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Perceived Leadership Practices and Its Impact On Performance Outcomes In Select Public And Private Hospitals In Hyderabad And Bangalore.

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Abstract:

In the present context of our day to day life medical services and hospitals have become part of daily needs. There are many hospitals which are playing important role in service sector. Leadership practices play a major role in performance excellence. The doctors can contribute to their best if the leadership practices are supportive in nature. In this study author made an attempt to find the effect of leadership practices on performance outcomes in hospital sector. The major objective of the study is to find perceptions of hospital staff on leadership practices and to measure its impact on performance outcomes. The data was pooled from few selected public and private sector hospitals through structured questionnaire. Correlation, Regression and Structural equation model was used for analysis. The results show that leadership practices were having poor impact on the performance outcomes of the hospital staff. Based on the results suggestions were given to improve leadership practices as they play major part in performance excellence.
Key words: Leadership, performance outcomes, public sector and private sector.

I.INTRODUCTION:

Leadership is supposed to be the influencing factor where a single person or group of individuals is made to move in a proper direction. The concept of leadership is not just a part of organization but also used in very rigorously in politics, business, education etc,. The person who exhibits leadership characteristics is called as leader; he exposes characteristics based on the need, situation and his qualities. According to Nongo (2009) the division of power and authority in between the leader and group is different. The leaders possess more power and authority than the group individuals. In an organization the individual's commitment and dedication depends up on the leadership traits of leader.

In the present scenario there are many organizations which were failure because of lack of good leadership practices. Ineffective leadership practices will lead to unorganized employees', lack of coordination, low productivity, increase in cost etc,. Many of the studies showed transformational leadership style as effective which resulted in increase in productivity rate, innovation, and increase in satisfaction levels of employees'.

Leadership definitions:

Many researchers have given various definitions for leadership. Few of them are given below:

Mullins (2002)	"Art of influencing people so that they will strive willingly towards the achievement of group goals. This concept can be enlarging to include not only willingness to work but with zeal and confidence"
Muijs (2011)	"Process of attaining the objectives by others to willingly join in. the most substantial of leaders in their influential personality that has positive relation with the follower's job satisfaction and the performance".

ISSN: 2278-4632
Vol-10 Issue-6 No. 18 June 2020

Traits of best Leader:

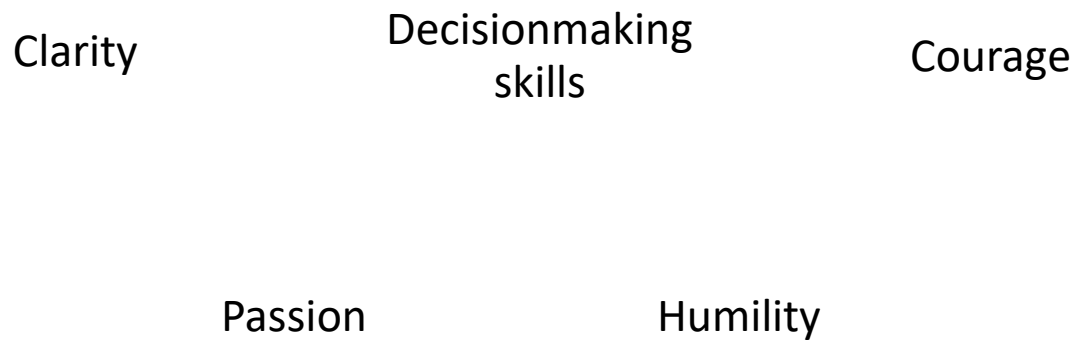

Figure 1: Traits of Leader

II.Review of Literature:

- Kuncoro, W., & Putra, A. E. (2020) has made an attempt to find the influence of leadership style and its impact on employee performance. They have selected employees' of Islamic hospital, Indonesia. The authors used multiple regressions for analysis. The sample size was 100 and which was chosen by using purposive sampling technique. The results of study showed influence of leadership styles on employee performance.
- Tran, T. Q. (2020) tried to find the results of relationship between female leadership and business performance. The author collected data from 500 small and medium enterprises. The results of study showed no consistent relationship between the female leadership and business performance. Under the variable business performance the sub dimensions used were financial results and customer development.
- Made, N., Winasari, P., Yunita, P. I., Basmantra, I. N., Made, D., & Sari, F. (2020) has investigated the relationship between transformational leadership practices and employee performance. They have chosen MSME's as the research unit and 55 employees were used as sample size. The results showed that there was no significant relationship between transformational leadership practices and employee performance.
- Aulia, R., & Ariyanto, E. (2020) have tried finding the impact of leadership and working environment of employee performance. The sample size was 171 which were selected by using random sampling. The results showed moderate impact of leadership on employee performance.
- Hartinah, S., Suharso, P., Umam, R., Syazali, M., Lestari, B. D., & Jermsittiparsert, K. (2020) has done research for finding the role of leadership in improving the performance of teachers. The samples were teachers from private schools. The authors used SEM and PLS for building the model. The results of study depicted that there was relationship between leadership and performance of teachers. It was concluded that teachers' performance can be enhanced by improving the leadership practices of principals.
- Supriyanto, A. S., Ekowati, V. M., & Maghfuroh, U. (2020) has tried to find the mediation effect of work satisfaction in the relationship of leadership and employee performance. 154 number of employees' from RBI bank. The authors used Partial Least Squares method for building the model. The results showed that leadership was not

ISSN: 2278-4632
Vol-10 Issue-6 No. 18 June 2020

directly influencing employee performance but citizenship behavior and job satisfaction influenced leadership on employee performance.

- Fonseca, L., & Costa, D. (2020) had done research on mediation of work motivation in the relationship between leadership and employee performance. The sample size was 86 and SEM-PLS was used for building the relationship model. The results of research proved the influence of leadership practices on employee performance with mediation of work motivation.
- Hamid, H., Haming, M., Semmaila, B., & Bijang, J. (2020) tried to find the mediator effect of management in the association of leadership and performance. The samples were the government employees and number of units was 100. Smart PLS was used for analysis. The results showed no direct influence of leadership on performance but with the mediation of management there was impact of leadership on performance.
- Sahar (2020) has studied the impact of leadership on organizational performance. The samples were teachers and number of units was 356 who were from government schools. The outcome of the study was that leadership behavior was having significant impact on the performance of teachers.
- Gunawan, S., Pradesa, H. A., & Agnesia, T. (2019) has tried to find the impact of governance, leadership on public performance accountability. This is the case study related to Bandung highways and irrigation office. The authors chose 36 public officials. The results proved no noteworthy effect of leadership practices on public performance accountability.
- Kitur, K., Choge, J., & Tanui, E. (2020) has done investigation on impact of transformational leadership style and performance of secondary school students'. The researchers selected 118 students from 108 schools. Chi square is the tool used for analysis. The output was significant. There was impact of transformational leadership style of performance achievement of students.
- Dr.Joice swarnalatha R and Dr.V Murali Krishna . (2017) has done a study on leadership impact on employee performance. The sample unit was IT professional and sample size was 483. The sampling technique used was deliberate sampling. PLS Smart was used to assess the relationship. The outcome of the study confirmed the impact of leadership styles on employee performance. Further the service period of employees and department was also having impact on employee performance.

III. Research Methodology:

The author used both primary data and secondary data for this study. Secondary data is used for finding the gap and statement of the problem from the pooled research papers of the past. Primary data is used to find the perception levels of staff on the leadership practices and performance outcomes. The data was collected from the doctors and administrative executives. The sampling technique used for selecting of the sample size is stratified sampling. The stratum of the study was public sector and private sector; as well proportionate stratified sampling by grouping doctors and administrative executives. The total samples were 400 units out of which were 197 doctors and 203 administrative executives. The selected south Indian hospitals were Gandhi hospital, Hyderabad, KIMS hospital, Hyderabad, Victoria Hospital, Bangalore and St John's hospital, Bangalore.

The data was collected by structured questionnaire. The questionnaire is divided into three parts. The first part is about demographic profile of the respondents which include age, experience, and job type. The second part of the questionnaire is items related to variable leadership practices which include 17 items for assessment. The third part of questionnaire is items related to variable performance outcomes, which include 16 items.

ISSN: 2278-4632
Vol-10 Issue-6 No. 18 June 2020

The tools used of analysis are descriptive statistics for evaluation of demographic profile of respondents. Inferential statistics is used for measuring hypotheses framed. The statistical techniques used are Mean, Standard Deviation, T-test, ANOVA, Correlation and Regression. T-test and ANOVA are used for measuring significant mean differences. Correlation is for finding the relationship between variables in the study. Regression is for establishing linear relationship between dependent and independent variables.

Statement of the problem:

The management should be successful in leading its human resources in proper direction to attain specified objectives. Here raises the question of to what extent the management can understand problems of employees', how they can be motivated in order to render their best for the sake of organization. The concept of leadership practices come into scene to answer the above questions. Majorly speaking about the hospitals, the doctors need to be dedicated and committed for rendering their best for public. In the phase of extracting this, present study is made to identify the medical staff perception on leadership practices adopted in the hospitals and how they are being influenced and how does that have an impact on performance. The author also made an attempt to study the performance results of both public sector and private sector hospitals.

Objectives of the study:

The author has framed following objectives:

1. To measure the perception levels of Doctors and Administrative executives on Leadership practices in selected public and private hospitals in Hyderabad and Bangalore
2. To find the performance outcomes of selected public and private hospitals in Hyderabad and Bangalore.
3. To find the effect of perceived levels of leadership practices on performance outcomes.
4. To evaluate the relationship between leadership practices and performance outcomes.

Hypothesis framed for assessment:

H_1:: There is significant relationship between leadership practices and performance outcomes.
H_2:: There is significant mean difference between performance outcomes of selected hospitals of public and private sectors.

IV Data Analysis and Discussion:

Firstly, descriptive statistics is used for assessing the demographic profile of the respondents. The demographic variables used in the study are Age, experience, and job type. The following table 1 shows the percentage of respondents.

ISSN: 2278-4632
Vol-10 Issue-6 No. 18 June 2020

Table 1: Percentage of respondents:

Job Type	NAME OF HOSPITAL				Total
	GANDHI	KIMS	St.Johns	VICTORIA	
Number of doctors	52	51	50	50	203
% of doctors	52.0%	51.0%	50.0%	50.0%	50.8%
Total % of doctors	13.0%	12.8%	12.5%	12.5%	50.8%
Number of Administrative executives	48	49	50	50	197
% of Administrative executives	48.0%	49.0%	50.0%	50.0%	49.2%
Total % of Administrative executives	12.0%	12.2%	12.5%	12.5%	49.2%
Total	100	100	100	100	400

Table 1 projects the number of doctors and administrative executives of selected south Indian hospitals. Totally 203 number of respondents were doctors which rounded of to 50.8% and 197 number of respondents were administrative executives which rounded of to 49.2%.

Table 2: percentage of respondents as per experience:

Experience		NAME OF HOSPITAL				Total
		GANDHI	KIMS	St.Johns	VICTORIA	
0-1	Number of respondents	0	1	5	0	6
	% of respondents	0.0%	1.0%	5.0%	0.0%	1.5%
	Total % of respondents	0.0%	0.2%	1.2%	0.0%	1.5%
2-5	Number of respondents	19	40	34	14	107
	% of respondents	19.0%	40.0%	34.0%	14.0%	26.8%
	Total % of respondents	4.8%	10.0%	8.5%	3.5%	26.8%
6-10	Number of respondents	56	56	52	67	231
	% of respondents	56.0%	56.0%	52.0%	67.0%	57.8%
	Total % of respondents	14.0%	14.0%	13.0%	16.8%	57.8%
11 and above	Number of respondents	25	3	9	19	56
	% of respondents	25.0%	3.0%	9.0%	19.0%	14.0%
	Total % of respondents	6.2%	0.8%	2.2%	4.8%	14.0%
Total		100	100	100	100	400

Table 2 depicts percentage of respondents with respect to experience. It was observed from the table 2 that 6-10 years of experienced respondents were about 231 in number which was of 57.8%. 11 and above experience levels of respondents were of 107 in number, which was around 26.8%.

Table 3: Percentage of males and females:

		NAME OF HOSPITAL				Total
		GANDHI	KIMS	St.Johns	VICTORIA	
MALE	Number of males	53	50	44	54	201
	% of Males	53.0%	50.0%	44.0%	54.0%	50.2%
	Total % of Males	13.2%	12.5%	11.0%	13.5%	50.2%
FEMALE	Number of Females	47	50	56	46	199
	% of Females	47.0%	50.0%	56.0%	46.0%	49.8%
	Total % of Females	11.8%	12.5%	14.0%	11.5%	49.8%
Total		100	100	100	100	400

Table 3 projects the percentage of male and female respondents. The total number of males was 201 which were of 50.2% and female respondents were 199 which were of 49.8%. Maximum number of males was from Victoria hospital, Bangalore and maximum number of

ISSN: 2278-4632
Vol-10 Issue-6 No. 18 June 2020

females was from St Johns Hospital, Bangalore. Minimum number of males was from St.Johns Hospital, Bangalore and minimum number of females was from Victoria hospital, Bangalore.

Table 4: Percentage of respondents' age group:

AGE		NAME OF HOSPITAL				Total
		GANDHI	KIMS	St.Johns	VICTORIA	
20-30	Number of respondents	12	23	17	6	58
	% of respondents	12.0%	23.0%	17.0%	6.0%	14.5%
	Total % of respondents	3.0%	5.8%	4.2%	1.5%	14.5%
31-40	Number of respondents	62	68	64	66	260
	% of respondents	62.0%	68.0%	64.0%	66.0%	65.0%
	Total % of respondents	15.5%	17.0%	16.0%	16.5%	65.0%
41-50	Number of respondents	17	9	19	26	71
	% of respondents	17.0%	9.0%	19.0%	26.0%	17.8%
	Total % of respondents	4.2%	2.2%	4.8%	6.5%	17.8%
51 and above	Number of respondents	9	0	0	2	11
	% of respondents	9.0%	0.0%	0.0%	2.0%	2.8%
	Total % of respondents	2.2%	0.0%	0.0%	0.5%	2.8%
Total		100	100	100	100	400

Table 4 represents percentage of age groups of respondents. The maximum number of respondents was from age group of 31-40 which was 260 and rounded of to 65.0% of respondents. 41-50 age group respondents were of 17.8% who were around 71 in number.

Table 5: Perceptions on Leadership practices:

S.No	Leadership	% Definitely	% possibly	% Neutral	% Possibly not	% Absolutely not	Mean	Standard Deviation
1.	Hospital have a tradition of visionary and innovative leadership	31.8	41.6	21.8	3.8	1.3	3.9903	0.89837
2.	Hospital actions create a sustainable, high-performing healthcare organization	59.8	29.1	9.3	1.8	0.3	4.4508	0.75000
3.	There is high degree of acceptance of responsibility for quality by department heads	21.5	28.6	17.3	2.5	0.3	3.9844	0.71492
4.	Degree to which top management considers quality improvement as a way to increase profits	37.5	40.9	18.8	2.3	0.8	4.1220	0.84094
5.	Hospital place patients first	31.0	50.5	14.3	2.5	1.8	4.0706	0.83945
6.	Hospital have cordial relationship and collaboration with administrative /operational level	29.0	50.1	17.5	2.5	1.0	4.0370	0.87934
7.	Management are committed to recognize and reward the contribution by the members of workforce	36.5	39.9	20.0	2.5	1.3	4.0804	0.87934
8.	Hospital Employees actively participate in social responsibilities	26.5	50.3	19.5	2.8	1.0	3.9852	0.81329
9.	Hospital integrate social responsibility into performance improvements efforts	33.5	35.4	27.3	3.5	0.5	3.9761	0.89132
10.	Hospital Management provided services for those who cannot pay	32.5	37.5	19.0	7.3	3.3	3.8907	1.04331

Table 5 represents the perceptions of respondents over the leadership practices. It is evident that Mean value ranges from 3.8907 to 4.4508. The highest mean value is on management actions creating a sustainable, high-performing healthcare organization and least mean value is on services provided for those who cannot pay. 111 doctors who were around 54.7% and

ISSN: 2278-4632
Vol-10 Issue-6 No. 18 June 2020

128 administrative executives who were around 64.9% said that definitely the actions created sustainable, high performing health care organization. Totally 239 respondents of 59.7% said that definitely the actions created sustainable, high performing health care organization. Only 1 administrative executive said that the actions absolutely not created sustainable, high performing health care organization. 41.4% of doctors who were 84 in number and 29.4% of administrative executives who were 58 is number agreed that possibly the services were provided for those who cannot pay. Totally 49.6% of respondents opined that possibly the services were provided for those who cannot pay. 8 numbers of doctors which was around 3.9% and 5 administrative executives which was around 2.5% said that services were absolutely not provided for those who cannot pay.

The standard deviation values ranges from 0.71492 to 1.04331. The highest standard deviation value is on the provision of services for those who cannot pay. This highest standard deviation value indicates that no consistency in the responses towards the item. The lowest standard deviation is on the high degree of acceptance of responsibility for quality of department.

Table 6: Perceptions on Performance outcomes:

S.No	Performance outcomes	Definitely %	possibly %	Neutral %	Possibly not %	Absolutely not %	Mean	Standard Deviation
1.	The number of admissions is increased in recent years	31.0	38.0	26.5	4.5	0	3.9550	0.86883
2.	Patient length of stay is decreased	21.8	46.0	24.0	6.5	1.8	3.7950	0.91382
3.	The waiting line has reduced	11.0	25.5	33.3	21.8	8.5	3.0875	1.11712
4.	The number of customer complaints has decreased	13.3	33.5	34.5	11.3	7.5	3.3375	1.08005
5.	Our financial results have been improving.	22.8	29.5	21.0	17.0	9.8	3.3850	1.27312
6.	Total income increased	20.8	35.8	31.3	9.3	3.0	3.6200	1.00903
7.	Total expenditure decreased	16.5	33.3	31.3	11.0	8.0	3.3925	1.12766
8.	The number of healthcare products increased	14.5	33.0	35.5	9.5	7.5	3.3750	1.08041
9.	Social responsibilities schemes increased	30.3	34.5	27.5	5.8	2.0	3.8525	0.98395
10.	There is strong impact of staff involvement in quality management and improvement activities	23.8	32.5	35.3	5.3	3.3	3.6825	0.99709

Table 6 depicts the perceptions of respondents on performance outcomes. It is clear that mean values ranges from 3.0875 to 3.9550. The highest mean value is for item increase in admission rate. 80 doctors who were 39.4% and 72 administrative executives who were 36.5% said that there was possible increase in admission rate. Totally 152 number of respondents who were 38.0% said possibly for the statement. Only 4.5% of respondents said preferably not for the statement.

The lowest mean value is for item reduction in waiting time. 33.2% of respondents remained neutral to the item related to reduction in waiting time, out of which were 69 doctors and 64 administrative executives. 56 numbers of doctors who were 27.6% and 46 administrative staff who were 23.4% opined possible to reduction in waiting time. 8.5% of respondents opined

ISSN: 2278-4632
Vol-10 Issue-6 No. 18 June 2020

absolutely not for the statement, among which were 16 doctors and 18 administrative executives.

The standard deviation values ranges from 0.86389 to 1.27312. The highest standard deviation value is for item total expenditure decreased. This high standard deviation value indicates that there is difference in the opinions of respondents towards particular item. The lowest value is for the item customer satisfaction has shown improvement. This lowest standard deviation value indicates that opinions of responses are similar in nature related to particular item.

Pearson Correlation Analysis:
Karl Pearson correlation is used for finding the mutual relationship between two variables leadership practices and performance outcomes. The results are given in the table 7.

Table 7: Correlation Analysis measuring mutual relationship between leadership and performance outcomes

Correlations			
		Leadership Practices	Performance outcomes
Leadership Practices	Pearson Correlation	1	0.102*
	Sig. (2-tailed)		0.042
	N	400	400
Performance outcomes	Pearson Correlation	0.102*	1
	Sig. (2-tailed)	0.042	
	N	400	400
*. Correlation is significant at the 0.05 level (2-tailed).			

The above results show the Pearson correlation coefficient between leadership practices and performance outcomes is 10.2%. The relationship is poor. The significant value is 0.042 which is less than 0.05 at 5% level of significance. This shows that there is a significant relationship between leadership practices and performance outcomes.
H_1:: There is significant relationship between leadership practices and performance outcomes.
The above hypothesis is tested by using regression test. In this leadership practices is independent variable and performance outcomes is dependent variable. The results are given in following tables.

Table: 8 : Regression analysis Model summary

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.102[a]	.010	.008	.40454
a. Predictors: (Constant), Leadership Practices				

Table 8 specifies the model summary of regression analysis. The regression coefficient is R= 0.102 which means there exists 10.2% of relationship between dependent variable and independent variable. The R square value, coefficient of determination is 0.010 which means 1% of Performance outcomes are being explained by the leadership practices. The adjusted R square value is 0.008 which shows that 0.8% of Performance outcome is explained by leadership practices. The results show there is a relationship between dependent variable performance outcome and independent variable leadership practices.

ISSN: 2278-4632
Vol-10 Issue-6 No. 18 June 2020

Table 9: Regression coefficients:

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.239	.163		19.854	.000
	Leadership Practices	.080	.039	.102	2.037	.042
a. Dependent Variable: Performance outcomes						

The coefficient of determination of leadership is positive which 0.080 is, this means that for every one unit of increase in leadership practices lead to 0.080 times of increase in performance outcomes. The significant value is 0.042 which is less than 0.05 at 5% level of significance. Therefore null is to be rejected. This concludes that there is significant relationship between leadership practices and performance outcome.

H_2:: There is significant mean difference between performance outcomes of selected hospitals of public and private sectors.
ANOVA is the statistical tool for assessing this hypothesis. Gandhi hospital, Hyderabad, and Victoria hospital, Bangalore are the public sector hospitals in the present study. KIMS, Hyderabad and St John's Hospital, Bangalore are private sector hospitals in present study.

Table 10: ANOVA RESULTS

VARIABLE	HOSPITALS	MEAN	Standard deviation	F-VALUE	P-VALUE
Performance Results	PUBLIC	3.4	0.37	13.2	0.000
	PRIVATE	3.60	0.46		

The mean value of public sector hospitals was observed to be lower than that of private sector hospitals. The standard deviation value of private sector hospitals is 0.46 which was higher than public sector hospitals. This shows inconsistency in opinions. From the results it is very clear that private sector performance results are higher than that of public sector hospitals. The p value is 0.000 which is less than 0.05 at 5% level of significance. Hence the null is terminated. It can be concluded that there is significant mean difference between performance outcomes of selected hospitals of public and private sectors.

Suggestions:

Specific suggestions:

1. Even though the study shows the relationship is exist between leadership practices and performance outcomes, the author suggested few recommendations for the selected hospitals. It is necessary to educate the doctors and administrative executives in maintaining cordial relationship with the leaders.
2. Many of the respondents opined that services provided were not for those who cannot pay. The management should design a policy of social responsibility.

General suggestions:

3. Every hospital should provide sufficient salary, should show positivity in resolving indifferences and other issues which cause inconvenience to the staff in doing their job.
4. In this management should try to treat free certain percentage of patients who are not in a position to pay the fee. Certain services should be made available freely for

ISSN: 2278-4632
Vol-10 Issue-6 No. 18 June 2020

those who cannot pay. This type of policy should be designed under social responsibility

Conclusion:

The present study has showed that there is relationship exist between leadership practices and performance outcomes. The doctors and administrative executives must be motivated to attain goals and to climb the ladder of their career. For motivating and making the staff to move in contributory direction suitable leadership style is essential. In this complex world single person, manager will not be in a position to solve every individual's problems. Every organization should develop an effective leadership style as a practice so as to solve the day to day problems of members.

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