



## Perceived Leadership Support as a Moderating Factor between Flexible Working Practices and Employees' Job Performance among Public Hospitals in Tanzania

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**Abstract:** This study investigated the leadership support as a moderator between flexible working practices and employees' job performance among regional hospitals in Tanzania. The study used the descriptive correlational design. Registered nurses and midwives from eight selected regional hospitals formed the population of 2,976 subjects from which the study picked 404 as sample. The study revealed that leadership support has a significant moderating effect on the relationship between work scheduling and employee's performance. Therefore, leaders in public hospitals need to prepare appropriate schedules that meet the hospital requirements. The study further concluded that leadership support has a significant moderating effect on the relationship between workload and employee's performance. Therefore, the leaders should provide enough resources to deal with adverse effects of excessive workload. Finally, leadership support has a significant moderating effect in the relationship between work continuity and employees' performance. Therefore, the leaders should establish appropriate methods to increase supportive leadership practices.

**Keyword:** Supportive leadership; public hospitals; emotional support; flexible working practice; employees' performance.

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### Introduction

Globally, the healthcare sector faces increasing pressure from both work targets and family responsibilities, adversely affecting employee health and well-being. In the same manner, the combination of professional and personal life has progressively become essential in this sector due to the way of life in revolutionizing times (e.g., employed mothers, dual earner families, employees with elder care responsibilities, etc.) and changing demographics and patterns of work and family (Higgins, *et al.*, 2010; Nayeem & Tripathy, 2012). These changes have contributed to an increase in role overload as workers struggle to accommodate the various demands placed on them by their profession and personal lives (Kossek & Michel,

2010). Empirical evidence indicates that role overload has numerous stress related outcomes such as anxiety, burnout, fatigue, and decreased satisfaction with family and work (McNamara *et al.*, (2012). In this situation, leader behaviors that provide emotional support for employees expressing concerns for employees' needs and welfare has been highly emphasized (Higgins *et al.*, 2010).

According to Kwesigabo (2016), public hospitals in Tanzania are an important part of health systems, which acts as first referral, secondary or last referral facilities. Particularly, Li, *et al.*, (2014) indicate, public hospitals generally consume about 50 to 80 percent of recurrent government health sector expenditure and utilize nearly half of the total

national health expenditure. Impliedly, in order to operate in a cost-effective way, governments in some developing countries have started looking for cost effective working practices to reduce the financial burden of hospitals on governments. Consequently, the adopted cost-cutting measures has led to harmful practices, such as irregular work scheduling, heavy workload, irregular shifts etc; a factor which is increasingly problematic for the healthcare profession (Aiken & Al-Anazi, 2012; Stimpfel *et al.*, 2012). Therefore, the significance of leadership support is considered a core element for a well-coordinated and integrated provision of care, both from the patients and healthcare. This calls for the urgent need of specific human resource policies and practice that fosters a high-quality work environment.

Downe, *et al.*, (2016) indicates that healthcare organizations can gain a competitive advantage over competitors by effectively implementing flexible working practices among their employees. As Frey and Breugh (2014) indicated, workers expect to achieve a balance in their work and personal lives; however, few receive support for that balance from supervisors or in official workplace policies. The support also appears in studies by Fear, (2011) which underscore the importance of a supportive leadership in realizing the full potential of workplace flexibility in healthcare settings. As it is well known that working environment in health care environment is stressful, efficient support from leaders relate with better performance supported by the fact that employees who are more liable to stress have low urge to show a better performance (Koivisto, & Rice, 2016).

However, despite the recognized benefits of supportive leadership in fostering positive work practices among employees, public hospitals in Tanzania have witnessed a marked decline in nurses' performance over the past two decades, challenging the efficacy of existing leadership efficiency (Shannon & Mchannon, 2011).

Issues such as absenteeism, low productivity and poor healthcare service quality (Manongi *et al.*, 2012) characterize this decline. Such challenges not only impede service delivery but also raise critical concerns about the role of support in the effective implementation of Flexible Working Practices (FWPs). As indicated by Gordon, *et al.*, (2015), flexible working practices refers to work place arrangements that gives workers choice about

where, when and how long they perform. In this way, the increased interest in FWPs is important not just to the healthcare industry, but also to the Tanzanian economy. Researchers have presented work-life studies in meta-analyses and shown that high levels of restricted working practices have negative consequences not only for the employees but also for their employers (Bond & Galinsky, 2011; Booth & Mathews, 2012).

In Tanzania, the failure to effectively implement FWPs, coupled with issues of bias, favoritism and discrimination (Ishijima & Eliakimu, 2014; Manongi, 2013; Whyman *et al.*, 2014), suggests a gap in leadership support that could be pivotal in harnessing the benefits of these arrangements. Understanding this relationship could offer valuable insights into how FWPs can be optimized through enhanced supervisory support, ultimately improving the performance and productivity necessitating the need for this study.

## **Related Literature Review**

Flexible working practice (FWP) is one of such HRM policies that gives workers choice about where, when and how long they perform (Gordon, *et al.*, 2015). It is designed to provide more choice of working style to fit one's unique life style and improve employee's job satisfaction. Offering flexible working practices can be considered a structural change that organizations make to redesign their approach to work and is facilitated through advances in information and communication technology (Downe, *et al.*, 2016).

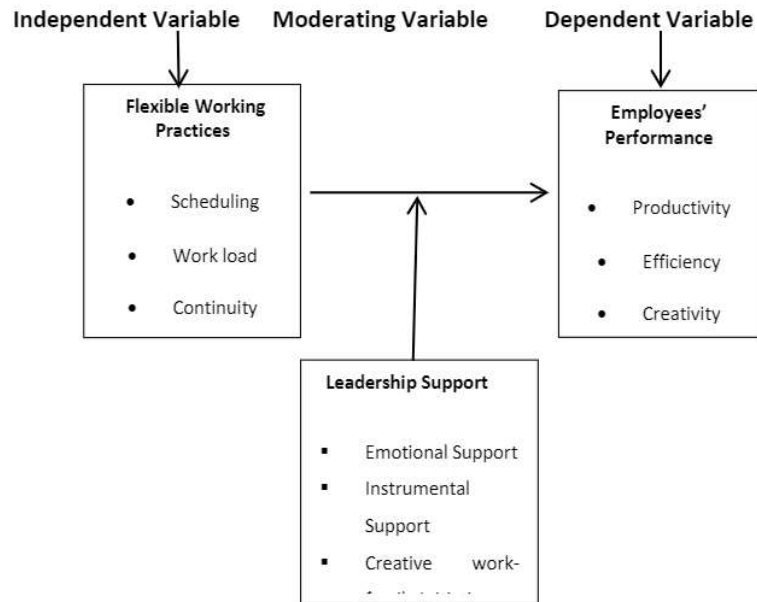
Flexible working practices are categorized into four design criteria. These are flexibility when one works (such as the work scheduling). It also includes flexibility where one works (such as the location or place of work), flexibility in how much one works (such as the amount of work or workload) and flexibility in the continuity of work, such as short- and long-term breaks in work activity and time off (Koivisto, 2016). Therefore, leaders need to know how to "bundle" various human resource practices that complement each other and fit with organizational strategy thus necessitating the supportive leadership behavior (Hay, 2012; Voguz, 2017).

According to Gordon, *et al.*, (2015) supportive leadership is the behavior, which focuses on the wellbeing of employees and has a deep concern for the needs, preferences and satisfaction of employees (House, 1971). This sense of

psychological empowerment then stimulates multiple positive actions, including improved commitment, engagement, a higher degree of satisfaction in their work, improved work performance and diminished intentions to leave. Kristensen and Pedersen, (2017) asserts that supportive leadership behaviors consists of the dimensions of emotional support (Li, et al., 2014) leaders providing support by listening and showing care for employees' work-family demands, instrumental support (Duxbury & Higgins, 2003);

leaders responding to an employee's work and family needs in the form of day-to-day management transactions, role modeling behaviors, (Soenanto, 2016); leaders demonstrating how to synthesize work and family through modeling behaviors on the job and creative work-family management, (Kristensen, & Pedersen, 2017) leaders - initiated actions to restructure work to facilitate employee effectiveness on and off the job, (Kumar, & Chakraborty, 2013).

**Figure 1: Conceptual Framework**



**Source:** Researcher's Construct, (2023).

For the purpose of this study, emotional support, instrumental support and work-family initiatives were adopted to reflect leadership support initiatives. As the employee's viewpoint connects the supervisor's behaviors to that of the organization, such leaders support every subordinate to strive for excellence while understanding the needs of employees and addressing them properly (Demir and Rodwell, 2012). In similar way, leaders who are always supportive to their subordinates stimulates understanding and motivation, which accelerates timely tasks accomplishment in the required standards.

On the other part, employees' performance refers to how effective employees are in accomplishing their tasks and responsibilities related to direct patient care (Howard, 2012). In categorizing employee in public hospitals, nurses were the core

focus since they are one of the inputs to any healthcare system and have strong effect on the healthcare performance (Havig, 2014; Watson & Stimpson, 2012). On the other hand, nurses provide at least 50% of health services, and even in some countries, nurses do 80% of health affairs. Thus, their job performance may influence the organizational success and quality of health care. Therefore, determining factors that affect the performance of nurses working in these units is important.

Studies indicates a number of measures that can be considered when measuring performance such as use of productivity (Allen et al. 2010), efficiency (Ghalawat et al., 2010), effectiveness (Burdelak, et al, 2012), quality and profitability (Sanz-Vergal et al., (2014) as well as creativity and innovativeness (Higgins, et al., 2014). Therefore, managers have to set the desired levels of performance for any

periods in order to achieve high performance. They can do this by setting goals and standards against which individual performance can be measured (Gilson, 2014). The study assessed the employees' performance based on productivity increase, efficiency and effectiveness and creativity and innovativeness. These are sub variables notably used in most of human resource for health studies (Fear, 2011).

### Theoretical Underpinnings

This study employed the Path Goal Theory formulated by House (1971) as integral to understanding the impact of supportive leadership in the relationship between (FWPs) and employees' performance. The theory assumes that the leader's job is to assist his followers in accomplishing their goals, specifying direction, providing support and ensuring that their goals match with the organizational goals. Four kinds of behaviors: directed, participative, achievement oriented and supportive leadership are the major concern of the theory.

Under the path goal theory perspective, beneficiaries of supportive leadership are assumed to be more likely to exhibit higher performance because they would have greater support (e.g., more time, reduced constraints), which would enable them to engage in higher extra-role performance when flexibility is available (Kumar & Chakraborty, 2013). This theory was found suitable in this study because employees in the study area requires one or a combination of directive behavior, supportive behavior, participative behavior or achievement-oriented behavior to support utilization of FWPs to accelerate their performance (Bhatti *et al.*, (2013). McNamara *et al.* (2012) carried out a study to examine the best interventions strategies preferred by emergency service providers in preventing negative emotional responses of irregular working practices. The study found that, prominent subthemes of support from their supervisor and the opportunity for a short period away from the activity were two important interventions recommended by majority of respondents. The study concluded that there was a strong link between leadership support, organizational working practices, and employee's performance.

## Methodology

This section covers the research design, population and sampling, instruments used, validity and reliability, statistical data treatment and ethical considerations.

### Research Design

The study used the descriptive correlational design, collecting data using a structured questionnaire with a 5 points Likert scale.

### Population and Sampling

This study took place in public regional hospitals in Tanzania. Registered nurses and midwives from eight regional hospitals formed the population of 2,976 subjects from which the study picked 404 as sample.

### Statistical Treatment of Data

Data analysis took place through descriptive and inferential statistics. Regression analysis tested the hypotheses to establish the relationships between the study variables.

The multi-linear regression model was as indicated;

$Y = \alpha + \beta_1 X + \beta_2 X_1 + \beta_3 X_2 + \beta_4 X_3 + \epsilon$  as indicated in Equation 1.

Where,

Y= Employees' Performance

$\alpha$  = Constant

X= Composite of Factors ( $X_1, X_2, X_3,$ )

$X_5$ = Leadership Support

$\epsilon$  = margin of error

The significance of moderating effect determined the significance at a p value of 0.05. If reported p value were less than 0.05, then the moderating effect would be significant.

### Validity and Reliability

To ensure the validity, the study used a questionnaire developed by Hemphill and Coon (1957). After being widely used in several studies, the questionnaire proved to be valid. For reliability, a pilot study test yielded the Cronbach's Alpha of above 0.7.

### Ethical Considerations

This study adhered to ethical principles throughout the research process. Before data collection, the researcher ensured that permission regarding data collection was granted. During data collection, the researcher-maintained integrity and confidentiality.

## Results and Discussion

In this section, the findings appear based on the research objectives and hypotheses of the study.

### Demographic information

The study received 381 questionnaires, indicating 94.4% of response rate, which is an appropriate rate for data analysis as indicated by Kothari and Gary (2012). In this study the majority of the sample (N = 404) were female (58.8%) and 43.9% (n = 404) were between the ages of 30 and 40 years; 42.9% of the participants were married, 76.4% had university level education, (41.3%) worked as Registered Nurse Assistants and 68% worked more than 8 hours per day.

**Research Question 1:** What is the moderating effect of leadership support on the relationship between work scheduling and employee performance?

The findings revealed that leadership support had positive significant relationship between work scheduling and employees performance among employees in public hospitals. With respect to the moderation, Table 1 indicated that the model without the interaction term, leadership support, was significant with  $R^2$  .646 but after moderation, the  $R^2$  increased significantly to .686. It is noted that

Model 2) with leadership support accounted for significantly more variance than just work scheduling alone, implying that leadership support moderates work scheduling on employee' performance. Further work scheduling was significance with P value  $0.00 < 0.05$ . This implies that leadership support moderates the relationship between the work scheduling and employees' performance in public hospitals in Tanzania. The findings imply that for respondents to meet their working targets, *leaders* in public hospitals should foster a workspace that promotes trust, respect, honesty and integrity.

The findings conform to the path goal theory developed by Bass (1985), which emphasizes on the need to for leaders to foster a workspace that promotes open communication, trust and inspirational leadership to enhance better performance. In addition, the results concur with the findings by Wang *et al.* (2014) who studied 378 government employees from six departments China and concluded that having supportive interactions between leader and team increases the possibility for employees to share their knowledge and exchange ideas ultimately improving performance.

**Table 1: Moderating Effect of Leadership Support on Work Scheduling**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics		
					R Square Change	F Change	Sig. F Change
1	.734 <sup>a</sup>	.646	.646	.634	.4195	90.229	.000
2	.595 <sup>b</sup>	.686	.351	.45914	.359	91.708	.000

a. Predictors: (Constant), Work Scheduling

b. Predictors: (Constant), Work Scheduling, Leadership Support

**Table 2: Moderating Effect of leadership Support on Workload**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics		
					R Square Change	F Change	Sig. F Change
1	.435 <sup>a</sup>	.189	.187	.51375	.189	86.438	.000
2	.588 <sup>b</sup>	.46.3	.342	.46217	.156	88.202	.000

a. Predictors: (Constant), Workload

b. . Predictors: (Constant), Workload, Leadership Support

**Research question 2:** What is the moderating effect of leadership support on the relationship between workload and employees' performance?

With respect to the moderation effect of leadership support on the relationship between workload and the performance of nurses, the R square of .189

emerged in table 2 for the model without the interaction term, leadership support and R square of .463 for the model with the interaction term, leadership support. The model with leadership support accounted for significantly more variance than just workload practice an indication that there is potentially significant moderation between

workload flexibility and leadership support on the performance of nurses. The findings could imply that employees can better manage their duties and family expectations with the assistance of a supervisor in balancing work and life demands.

The results support the findings by Keane (2016) who asserts that when employees find a supportive attitude from their leaders regarding a well-balanced workload, they work with more devotion and deal with job stress in a better way. The results are further consistent with the findings of Lee *et al.*, (2017), who emphasized that leaders determine the amount of work that employees have to do, while being able to also harmonize their emotional and physical exhaustion from heavy workload.

**Research question 3:** What is the moderating effect of leadership support on the relationship between work continuity and employees' performance? The findings revealed that leadership support had positive significant relationship between work continuity and employees' performance among employees in public hospitals. The study found that

the model without the interaction term, leadership support, was significant with  $R^2$  .219 but after moderation, the  $R^2$  increased significantly to .474. It was noted that the model with leadership support accounted for significantly more variance than just job continuity alone implying that leadership support moderates job continuity on employees' performance. Furthermore, job continuity was significance with P value  $0.00 < 0.05$ . This implies that leadership support moderates the relationship between the job continuity and employees' performance in public hospitals in Tanzania.

The findings imply that engaging leaders foster their employee's work engagement through satisfying their basic needs for competence, relatedness, autonomy, and meaningfulness. The findings are consistent the path-goal theory, which was formulated by House (1971), whose hypothesis affirms that the workers would look at a distinct management style and gain the necessary fulfillment.

**Table 3: Moderating Effect of Leadership Support on Job Continuity**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics		
					R Square Change	F Change	Sig. F Change
1	.468a	.219	.217	.50457	.219	104.178	.000
2	.611b	.473	.370	.45261	.154	91.329	.000

a. Predictors: (Constant), Work Continuity

b. Predictors: (Constant), Work Continuity, Leadership Support

The findings conform to the study by Downe *et al.*, (2016) who found that leaders establish an acceptable set of standards that employees use when they work; employees can decide either to positively endorse those standards or oppose them.

### Conclusion and Recommendations

The study concludes that leadership support has a significant moderating effect on the relationship between work scheduling and employee's performance. Therefore, the study recommends that leaders in public hospitals should set up schedules that meet the hospital requirements and suits its employees. This will enable hospitals to manage their staffing levels effectively by providing real-time visibility into employee availability.

Secondly, the study concludes that leadership support has a significant moderating effect on the relationship between workload and employee's performance. The study therefore recommends that leaders in public hospitals should provide enough resources to deal with adverse effects of excessive

workload identified in public hospitals. This is because, when workers receive social support from their leaders, they can expect a reduction in their burden, whether real or perceived.

Finally, the study concludes that leadership support has a significant moderating effect on the relationship between work continuity and employees' performance. In this way, the study recommends that public hospital leaders should establish methods to increase supportive leadership practices to supporting work and life difficulties among employees.

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