetes diets or smoking prevention because the material is delivered in a familiar and emotional context (Cipta et al., 2024). Theoretically, integrating cultural norms into health interventions allows for more inclusive and responsive service delivery, fostering a sense of belonging and trust. The principles of cultural competence highlight the importance of developing cultural awareness, cultural knowledge, cross-cultural communication skills, and a desire to understand the patient's culture (Chowdhury et al., 2022).

Transformational leadership style significantly increases the success of health interventions, which is theoretically in line with the concept that transformational leaders are able to convey a shared vision, inspire, and motivate team members to maximize their potential, this finding is consistent with a recent scoping review that describes transformational leadership as a foundation for creating a positive, innovative, and patient safety-focused work environment in health organizations (Tsapnidou et al., 2024), as well as interventional trials on head nurses which showed an increase in staff performance after the implementation of this leadership style (Mushtaq et al., 2022). Transformational leadership not only plays a crucial role in maintaining patient safety but also positively impacts the motivation, satisfaction, and performance of healthcare workers. Through this leadership style, leaders are able to inspire and encourage employees to transcend personal interests for shared goals, thereby creating a more adaptive, collaborative, and quality-driven organizational culture. Thus, transformational leadership can be a strategic factor in building a productive and sustainable work environment in the healthcare sector (Torar & Wulandari, 2023).

Theoretically, servant leadership is viewed as an approach that emphasizes the needs of subordinates, builds staff capacity, and creates a safe psychological climate. This perspective

aligns with the Job Demands–Resources framework, which emphasizes the importance of leader support as a work resource for enhancing well-being, motivation, and innovation, thus supporting the success of health interventions. Empirical evidence suggests that servant leadership promotes psychological safety and innovative behavior in public employees (Xiao et al., 2025), and is positively related to patient safety culture and organizational performance in the health sector (Demeke et al., 2024; Demeke et al., 2025). Field research also confirms the impact of this style on improving work quality, organizational citizenship behavior, and reducing burnout among nurses, which ultimately improves continuity of service and patient satisfaction (Bayati et al., 2025). Further qualitative studies revealed that servant leadership practices, such as two-way communication and professional development, strengthened the implementation of clinical safety (Demeke et al., 2025). Although consistently positive, the literature emphasizes the existence of mediators such as psychological safety and moderators such as public service motivation that influence the strength of this relationship, so that the implementation of servant leadership needs to be adapted to the organizational context (Demeke et al., 2024; Xiao et al., 2025).

The findings of this study have several important practical implications for public health. First, they emphasize that effective interventions require leaders capable of inspiring and facilitating transformational change, not just managing technical matters. Second, communication is a core skill that must be developed at every level of health management, particularly given its role in strengthening community compliance and trust. Third, strengthening community participation and access directly expands the inclusiveness and equity of interventions. Fourth, equipping interventions with local cultural sensitivity not only strengthens program acceptance but also enhances relevance and sustainability.

This study has several limitations to consider when interpreting the results. The use of a cross-sectional design limits the ability to draw causal conclusions between the effectiveness of health interventions and the various factors studied. This study also does not fully capture the complexity of system-level contextual factors, such as regional policy dynamics, variations in program implementation quality, and the influence of local culture and norms measured quantitatively. Therefore, it is not yet able to deeply represent the social and structural dynamics that influence the effectiveness of health interventions. The relatively limited sample size of 194 respondents limits the statistical power of the study and reduces the ability of the analysis to capture the full range of population characteristics, potentially affecting the accuracy of estimates and the generalizability of the study findings.

CONCLUSIONS

This study demonstrates that local leadership plays a crucial role in determining the effectiveness of health interventions at the community level, as leaders who are able to inspire, build collaboration, and mobilize community participation have been shown to strengthen local capacity, create a sense of ownership, and ensure the sustainability of programs. Based on these findings, central and regional governments are expected to support the development of local leadership capacity through policies, training, and ongoing mentoring, while health institutions or related agencies can strengthen partnerships with community leaders to increase program acceptance. For future researchers, it is important to further explore the most effective leadership mechanisms in various social and cultural contexts, so that more applicable community leadership models can be formulated to strengthen health interventions and improve community health equitably. This study uses a *cross-sectional* design limiting causal inference, so further study is recommended using longitudinal or quasi-experimental designs with larger samples and mixed methods approaches to examine in greater depth the role of leadership, public trust, and policy context on the effectiveness of health interventions.

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