

Woman Leadership in Cultivating a Breast Cancer Care Culture: A Qualitative Case Study of Lovepink (Instagram @lovepink) Indonesia

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Abstract

This study investigates the pivotal role of female leadership in establishing a comprehensive breast cancer awareness culture within Lovepink Indonesia, a prominent non-governmental organization (NGO). Utilizing a qualitative case study methodology, this research synthesizes Bernard Bass's Transformational Leadership Theory, Carol Gilligan's Ethics of Care, and Edgar Schein's Organizational Culture Framework to analyze how female survivors leverage their lived experiences to drive systemic social change. Data were gathered through semi-structured in-depth interviews with executive board members and community beneficiaries, triangulated with non-participant observations. The findings elucidate that female leaders at Lovepink transition from conventional administrators to transformational agents by employing empathetic communication and relational responsibility. This leadership paradigm directly shapes the organizational culture across three levels: artifacts, espoused values, and basic assumptions effectively deconstructing the societal stigma surrounding breast cancer. This study demonstrates how transformational leadership grounded in lived survivorship experience translates into a sustained, three-tiered organizational culture of care, offering a replicable model for gender centric leadership in health focused civil society organizations.

Keywords: Female Leadership, Transformational Style, Ethics of Care, Organizational Culture, Breast Cancer

Introduction

The global proliferation of breast cancer remains a critical public health challenge, particularly in developing nations where late-stage diagnoses significantly contribute to high mortality rates (World Health Organization [WHO], 2021). In the Indonesian context, official data from the Ministry of Health of the Republic of Indonesia (2023) indicates that breast cancer ranks first in the number of new oncological cases. According to the Global Cancer Observatory (2020), this elevated mortality is not solely attributable to

infrastructural and medical limitations; it is equally exacerbated by socio-cultural barriers, including pervasive social stigma, fear of clinical screening, and the dissemination of misinformation. Within this problematic landscape, Lewis (2014) posits that civil society organizations, particularly non-governmental organizations (NGOs), emerge as crucial intermediaries capable of bridging the gap between formal governmental healthcare systems and marginalized grassroots communities.

One of the most prominent entities spearheading this advocacy is Lovepink Indonesia, a non-profit organization distinctively founded and governed by female breast cancer survivors (Lovepink Indonesia, 2025). While conventional bureaucratic institutions often approach public health campaigns through rigid administrative lenses (Salamon & Anheier, 1992), Lovepink introduces an alternative paradigm rooted in experiential empathy and community empowerment. This unique phenomenon necessitates a rigorous academic investigation into how leadership, explicitly shaped by gendered experiences, can actively reconfigure broad public health cultures.

Extant literature in public health frequently focuses on epidemiological metrics or clinical outcomes (Jones & Smith, 2019), thereby marginalizing the strategic organizational communication that underpins health advocacy. Furthermore, traditional leadership paradigms frequently understate the efficacy of gender-centric approaches in non-profit management (Eagly & Carli, 2007). International evidence suggests that breast cancer civil society organizations across low- and middle-income countries share recurring challenges around trust-building, stigma reduction, and survivor-to-survivor knowledge transfer (Dvaladze et al., 2020). However, this line of research has predominantly examined advocacy outcomes and organizational challenges, with comparatively less attention paid to the specific leadership mechanisms, particularly gendered leadership styles, that enable such organizations to institutionalize a sustainable culture of care.

Therefore, this study aims to address this research gap by answering the following question: How does female leadership construct and sustain a culture of breast cancer care within Lovepink Indonesia? By evaluating this through a multidisciplinary theoretical lens, this paper seeks to provide an empirical blueprint for institutional health communication and non-profit leadership.

Lovepink was selected as the case for this study due to its distinctive founding structure, being explicitly established and led by breast cancer survivors themselves, rather than by external health professionals or corporate philanthropists, a governance model that remains uncommon among Indonesian health-focused NGOs. This survivor-led structure provides an analytically rich context to examine how lived

experience is converted into institutional leadership practice.

Theoretical Framework

To comprehend the dynamic governance within Lovepink, this study deploys the Transformational Leadership framework formulated by Bass (1985). According to Bass and Avolio (1994), transformational leaders transcend transactional exchanges by inspiring followers to align with a collective vision that supersedes individual interests. Yukl (2013) asserts that this model is characterized by four core dimensions: idealized influence (serving as charismatic role models), inspirational motivation (articulating an appealing vision), intellectual stimulation (challenging the status quo and outdated stereotypes), and individualized consideration (providing tailored support). In the context of a health NGO, transformational leadership empowers survivors to shift from a mindset of passive victimization to active societal advocacy (Northouse, 2018).

Complementing the leadership framework, the Ethics of Care theory popularized by Gilligan (1982) offers a critical gender-focused analytical lens. Unlike traditional ethics that prioritize abstract rules and formal justice (Kohlberg, 1981), the ethics of care posits that moral development, particularly within female psychological frameworks, is anchored in relational responsibility, empathy, and the preservation of human connections. Tronto (1993) operationalizes this into four institutional dimensions: attentiveness (recognizing needs), responsibility (taking action), competence (providing effective care), and responsiveness (understanding the recipient's position). Within Lovepink, this perspective helps deconstruct how "care" is institutionalized not merely as a superficial program, but as a core leadership virtue (Noddings, 2013).

To assess how leadership behaviors transmute into a sustainable collective movement, this study utilizes Schein's (2010) model of Organizational Culture.

Schein conceptualizes culture through three interconnected levels: (1) Artifacts: The visible organizational structures, processes, and symbols (e.g., public language, rituals); (2) Espoused Beliefs and Values: The explicitly stated strategies, goals, and philosophies articulated by the leadership (Cameron & Quinn, 2011); and (3) Basic Underlying Assumptions: The unconscious, taken-for-granted beliefs that ultimately drive behavioral patterns within the institution.

While each framework addresses a distinct analytical layer, they are conceptually complementary in this study. Transformational leadership (Bass, 1985) explains the behavioral mechanisms through which leaders mobilize followers; the ethics of care (Gilligan, 1982; Tronto, 1993) explains the relational and gendered content of those behaviors; and Schein's (2010) cultural model explains how those behaviors become institutionalized over time into shared artifacts, values, and assumptions. Read together, these frameworks position female leadership not merely as a management style but as a cultural-transformation process: personal experience becomes leadership practice, leadership practice becomes caring action, and caring action becomes institutional culture.

Material and Methodology

This study adopts a qualitative descriptive approach utilizing a single-case study design to capture the granular nuances of Lovepink Indonesia. The rationale for selecting a case study methodology rests on Yin's (2018) assertion that case studies are highly suitable for investigating contemporary phenomena within their real-life contexts. Data collection was executed through purposive sampling, following Creswell's (2016) guidelines to select key informants possessing rich operational insights. Semi-structured in-depth interviews were conducted with three executive board members (representing female leadership) and five active community members (representing the organizational culture).

To ensure data triangulation and academic validity in accordance with Miles, Huberman, and Saldaña (2014), the interviews were

supplemented by non-participant observation of Lovepink's programmatic activities and textual analysis of their official digital publications. The gathered data underwent thematic analysis, involving iterative coding, category clustering, and theoretical mapping against the conceptual frameworks of Bass, Gilligan, and Schein (Braun & Clarke, 2006).

Result and Discussion

The manifestation of transformational leadership in female survivors

The empirical data reveals that leadership within Lovepink Indonesia is structurally transformational, diverging from traditional bureaucratic non-profit management. This transformational approach is fundamentally driven by the executive board's collective identity as breast cancer survivors, which validates Bass and Avolio's framework in a distinct health-advocacy context. The application of transformational leadership at Lovepink is evident across its four core dimensions.

First, regarding idealized influence, female leaders at Lovepink do not merely manage the organization; they serve as living, charismatic role models. By openly sharing their personal narratives, physical and emotional struggles, and survivorship journeys, these leaders establish a profound sense of psychological safety and high credibility among newly diagnosed patients.

Second, in terms of inspirational motivation, these leaders successfully reconstruct the semantic narrative surrounding breast cancer in the public sphere.

Third, regarding intellectual stimulation, Lovepink's leaders constantly challenge systemic ignorance by organizing educational advocacy forums. Finally, the leadership ensures individualized consideration by providing tailored support for community members based on their specific recovery stages.

Institutionalizing the ethics of care

While Bass's theory explains the mechanisms of influence, the content of this leadership is deeply rooted in female-centric moral development. The findings indicate that Lovepink's operational activities are tangible institutionalizations of the Ethics of Care. Unlike traditional healthcare institutions, Lovepink's leaders prioritize relational responsibility and the preservation of human connections. This is

prominently manifested through the organization's structured patient-buddy system, wherein senior survivors actively accompany new patients physically and mentally.

The leaders demonstrate attentiveness by actively recognizing vulnerabilities faced by new patients, followed by taking responsibility and showing competence through pairing patients with trained buddies. Furthermore, the leadership continually ensures responsiveness by evaluating the effectiveness of this care based on the recipients' feedback.

Constructing and sustaining the care culture

The culmination of transformational leadership and the ethics of care is the establishment of a robust, sustainable organizational culture. Integrating the field data into Schein's cultural triad, this study illustrates how female leadership systematically embeds the value of care into every facet of the organizational identity, as mentioned in Table 1.

Table 1. Schein's Organizational Culture Integration in Lovepink

Cultural Level (Schein, 2010)	Empirical Evidence at Lovepink	Theoretical Integration
Artifacts	Extensive use of the color pink, highly accessible peer support chat groups, and the annual "Jakarta Goes Pink" charity walk.	Visible symbols and interactive spaces that normalize health discourse and diminish the social isolation of patients (Cameron & Quinn, 2011).
Espoused Values	Official slogans emphasizing early screening ("SADARI"), unconditional	Articulated institutional goals that actively transform

Beneath these artifacts lie the espoused beliefs and values, acting as the strategic bridge for the community. Ultimately, the deepest, unconscious level of Lovepink's culture represents a basic underlying assumption that creates a radical paradigm shift in the Indonesian context. This core assumption, championed by

	companionship, and inclusive health education.	passive patients into empowered health advocates (Schein, 2010).
Basic Assumptions	The collective conviction that breast cancer is manageable through early detection and solidarity, rather than a terminal social disgrace.	Core institutional assumptions that completely overwrite preexisting cultural stigmas and traditional fears (Yukl, 2013).

The most visible manifestations of Lovepink's culture are its artifacts, which include the extensive use of the color pink and the orchestration of the annual charity walk shown in Figure 1. These artifacts serve as interactive spaces that normalize health discourse.



Figure 1. The annual "Jakarta Goes Pink" charity walk organized by the community
Source: IG Lovepink

the transformational survivor-leaders, makes the culture of care profoundly self-sustaining.

Theoretical synthesis: The pathway from experience to culture

Synthesizing the three frameworks, the findings demonstrate a clear theoretical trajectory where personal survivorship

experiences are translated into transformational leadership behaviors. These behaviors are continuously executed through an ethics of care approach, emphasizing empathy and relational responsibility over rigid bureaucracy. Ultimately, these repeated caring actions solidify into a structured organizational culture compromising artifacts, values, and assumptions that successfully redefines public health advocacy.

Figure 2. These Espoused Value emphasizing early screening ("SADARI"), unconditional companionship, and inclusive health education.



Figure 2. CSR Week "Free Early Breast Cancer Detection with ABUS" Health Talk & Sharing about Breast Cancer organized by the community
Source: IG Lovepink



Figure 3. "Patient-Buddy System," through WhatsApp Group organized by the community
Source: IG Lovepink

Conclusions

This study concludes that the successful cultivation of a breast cancer care culture within Lovepink Indonesia is directly correlated with the implementation of gender-centric, transformational leadership. By amalgamating transformational leadership characteristics with the principles of the ethics of care, these female survivor-leaders have engineered an organizational culture that effectively neutralizes societal stigmas, discrimination, and public fear.

From a theoretical standpoint, this research reinforces the urgency of integrating gender perspectives into organizational culture and health communication studies. Practically, findings from this single case suggest that policymakers may benefit from further exploring structured collaboration with survivor-led NGOs, though broader validation across multiple organizations would be needed before scaling such recommendations nationally.

Limitations

This study is bound by the constraints of a single-case qualitative design, which limits the generalizability of findings beyond Lovepink's specific organizational context. Additionally, since both the researcher and the informants share female gender identity, there is a potential for shared interpretive bias in framing leadership experiences. Future comparative studies across multiple survivor-led NGOs would help validate the transferability of the leadership-culture model proposed here.

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