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The Effectiveness of Regional Leadership in Facing Emergency Response Period of COVID-19 Pandemic

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***Abstract*—The central government has allowed various policies to be implemented in regions such as Large-Scale Social Restrictions (PSBB) and Local Scale Restrictions (PSBL). The current handling of COVID-19 is not only focused on the spread of the virus, but also on economic recovery efforts to maintain social and economic stability in the community. Various efforts have been made by regional heads to balance efforts to deal with coronavirus and economic recovery. This research took place in the area of Malang Raya which includes Malang City, Malang Regency, and Batu City. This paper aims to determine what factors are most dominant in the effectiveness of regional heads in dealing with the COVID-19 pandemic. The method used a mixed method. A quantitative approach through an online survey with a questionnaire collected as many as 264 respondents and processed using SPSS factor analysis. Qualitative approach carried out with web seminars to obtain information from practitioners and academics. The research finding illustrates that attitude of followers toward leaders is the most dominant dimension in shaping leadership effectiveness. The second is the process and the third is the goal.**

Keywords—effectiveness, regional head leadership, COVID-19, Malang Raya

I. INTRODUCTION

Handling of cases of the spread of COVID-19 increasingly requires parties to be able to resolve them completely in terms of its spread and the social and economic impacts it causes. President Joko Widodo repeatedly conveyed to all regional heads, including Governors, Regents / Mayors, so that they can control and trade between economic and social interests. President Joko Widodo said that regional heads must know when to press the brakes and when to press on the gas [1].

What is meant by gas and brake by President Joko Widodo is related to efforts to reduce the trend of positive cases, the daily death rate, to increase the recovery rate of patients.

All stakeholders who play a role in handling COVID-19 such as the Provincial Task Force, district/city level, the Republic of Indonesia Police (Polri), the Indonesian National Army (TNI), Civil Service Police, private sector, and community support components (RT, RW) must move in harmony and balance.

In addition, innovation, collaboration, and communication are needed as keys to handling COVID-19 in the regions. As stated by Vice President KH Ma'ruf Amin, COVID-19 in Indonesia needs compliance and community participation to inhibit and stop the spread of the virus. So that all stakeholders are expected to be able to innovate, collaborate and communicate well [2].

This paper aims to determine what factors are most dominant in the effectiveness of regional heads in dealing with the COVID-19 pandemic. So that scientifically we can find out what factors are the most dominant so that it can be maintained and other factors that are less dominant so that it can be improved.

The government has made efforts to increase efforts to deal with COVID-19 in Indonesia by establishing a Committee for Handling COVID-19 based on Presidential Regulation Number 82 of 2020 chaired by the Minister of State-Owned Enterprises (BUMN) Erick Thohir. This committee oversees the Task Force (Task Force) Handling COVID-19 led by Chairman of the National Disaster Management Agency (BNPB) Doni Monardo [3]. The COVID-19 Handling Committee is currently focusing on 9 provinces that have the highest rate of virus growth in Indonesia including DKI Jakarta Province, West Java Province, Central Java Province, Bali Province, North Sumatra Province, South Kalimantan Province, Papua Province, South Sulawesi Province, and East Java Province [4].

Apart from the City of Surabaya, Sidoarjo Regency, and Gresik Regency which have implemented several Large-Scale Social Restrictions (PSBB) because they are considered endemic areas for the spread of coronavirus, other areas that have contributed greatly to the spread of coronavirus are Malang City, Malang Regency, and Batu City which hereinafter referred to as Malang Raya area. This region has implemented the PSBB as in Surabaya and its surroundings. PSBB Malang Raya has been implemented since May 17, 2020, and is valid for 14 days based on the Decree of the Minister of Health of the Republic of Indonesia Number

HK.01.07 / MENKES / 305/2020 [5]. PSBB Malang Raya is only implemented once and is not extended again, this is based on the joint decision of the Mayor of Malang, Regent of Malang, and Mayor of Batu. The three regional heads wanted the next phase to be a new normal transition [6].

The Regional People's Representative Council (DPRD) of Malang City considers that PSBB Malang Raya is still not effective in suppressing the transmission of COVID-19, this is as stated by the Head of Malang City DPRD, I Made Rian Diana Kartika. It becomes less effective because it turns out that after the PSBB and after the PSBB, the people in Malang Raya have not seen reducing activities outside the home. Another thing that was deeply regretted by the Head of the Malang City DPRD was that the PSBB policy agreed by the three regional heads did not involve the Malang City DPRD in formulating the PSBB policy. The DPRD as part of the government and part of the people's voice should be allowed to convey ideas and ideas in the PSBB Malang Raya policy [7].

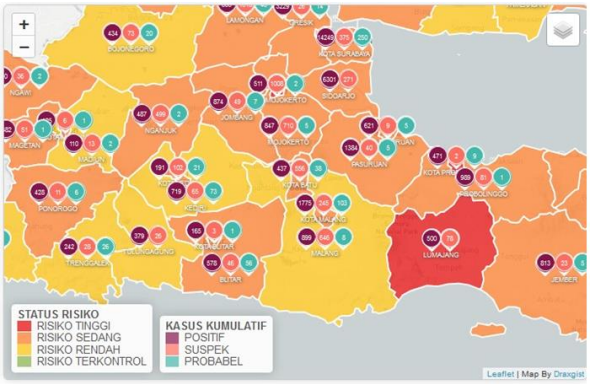

Fig. 1. Map of the distribution of COVID-19 in Malang Raya. http://infocovid19.jatimprov.go.id/, accessed September 30, 2020.

If we pay attention to figure 1, map of the distribution of COVID-19 in Malang Raya, the development is moving positively where Malang Regency becomes the yellow zone, Malang City and Batu City becomes the orange zone. This shows that although Malang Raya implemented PSBB only once, the positive impact can be felt until the end of September 2020 [8]. This is all thanks to the cooperation of all parties to reduce the number of the spread of coronavirus in Malang Raya. The role of each regional head as Chair of the district/city Task Force largely determines the success of Malang Raya to become the yellow zone and the orange zone. These efforts certainly do not stop here. The central government and the people of Malang Raya demand that the green zone is realized in Malang Raya soon.

Regional heads as Chair of the COVID-19 Task Force are often trapped in the hierarchical leadership bureaucracy which tends to hinder the acceleration of handling of social and economic impacts as implications of the application of physical distancing and social distancing. Some regional heads try to implement totality leadership by often coming downstairs to see the handling of COVID-19, but often experience stress and run out of energy. Some regional heads tend to sit at the table waiting for reports from their subordinates, so policies and programs are often late. Both leadership approaches like this are not appropriate in a prolonged crisis.

The right pattern of leadership to be applied in crises is distributed leadership. The distributed leadership approach replaced the old hierarchy. Not only sharing leadership responsibilities and authority, but a distributed leadership approach also involves stakeholders strategically and communicates intensively. Dealing with crisis leadership tasks systematically, recognizing situations in which different leadership approaches can be used, and using a distributed leadership approach are useful lessons for preparing for and responding to future crises [9].

This study would like to recommend the dominant factors for the effectiveness of regional head leadership, which should be the concern of regional heads, especially in Malang Raya. The hope is that in the future every regent/mayor can play an effective role in various crises faced by the government and society.

II. Literature Review

A. *Effectiveness of Leadership*

The leadership effectiveness of a leader can be seen from various perspectives so that each expert has different indicators of leadership effectiveness. This can be seen from the scope of leadership both individually, in groups/teams, and organizations.

Leadership effectiveness is usually seen from how much the leadership contribution is given to the business processes carried out by subordinates based on the perceptions of subordinates and observers from outside the organization. Is a leader able to maintain solidity, mutual support between members, member loyalty, and member confidence that the organization can achieve common goals? Is the leader able to encourage each group under him to solve common problems, and be able to resolve differences or even conflicts faced by his subordinates? Does a leader encourage efficiency and specialization of roles, organizational activities, use of organizational resources, and preparation of organizations to face the demands of times and crises [10]?

The prolonged crisis demands a leader to move quickly and precisely in preventing a bigger impact. Crises represent fast-moving and dynamic events that increase the need for adaptation, adaptation, and innovation by a variety of members. There are also examples of successful behaviours where actors succeed, albeit under challenging conditions, to effectively resist conflict, formulate and achieve common goals, adapt to rapidly changing situations and emerging structures, and innovate in response to unexpected problems. Collaborative crisis management is the answer to the uncertainty caused by a prolonged crisis [11].

B. Facing Emergency Response in COVID-19 Outbreak

Political leaders and health experts are fully responsible for delivering accurate information and encouraging changes in people's behaviour amid a pandemic. This role is very much needed by the community because often data and information about COVID-19 are not well available and even the truth is doubtful [12].

The delivery of health information in a simple and easily understood manner by the public is needed during the COVID-19 pandemic crisis. Delivering reliable data and facts information can make it easier for each leader to change people's behaviour in facing crises. Spokespersons for health communication, patient education and public health behaviour change are responsible for conveying information in an easy, simple and reliable manner [12].

The Indonesian government in general is still experiencing limitations in responding quickly to the development of the spread of COVID-19. Often there are changes in policies in dealing with the social and economic impacts that occur. For example, the implementation of the PSBB in each region has different policy content from one region to another. So that there is often an imbalance between the central government and local governments. Djalante et al [13] explain the differences and weaknesses in responding to developing situations based on rapid analysis of media content, government speeches and reports, social and mass media platforms. There are five recommendations presented by Djalante et.al, namely Strengthening the health response as outlined by WHO, with an initial consideration of long-term zoonotic risks and a One Health approach, a proactive, no-regrets approach to saving lives, strengthening disaster-humanitarian coordination and decision-making capacity to sub-national governments during crises and emergencies, strengthening economic resilience, utilizing science-based multidisciplinary decision-making/assistance, supported by big data / open science/citizen data, ensuring transparency and strategic crises and risk communication.

III. METHODS

This research is an empirical study using a mix-method approach that combines quantitative methods and qualitative methods. Where primary data is collected through online survey techniques and web-seminars by inviting speakers from academics and practitioners. The online survey took 264 respondents from the people of Malang Raya with a minimum education of Bachelor or S1. Secondary data were collected through literature studies, social media, and newspaper articles in the reporting period from January to August 2020. Qualitative data informants were obtained from the Head of the Gadang City of Malang, Lawmaking Officials of the Regional Secretariat of East Java Province, Lecturers at Telkom University, Bandung, and Lecturer at the Raden Rahmat Islamic University, Malang Regency.

The data collection technique mostly uses the principles of netnographic research, namely internet research, online focus groups, online interviews, online journals, online research methods, online surveys, and structural network analysis [14].

The quantitative data analysis technique was carried out using SPSS factor analysis [15]. Meanwhile, qualitative data analysis uses interactive data analysis techniques Miles and Huberman's model, namely data collection, data condensation, data display, and conclusions: drawing / verifying [16].

IV. RESULTS AND DISCUSSION

A. Descriptive Statistical Analysis

In the descriptive analysis section, the frequency and percentage distributions of the objective variables, followers' attitudes towards leaders, and processes are presented.

TABLE I. DISTRIBUTION OF FREQUENCY AND PERCENTAGE BASED ON OBJECTIVE VARIABLES

P	Strongly Disagree		Disagree		Rather agree		Agree		Strongly Agree		Total		Mean
	F	*%*	*F*	*%*	*F*	*%*	*F*	*%*	*F*	*%*	*F*	*%*	
TU1	20	7.58	31	11.74	93	35.23	88	33.33	32	12.12	264	100	3.31
TU2	11	4.17	31	11.74	84	31.82	103	39.02	35	13.26	264	100	3.45
TU3	9	3.41	16	6.06	103	39.02	102	38.64	34	12.88	264	100	3.52
TU4	15	5.68	21	7.95	73	27.65	107	40.53	48	18.18	264	100	3.58
TU5	6	2.27	9	3.41	54	20.45	113	42.8	82	31.06	264	100	3.97

Based on Table 1, for question 1 (TU1), there were 20 (7.58%) respondents who answered strongly disagree, respondents answered disagree as many as 31 (11.74%), respondents answered rather agree as many as 93 (35.23%), respondents answered agree as many as 88 (33.33 %) and respondents answered strongly agree as much as 32 (12.12%). For the second question (TU2), there were 11 (4.17%) respondents who answered strongly disagree, respondents answered disagree as many as 31 (11.74%), respondents answered rather agree as many as 84 (31.82%), respondents answered agree as many as 103 (39.02%) and respondents answered strongly agree as much as 35 (13.26%). For the 3rd question (TU3), there were 9 (3.41%) respondents who answered strongly disagree, respondents answered disagree as many as 16 (6.06%), respondents answered rather agree as many as 103 (39.02%), respondents answered agree as many as 102 (38.64%) and respondents answered strongly agree as much as 34 (12.88%). For the 4th question (TU4), there were 15 (5.68%) respondents who answered strongly disagree, respondents answered disagree as many as 21 (7.95%),

respondents answered rather agree as many as 73 (27.65%), respondents answered agree as many as 107 (40.53%) and respondents answered strongly agree as many as 48 (18.18%). For question 5 (TU5), there were 6 (2.27%) respondents who answered strongly disagree, respondents answered disagree as many as 9 (3.41%), respondents answered rather agree as many as 54 (20.45%), respondents answered agree as many as 113 (42.80%) and respondents answered strongly agree as much as 82 (31.06%) (figure 2).

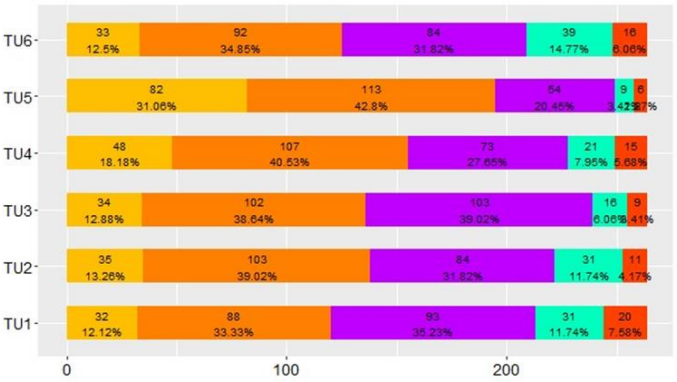

Fig. 2. Illustration of frequency and percentage distribution based on objective variables.

B. SPSS Factor Analysis Results

Factor analysis test to determine the dominant factors forming the leadership effectiveness variable. The dimensions forming the leadership effectiveness variable are the goals, the attitudes of followers towards the leader and the process.

1) Kaiser-Meyer-Olkin measure of sampling adequacy (KMO MSA): The value or measure of the Kaiser-Meyer-Olkin Measure of Sampling Adequacy or abbreviated as KMO MSA, is used to determine whether the factor analysis process can be carried out or not (appropriateness of factor analysis). A KMO MSA value above 0.5 indicates a factor analysis process can be carried out (factor analysis is appropriate), while a KMO MSA value below 0.5 indicates that the factor analysis process cannot be carried out (factor analysis may not be appropriated) (Malhotra and Birks, 2006: 574). Table 2 presents the KMO MSA values.

TABLE II. VALUE OF KMO MSA

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy		.748
Bartlett's Test of Sphericity	Approx. Chi-Square	759.762
	df	3
	Sig.	.000

Based on table 2, it is known that the KMO MSA value is 0.748. Since the KMO MSA value is> 0.5, this means that the factor analysis process can be carried out.

2) Bartlett's test of sphericity: The value or measure of Bartlett's Test of Sphericity is used to test whether the correlation between variables is large enough or not for a principal component analysis (Field, 2009: 671). In line with Field, Malhotra and Birks (2006: 574) state that Bartlett's test of sphericity is a test to test a hypothesis (null hypothesis) which states that the variables in the study population are uncorrelated. In other words, the population correlation matrix is an identity matrix, in which each variable is perfectly correlated only to itself or the variable itself (correlation value 1), but not correlated with other variables (correlation value 0).

To find out whether the correlation between variables is large enough or not, the Sig value can be compared. (probability) from Bartlett's of Sphericity to the level of significance used (α). If the value is Sig. (probability) from Bartlett's of Sphericity <significance level (α), this shows that the correlation between variables is quite large. Based on Table 3, it is known that the Sig. from Bartlett's of Sphericity is 0.000 <0.05, so the hypothesis about the variables in the study population is not correlated is not accepted. In other words, the correlation between variables is large enough for factor analysis.

TABLE III. BARTLETT'S TEST OF SPHERICITY

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy		.748
Bartlett's Test of Sphericity	Approx. Chi-Square	759.762
	df	3
	Sig.	.000

Based on Table 3, it is known that the Sig. from Bartlett's of Sphericity is 0.000 <0.05, so the hypothesis about the variables in the study population is not correlated is not accepted. In other words, the correlation between variables is large enough for factor analysis.

3) Testing dimensions forming leadership effectiveness: Table 4 presents the correlation value between objectives, followers' attitudes towards leaders, processes towards leadership effectiveness. Based on this value, it can be seen that the dominant dimensions of the leadership effectiveness variable are known.

TABLE IV. CORRELATION BETWEEN DIMENSIONS AND LEADERSHIP EFFECTIVENESS

Correlations				
	Destination	**Follower attitude towards leader**	**Process**	**Leader Effectivity**
Leader Effectivity	Pearson Correlation	.932**	.965**	1
	Sig. (2-tailed)	.000	.000	
	N	264	264	264
** Correlation is significant at the 0.01 level (2-tailed)				

Based on the results of Table 4, it is known that the correlation value between objectives and leadership effectiveness is 0.932, the correlation value between followers' attitudes towards leaders and leadership effectiveness is 0.965 and the correlation value between process and leadership effectiveness is 0.948. It is known that the highest correlation occurs between followers' attitudes towards leaders and leadership effectiveness, with a correlation value of 0.965. This means that the attitude of followers towards the leader is the most dominant dimension in shaping leadership effectiveness. The second is a process and the third is the goal.

A. Web Seminar Results and Online Interviews

The efforts of the regional head in dealing with the spread of COVID-19 must be based on applicable laws and regulations. The legislation is available from the central government to local governments. Legal instruments at the central and regional levels are well available [17]. Now what is needed is how to harmonize the efforts made by the central government with the efforts made by the regional government so that there are no overlapping policies, miscoordination, and miscommunication that lead to failure in the field.

Regional stakeholders in Malang Raya have made efforts to prevent the spread of coronavirus through the PSBB and other preventive efforts, one of which is by establishing the "Kampung Tangguh" program. Namely, villages that can protect residents who have contracted the coronavirus by providing food and other necessities for community members who have been confirmed positive. In addition, "Kampung Tangguh" is independently able to implement physical and social distancing independently [18]. The concept of a tough village was first initiated by the Institute for Research and Community Service (LPPM) Universitas Brawijaya. Then it was adopted by the local government in Malang Raya to be implemented by choosing one of the villages in the sub-district to be used as a pilot project (figure 3).

Fig. 3. Tough village in Malang city.

V. CONCLUSION

As the results and discussion above, it can be explained that the leadership effectiveness of regional heads in Malang Raya is determined by the most dominant factor is the attitude of followers towards the leader. The second dominant factor is the process carried out by the leader. And the third dominant factor is the goal that we want to achieve together, namely Malang Raya to be free from COVID-19.

The existence of a resilient village adopted by the local government in Malang Raya shows that the policies and initiatives taken by the regional head have received a positive response from the community. Where the community plays an active role to care and be aware of efforts to prevent the spread of coronavirus. This positive response was shown by active participation in paying attention to and helping the needs of quarantined community members because it was confirmed positively.

Thus, the findings in the quantitative method are quite relevant to the findings in qualitative methods. So, it can be concluded that the regional head in Malang Raya has been quite effective in dealing with the COVID-19 pandemic.

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