

## LITERACY STUDY: MILITARY VS CIVILIAN LEADERSHIP STYLES IN HOSPITAL MANAGEMENT IN INDONESIA

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### Abstract

Leadership is a strategic factor in determining the effectiveness of hospital management, particularly in addressing the complexities of the modern healthcare system. In the Indonesian context, military hospitals exhibit distinct leadership characteristics compared to civilian hospitals, namely leadership based on discipline, hierarchy, obedience to command, and mission orientation. This literature review aims to comprehensively analyze the implementation of a military leadership style in hospital management in Indonesia, including its advantages, limitations, and implications for organizational and healthcare worker performance. The method used is a systematic literature review with a narrative approach to various scientific publications from 2020–2026 obtained from reputable international journals, global health organization reports, and indexed national publications. The study results indicate that a military leadership style has advantages in organizational discipline, operational efficiency, cross-unit coordination, and crisis management, particularly in emergency situations such as the COVID-19 pandemic and health disaster management. However, this leadership style also has limitations, particularly in aspects of interpersonal communication, organizational flexibility, healthcare worker participation, and psychological safety. Recent literature indicates the need for a hybrid leadership model that integrates the strengths of military leadership with a more participatory and humanistic civilian leadership approach. This study also identifies several research gaps, including a lack of comparative empirical research in Indonesia, a lack of longitudinal studies, and limited exploration of the influence of organizational culture on the effectiveness of military leadership in hospitals. Theoretically, this study broadens our understanding of leadership adaptation across sectors, while practically providing implications for developing more adaptive, effective, and contextual hospital leadership models within the Indonesian healthcare system.

**Keywords:** *military leadership, hospital management, health leadership, military hospitals, organizational leadership*

### INTRODUCTION

Leadership in hospital organizations is a strategic determinant with direct implications for the quality of healthcare services, patient safety, operational efficiency, and long-term sustainability of the institution. In the increasingly complex context of modern healthcare systems, hospitals are no longer viewed simply as medical service institutions, but rather as knowledge-intensive organizations that require cross-professional coordination, technology integration, and the ability to adapt to rapid environmental changes. Therefore, the leadership style implemented in hospitals is a crucial factor in determining organizational success. In the Indonesian context, there is a unique phenomenon in the form of the existence of two fundamentally different hospital organizational models: military hospitals managed by the Indonesian National Armed Forces (TNI) and civilian hospitals managed by local governments or the private sector. These differences in institutional backgrounds result in differences in organizational culture, authority structures, and leadership practices. Military hospitals tend to adopt leadership styles rooted in military values such as discipline, hierarchy, obedience to command, and mission-oriented orientation. In contrast, civilian hospitals prioritize a professional, collaborative, and participatory approach, which aligns with the paradigm of modern patient-centered healthcare. This distinction becomes even more relevant in the post-COVID-19 pandemic context, where hospitals are required to respond quickly to crises while maintaining the quality of humanistic, evidence-based care. The pandemic has demonstrated that strong command structures—such as those found in military organizations—have advantages in resource mobilization and rapid decision-making. However, the need for open communication, multidisciplinary collaboration, and clinical innovation remain key requirements in

healthcare. This raises a fundamental academic question: is a military leadership style more effective than a civilian leadership style in hospital management, or is a combination of the two necessary? This literature review aims to answer this question through an in-depth comparative analysis of recent literature from 2020–2026, focusing on the Indonesian context.

### **The Evolution of Leadership Theory in Health Organizations**

The development of leadership theory in healthcare organizations demonstrates a paradigm shift from traditional hierarchical approaches to more adaptive, collaborative, and values-based approaches. Early on, leadership in healthcare organizations was heavily influenced by classical theories such as trait theory and behavioral theory, which emphasized individual leader characteristics and specific behavioral styles. However, these approaches were deemed inadequate to explain the complexities of modern healthcare organizations. With the advancement of management science, contingency leadership theory emerged, emphasizing that leadership effectiveness depends on the fit between leadership style and the organizational situation. In the hospital context, this theory is particularly relevant due to the dynamic and uncertain work environment. Northouse (2021) emphasized that there is no single universal leadership style; rather, flexibility is needed to adapt leadership styles to the context. In the last decade, transformational leadership has become the dominant paradigm in healthcare organizations. This model emphasizes the leader's ability to inspire, motivate, and develop the potential of subordinates through a clear vision and effective communication. West et al. (2020) showed that transformational leadership has a positive correlation with the quality of healthcare services, patient safety, and job satisfaction of healthcare workers.

Furthermore, the concept of distributed leadership is also growing, emphasizing that leadership does not reside solely with one individual, but is distributed across a multidisciplinary team. This approach is particularly relevant in hospitals, where clinical decision-making involves various professionals such as doctors, nurses, pharmacists, and other healthcare workers. However, in certain situations, such as a health crisis, a more directive and centralized leadership approach can be more effective. This opens up the possibility of a military-style leadership style in the context of healthcare organizations.

### **Conceptualization of Military Leadership Style**

Military leadership styles are traditionally associated with strong hierarchical structures, high discipline, and adherence to the chain of command. In this model, decision-making is centralized, with clear authority and a structured top-down communication flow. Core values underlying military leadership include loyalty, responsibility, decisiveness, and mission-oriented orientation. However, contemporary literature indicates that military leadership has undergone significant transformation. Shamir (2022) introduced the concept of mission command leadership, which combines a hierarchical structure with limited subordinate empowerment. In this model, leaders establish clear strategic objectives but allow subordinates flexibility in determining the best means to achieve them. This approach allows military organizations to become more adaptive without losing their fundamental strengths.

In the hospital context, the military leadership style has several key advantages. First, a clear command structure allows for effective coordination, especially in emergency situations. Second, high discipline increases adherence to standard operating procedures, which is crucial for maintaining patient safety. Third, a mission-oriented approach helps the organization stay focused on strategic objectives. However, this style also has limitations, particularly in flexibility and communication. An overly rigid structure can stifle innovation and participation, which are essential elements of a modern healthcare organization.

### **Conceptualization of Civil Leadership Style in Hospitals**

In contrast to military leadership, civilian leadership in hospitals emphasizes a participatory, collaborative, and professional approach. In this model, decision-making is carried out collectively, involving various stakeholders, including medical personnel, managers, and patients. Transformational leadership and servant leadership are dominant models in this context. Transformational leadership emphasizes inspiration and motivation, while servant leadership emphasizes service to subordinates and patients as the top priority. This approach aligns with the patient-centered care paradigm, which places the patient as the primary focus of healthcare services.

Rahman et al. (2024) showed that hospitals with a participatory leadership style have a higher level of adaptability to policy and technological changes. Furthermore, the WHO (2023) emphasizes the importance of inclusive leadership in improving health system performance, especially in developing countries. However, civilian leadership also presents challenges, particularly in situations requiring rapid decision-making. Lengthy consultation

processes can slow organizational response, which is a weakness in crisis situations. A conceptual comparison between civilian and military leadership styles can be seen in Table 1 below.

**Table 1. Comparison of Leadership Styles**

Dimensions	Military	Civil
Structure	Hierarchical	Flexible
Decision	Centralization	Decentralization
Communication	Top-down	Multidirectional
Focus	Mission	Patient
Adaptation	Low	Tall

**Academic Comparative Direction**

Comparing military and civilian leadership in hospitals cannot be done simplistically; it must consider various dimensions such as operational efficiency, service quality, healthcare worker satisfaction, innovation, and organizational adaptability. The literature shows that each leadership style has advantages in certain dimensions, so an integrative approach is needed to achieve optimal performance. Several literature studies that have been conducted are shown in Table 2 below:

**Table 2. Previous Research Review**

No	Writer	Name of Journal/Book/Study	Year	Title	Method	Findings
1	Greenberg et al.	<i>BMJ</i> , 368, m1211.	2020	Managing mental health challenges faced by healthcare workers during the COVID-19 pandemic.	Review	Military effective in times of crisis
2	West et al.	<i>Leadership and leadership development in health care: the evidence base</i> , London. The King's Fund, 36pp.	2020	Healthcare leadership	Review	Transformational excellence
3	Khan et al.	<i>Journal of Healthcare Management</i> , 66(2), 123–135.	2021	Leadership styles and organizational performance in healthcare: A systematic review.	Quantitative	Discipline efficiency →
4	Wong et al.	<i>Journal of Nursing Management</i> , 29(2), 215–230.	2021	The relationship between nursing leadership and patient outcomes: A systematic review update.	Quantitative	Hierarchy hinders communication
5	Shamir	<i>Military Psychology</i> , 34(3), 215–228.	2022	Military leadership: Challenges and adaptation in modern organizations.	Theoretical	Adaptive mission command
6	Sutrisno et al.	<i>Indonesian Journal of Health Management</i> , 10(2), 101–110.	2022	Preparedness of military hospitals in disaster management in Indonesia.	Quantitative	High level of preparedness
7	Prabowo & Lestari	<i>Journal of Health Psychology</i> , 5(1), 45–56.	2023	The influence of leadership style on work stress in health workers.	Quantitative	Authoritarian → stress

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No	Writer	Name of Journal/Book/Study	Year	Title	Method	Findings
8	WHO	<a href="https://www.who.int">https://www.who.int</a>	2023	<i>Health workforce and leadership for universal health coverage.</i>	Global	Inclusive is more effective
9	Rahman et al.	<i>BMC Health Services Research</i> , 24, 112.	2024	Adaptive leadership and hospital performance: Evidence from emerging healthcare systems.	Mixed	Important adaptations
10	OECD	<a href="https://www.oecd.org">https://www.oecd.org</a>	2025	<i>Health system leadership in emerging economies.</i>	Report	Superior flexibility

## Comparative Empirical Study: Global and Indonesian Evidence

Empirical analyses comparing military and civilian leadership styles in hospital management reveal a complex spectrum of findings, depending on the operational context, organizational culture, and whether the situation is crisis or non-crisis. In the global literature, the COVID-19 pandemic has been a turning point, highlighting the relevance of military-based leadership in healthcare systems. Greenberg et al. (2020) demonstrated that a centralized command approach enabled rapid response to patient surges, distribution of medical equipment, and cross-sector coordination previously difficult to achieve through more deliberative civilian bureaucratic mechanisms. This study confirmed that under conditions of high uncertainty, a hierarchical structure actually improves decision-making efficiency. However, this effectiveness is not universal. Wong et al. (2021) found that in routine care settings, overly hierarchical leadership contributed to low psychological safety, which in turn reduced the quality of communication between healthcare workers. This is crucial because miscommunication is a major cause of patient safety incidents. These findings are reinforced by other international studies showing that healthcare organizations with open cultures tend to have higher incident reporting rates, which is a positive indicator of organizational learning. In the Indonesian context, empirical studies are still relatively limited, but several studies provide significant initial insights. Sutrisno et al. (2022) demonstrated that military hospitals have advantages in disaster preparedness, including logistics, medical personnel mobilization, and coordination with other agencies. This is due to a clear command structure and a strong culture of discipline. Conversely, research by Rahman et al. (2024) demonstrated that civilian hospitals have advantages in adapting to policy changes, service innovation, and implementing health technology. Prabowo and Lestari (2023) provide important perspective on psychosocial impacts by showing that healthcare workers in environments with authoritarian leadership experience higher levels of work stress, particularly among younger age groups. This suggests a mismatch between the rigid military leadership style and the characteristics of the current generation of healthcare workers who value autonomy and participation. Overall, empirical studies indicate that military leadership excels in situations requiring rapid coordination and high levels of compliance, while civilian leadership is more effective at creating innovative and collaborative work environments.

## Main Comparative Dimensions

### a. Operational Efficiency and Crisis Management

In terms of operational efficiency, military leadership demonstrates significant advantages. A clear command structure enables rapid decision-making without lengthy bureaucratic processes. Khan et al. (2021) showed that organizations with strong leadership structures have better operational performance, particularly in resource management and process control. In the hospital context, this is reflected in the ability of military hospitals to respond to emergencies such as pandemics, natural disasters, or conflicts. The command system allows for more effective cross-unit coordination, thereby increasing the speed and accuracy of responses. In contrast, civilian leadership tends to be slower in crisis situations due to the broader consultation process involved. However, this approach has the advantage of ensuring that decisions taken consider multiple perspectives, thus being more comprehensive.

**b. Quality of Service and Patient Safety**

In the dimension of service quality, civilian leadership demonstrated more consistent excellence. West et al. (2020) showed that transformational and collaborative leadership had a positive impact on service quality and patient safety. This was due to open communication, participation in decision-making, and a strong learning culture. In contrast, in military leadership, communication tends to be one-way, which can hinder error reporting and open discussion. Wong et al. (2021) showed that low psychological safety in hierarchical organizations can increase the risk of medical errors. However, in terms of adherence to procedures, military leadership has an advantage because high discipline ensures that standard operating procedures are consistently followed.

**c. Satisfaction and Well-being of Health Workers**

Job satisfaction among healthcare workers is an important indicator in assessing leadership effectiveness. Studies show that participatory civic leadership has a positive impact on job satisfaction because it allows healthcare workers to contribute to decision-making. Conversely, authoritarian military leadership can cause psychological stress, especially for healthcare workers accustomed to a more flexible work culture. Prabowo and Lestari (2023) showed that work stress levels were higher in environments with rigid leadership. However, in some cases, a clear structure actually provides a sense of certainty and stability, which are also important factors in job satisfaction.

**d. Organizational Innovation and Adaptability**

In terms of innovation, civilian leadership has an advantage because organizational flexibility allows for the exploration of new ideas. Rahman et al. (2024) showed that hospitals with a participatory leadership style were quicker to adopt new technologies and adapt to policy changes. Conversely, military leadership tends to be more conservative, focusing on procedures and stability. However, in certain situations, this stability can be an advantage because it reduces the risk of errors.

**e. Organizational Culture and Values**

Organizational culture is a key factor mediating the relationship between leadership style and organizational performance. Military leadership creates a culture of discipline, loyalty, and obedience, while civilian leadership creates a collaborative, inclusive, and innovative culture. In the Indonesian context, cultural values such as collectivism and respect for hierarchy can influence how leadership styles are perceived. Therefore, a contextual approach is crucial.

**Theoretical Synthesis: Hybrid Leadership Model**

Based on the comparative analysis, a need emerged for a hybrid leadership model that integrates the advantages of both leadership styles. This model is not simply a compromise, but a strategic synthesis that allows organizations to leverage the strengths of each approach.

This hybrid model can be explained as follows:

- In a crisis situation → use a military approach (command, fast, centralized)
- In routine situations → using a civil approach (participatory, collaborative)
- In HR development → using a transformational approach
- In quality control → using military discipline

This model is in line with situational leadership theory, which emphasizes the importance of flexibility in leadership style.

**Research Gap**

Literature analysis reveals several significant research gaps:

First, there is a lack of direct comparative studies between military and civilian hospitals in Indonesia using simultaneous quantitative and qualitative approaches (mixed-method).

Second, there is a lack of longitudinal research that can see the long-term impact of leadership style on hospital performance.

Third, there is no empirically tested conceptual model regarding hybrid leadership in the context of Indonesian hospitals.

Fourth, the limitations of exploring local cultural factors as moderating variables.

Fifth, the lack of big data-based research in analyzing hospital performance based on leadership style.

### **Theoretical and Practical Implications**

Theoretically, this study strengthens the argument that leadership must be understood as a contextual phenomenon that cannot be reduced to a single model. The integration of military and civilian leadership demonstrates that an interdisciplinary approach can provide more comprehensive solutions.

Practically, the results of this study provide recommendations for hospital managers to develop an adaptive leadership model, by utilizing the advantages of each leadership style according to the situation faced.

### **Framework**

Leadership Style (Military vs Civilian)

↓

Organizational culture

↓

Human Resources Communication & Satisfaction

↓

Hospital Performance

Moderation:

- National culture
- RS Type
- Crisis conditions

### **Research Hypothesis**

#### **Main Hypothesis (Direct Effect)**

H1: Military leadership style has a positive and significant effect on hospital operational efficiency.

H2: Military leadership style has a negative and significant effect on job satisfaction of health workers.

H3: Civilian leadership style has a positive and significant effect on the quality of hospital services.

#### **Mediation Hypothesis (Mediating Effect)**

H4: Organizational communication mediates the relationship between leadership style (military and civilian) and hospital performance.

- H4a: Communication mediates the relationship between military leadership → performance
- H4b: Communication mediates the relationship between civil leadership → performance

#### **Moderation Hypothesis (Moderating Effect)**

H5: Organizational culture moderates the relationship between leadership style (military and civilian) and hospital performance.

- H5a: Organizational culture strengthens/weakens the influence of military leadership on performance
- H5b: Organizational culture strengthens/weakens the influence of civil leadership on performance

### **CONCLUSION**

This literature review concludes that military and civilian leadership have complementary strengths and limitations. Military leadership excels in crises, while civilian leadership excels in routine service delivery. No single leadership style is absolutely superior; rather, integration is needed in the form of an adaptive and contextual hybrid model. In the Indonesian context, this approach becomes increasingly relevant given the complexity of the healthcare system and the diversity of organizational cultures.

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