Effects of Work Systems on Employee's Performance at Mawenzi Regional Referral Hospital in Moshi, Tanzania

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Abstract
This study aimed to assess the effects of work systems on employee performance at Mawenzi Regional Referral Hospital in Moshi, Tanzania. The study was grounded in the Competing Values Framework (CVF), the study employed a convergent research design under mixed method approach, combining quantitative and qualitative approaches. The study population comprised 400 employees, using a Yamane formula (1967) a sample size of 200 healthcare workers (doctors and nurses) selected through stratified random sampling and 5 key management personnel chosen via purposive sampling. Primary data was collected using questionnaires for healthcare workers and interview guide for management. Validity and reliability were ensured through expert evaluation and Cronbach's Alpha ($\alpha = 0.79$). Quantitative data was analyzed using descriptive analysis via SPSS version 22, while qualitative data was analyzed through contextual analysis. Ethical considerations, including confidentiality and informed consent, were strictly adhered to. The findings revealed that work systems have a statistically significant effect on employee performance at the p-value of 0.003, with resource availability, communication efficiency, training adequacy, and procedural clarity emerging as key determinants. The study concluded that optimizing work systems through improved resource allocation, streamlined workflows, and enhanced training can boost employee performance and organizational effectiveness.

Keywords: Work systems, employee performance, public hospitals, Competing Values Framework.

1. Introduction

Work systems are critical elements within any healthcare organization, as they comprise interconnected structures, processes, and human resources that collectively affect service delivery (Padamata & Vangapandu, 2023). A work system is a configuration of people, tasks, tools, technologies, and organizational structures designed to accomplish specific work goals within a particular context. In the healthcare sector, this includes how tasks are allocated, how communication flows, how support mechanisms operate, and how performance is managed (Jatoi et al. (2024). Globally, the performance of healthcare workers is increasingly linked to how well the work systems are structured and implemented. Despite the recognized importance of work systems in organizations, its effects in fostering a high-performance culture in public hospitals continue to pose significant obstacles to the efficient delivery of healthcare.

In Europe, the performance of employees in public hospitals is a critical factor affecting the quality of healthcare delivery and organizational effectiveness. A study by Jančiauskaitė and Lalienė, (2023) showed that in recent years, there has been growing recognition of the role that work systems particularly high-performance work systems (HPWS) play in shaping employee outcomes in healthcare settings. HPWS, which encompass integrated human resource management practices such as recruitment, reward policies, and performance evaluation, have been shown to significantly enhance both individual and organizational performance by fostering a culture of competence and engagement among employees. Abukhader and Onbaşıoğlu (2021) shed light on the total quality management practices, including top management commitment and continuous improvement, were found to significantly affect employee performance in Turkish public hospitals. Also, Qureshi and Asif (2021) added that high-performance work systems were shown affecting employee performance through job engagement in public sectors. Though, Akhigbe and Issa (2022) stated that psychosocial work factors, particularly work-family conflict management, were identified as predictors of employee health and performance in public hospitals in Rivers State.

In Africa, work systems significantly affect employee and organization performance through various mechanisms, including high-performance work systems (HPWS), electronic human resource management (e-HRM), and organizational culture. A study by Ismail et al. (2020) shows that HPWS comprising practices like selective hiring, training, and performance appraisal

positively affects firm performance, especially when aligned with management philosophies that resonate with employee values and beliefs in Kenya. The adoption of e-HRM practices, such as e-communication and e-compensation, is also linked to improvements in multiple dimensions of job performance, though the effectiveness depends on proper implementation and alignment with organizational needs (Umar et al., 2020). Factors like workload balance and work-life balance are crucial, as employees who perceive fair workloads and have supportive work-life policies report higher job satisfaction and better performance (Inegbedion et al., 2020).

In Tanzanian most of regional hospitals confirms that work systems like structured workloads, scheduling practices, and performance appraisal significantly influence employee performance. For instance, Nnko et al. (2020) found a moderate positive correlation between nurses' workload and performance ($r = .443$, $p < .05$), with job rotation and job sharing contributing to improved outcomes in regional hospitals. Mnzava et al., (2024) have shown that non-standard working practices such as irregular schedules and intensity negatively affect Tanzanian nurses' job performance, with significant statistical associations between scheduling factors and performance metrics. Furthermore, broader workforce data in Tanzania shows low productivity, with nurses spending only 57% of their time on clinical tasks and nearly half of clinical staff absent during surveys (Leonard et al., 2022).

In Tanzania, public hospitals often grapple with effects such as inadequate staffing, limited resources, and inefficient organizational structures, which collectively impede optimal service delivery. According to Lupenza et al. (2024), such systemic issues significantly reduce healthcare worker efficiency and increase the likelihood of burnout. The healthcare system faces persistent challenges including resource shortages, understaffing, and outdated infrastructures, the role of efficient work systems becomes even more crucial (Mhechela et al., 2020). Work systems that lack coherence or are poorly coordinated have been associated with decreased job satisfaction, increased stress, and burnout among healthcare professionals (Mtweve & Ntui, 2023). The situation is more acute in public hospitals where the pressure to deliver quality healthcare with limited resources is high.

Moreover, there has been a growing realization that employee performance cannot be improved solely through training or incentives unless it is supported by a functional and enabling work systems. A study by Mwita and Andrea (2020) revealed that improvements in supervision, role

clarity, and workflow management led to significant gains in performance among maternal health workers in rural Tanzania. Similarly, Okereke and Asha (2022) noted that public hospitals in the suffer from systemic inefficiencies such as poor scheduling, lack of coordination between departments and inadequate feedback mechanisms all of which hinder optimal staff performance. Despite the government's continuous efforts such as the Health Sector Strategic Plan (HSSP), primary healthcare revitalization, infrastructure development, and disease prevention programs to strengthen the healthcare sector, the actual implementation of effective work systems remains a significant challenge. As Nnko (2024) argue, the success of public hospitals depends not just on financial inputs but on how work is organized, monitored and supported on the ground. Mawenzi Regional Referral Hospital, with its strategic importance in the northern healthcare network, serves as a relevant case to explore the connection between work systems and employee performance.

1.2 Statement of the Problem

Work systems as the structured configuration of tasks, people, tools, technologies, and organizational processes designed to accomplish specific work objectives are especially crucial in public hospitals, where the demand for health services is high amid limited resources. These systems significantly affect how employees conduct their duties (Abdullahi et al., 2021). While work systems are critical in any institution, studies focusing on the relationship between organizational culture and employee performance in public health facilities particularly regional referral hospitals remain relatively limited (Moshi, 2020). Mwakiluma (2024) emphasized that the alignment between an organizational work system and employees' personal values strongly affects their level of commitment and performance. Well-designed work systems are vital for fostering teamwork, morale, and overall job satisfaction (Mkumbo et al., 2022). Despite ongoing reforms aimed at improving healthcare services, employee performance in public hospitals continues to be a concern, largely due to the persistence of inefficient work systems.

However, most public hospitals in Tanzania, as shown by a report by Ministry of Health and Social Welfare (2019), employee performance in Tanzania's hospital is poor. The report shows that at Kilimanjaro Christian Medical Centre (KCMC) and Mawenzi Regional Hospital for instance 1300 employees manage a daily outpatient volume of 500–550 and handle approximately 25,000 inpatient admissions and 110,000 outpatient visits annually. This

translates to an average of about 84 patients per employee annually in both inpatient and outpatient care, though actual patient-per-day ratios vary by department and function. Also, Mawenzi Regional referral hospitals with bed capacities ranging from 176 to 450 are structured with multiple wards and departments, requiring precise allocations of nurses, clinicians, and technical staff to ensure effective service delivery. This dysfunction hampers their ability to perform efficiently and effectively. To this end, the enabling work system significantly affects levels of employee motivation, job satisfaction, and productivity. This study, seeks to fill this gap by examining the effects of work system on employee performance at Mawenzi Regional Referral Hospital.

1.3. Objective of the Study

The aim of this study was to examine the effects of work systems on employee's performance at Mawenzi Regional Referral Hospital

1 4. Research Hypothesis

H_0: Work systems have no significant effect on employee performance at Mawenzi Regional Referral Hospital

1.5. Significance of the study

This study will significantly provide valuable visions into how work systems affected employee performance at Mawenzi Regional Referral Hospital. The findings will offer practical guidance to hospital administrators and policymakers in identifying and addressing inefficiencies in existing systems. Health sector managers will benefit from understanding the link between work environment and staff productivity, enabling informed decisions on resource allocation and staff support. Also, the study will support government efforts in improving service delivery in public hospitals. For academic and research communities, it will serve as a reference point for future studies on workplace dynamics in the healthcare sector, particularly in resource-constrained settings.

1.6. Theoretical Framework

The Competing Values Framework (CVF), developed by Cameron and Quinn in the 1990s, categorizes organization culture into four distinct types: Clan, Adhocracy, Market and Hierarchy, each emphasizing different core values that shape employee behavior and performance. The theory states that a clan culture promotes collaboration and employee involvement, creating a

supportive environment, while a Market culture is results-oriented, prioritizing competition and achievement to drive efficiency, these culture types can affect the quality of patient care and employee morale; a clan culture may foster teamwork essential for interdisciplinary patient care, whereas a Hierarchical culture could promote efficiency and stability through clear command structures and standardized procedures.

The Assumption of The Competing Values Framework operates on the fact that organization culture is a key determinant of performance, shaped by balancing the dimensions of flexibility versus stability and internal versus external focus. The theory assumes that these competing values affect how employees interact, approach tasks and respond to external demands. In public hospitals, such as Mawenzi Regional Referral Hospital, the CVF can highlight how different cultural types effects both employee behavior and patient care, with a Clan culture fostering morale and satisfaction and a Market culture encouraging efficiency. However, the CVF's categorization may oversimplify the complex dynamics in healthcare, where factors such as regulatory compliance, resource constraints, and patient diversity add complexity that may not be fully captured within the framework.

The CVF's clear categorization of culture types makes it a practical tool for leaders seeking to assess and affect organization culture. Its balanced approach, considering both flexibility and stability, promotes a holistic view of organizational factors affecting performance, which is particularly relevant in healthcare environments where patient safety, adaptability and procedural control are essential. Though, the CVF's rigid categorization may oversimplify the complexities of real-world organization cultures, where multiple cultural traits often coexist, especially in environments like public hospitals that blend teamwork and strict procedures. The framework also lacks a focus on external factors, such as regulatory pressures and funding constraints, which significantly affect public hospital settings.

Despite its limitations, the CVF remains relevant to this study by providing a structured approach for examining how work system affects employee performance at Mawenzi Regional Referral Hospital. By categorizing the hospital's culture, this theory can be used to analyze how specific work systems affect employee engagement, motivation and productivity, thus informing targeted interventions.

2. Literature Review

A number of scholars have conducted several studies relating to work systems and employee performances as shown below;

Kim et al. (2021) conducted a comprehensive quantitative study to elucidate the relationship between work systems and employee performance in public sector hospitals across South Korea. Utilizing a well-structured survey, the researchers gathered data from a sample of 250 nurses and administrative staff, focusing on key dimensions of work systems such as workflow organization, communication efficiency and the integration of technological support systems. Multiple regression analysis was employed to assess the effects of these factors on various employee performance metrics, including productivity rates, task completion times and overall job satisfaction. The findings revealed that well-structured work systems significantly enhanced productivity, with 75% of respondents indicating improved efficiency in task completion and a notable increase in job satisfaction. However, the study identified a critical gap by failing to examine the effect of work systems on employee creativity and morale, aspects vital for fostering innovation in healthcare settings. This study aims to fill that gap by investigating how work systems affect interpersonal dynamics and employee morale specifically at Mawenzi Regional Referral Hospital, potentially incorporating qualitative interviews to capture detailed employee experiences and suggestions for improvements.

Miller et al. (2022) conducted a longitudinal study involving 500 healthcare workers to examine the negative consequences of inadequate work systems on employee burnout within the healthcare sector in the United States. The diverse population included doctors, nurses and administrative staff, surveyed over six months to measure work system efficiency through workload distribution and resource availability, while burnout levels were assessed using the Maslach Burnout Inventory. The findings revealed that poorly organized work systems significantly predicted employee burnout, with approximately 60% of participants reporting high levels of burnout linked to systemic inefficiencies, ultimately leading to decreased performance and increased turnover intentions. Although the study underscored the detrimental effects of inefficient systems, it did not explore potential positive outcomes of effective work systems, such as enhanced employee resilience and job satisfaction. This gap presents an opportunity for current research to focus on how optimized work systems can improve employee performance

and satisfaction at Mawenzi Regional Referral Hospital, potentially through better organization processes and resource allocation strategies.

Kibera and Tuwai (2022) employed a mixed-methods approach to analyze the effects of work systems on employee performance in Tanzanian hospitals, utilizing a sample of 180 healthcare workers. They combined quantitative surveys to assess work system efficiency and qualitative interviews to gather deeper insights into employee experiences. The quantitative findings indicated that streamlined work systems, characterized by clear communication channels and well-defined roles, significantly improved employee performance, with a reported 30% enhancement in task completion rates among those perceiving their work systems as effective. However, the researchers noted a crucial issue: inadequate training on these systems often led to confusion and decreased morale, with 40% of participants expressing feelings of disconnection from their roles. This gap will be further investigated in the current study, which aims to explore the role of effective training in optimizing work systems to boost employee performance and satisfaction at Mawenzi Regional Referral Hospital. The study was assess various aspects of training programs, including design, delivery methods, frequency and ongoing support, to comprehensively understand their effects on employee engagement.

Mwanza and Mbilinyi (2023) concentrated on the relationship between organizational work systems and employee efficiency in public health facilities in Tanzania. This study involved a sample of 150 healthcare professionals and utilized a mixed-methods approach, combining surveys with qualitative interviews. Their findings revealed that effective work systems, particularly those integrating digital tools and collaborative platforms, led to improved task efficiency and reduced time wastage across departments, with a reported 20% decrease in operational delays. However, the researchers did not analyze the long-term effects of these systems on job satisfaction and retention rates, both crucial for sustaining high performance in healthcare settings. Thus, the present study builds on these findings by examining how sustained improvements in work systems can affect overall employee performance and satisfaction at Mawenzi Regional Referral Hospital, potentially incorporating longitudinal tracking of performance metrics over an extended period to assess the durability of the identified effects.

Chilongola et al. (2021) investigated the relationship between work systems and employee performance in Tanzanian public hospitals. Their research involved a survey of 220 healthcare

workers, aiming to identify how inadequacies in work systems such as poorly maintained infrastructure and lack of resources adversely affected individual and team performance. Statistical analyses demonstrated a correlation between inefficient work systems and lower performance scores, with affected teams reporting a 25% decrease in productivity. The study highlighted significant barriers to effective work systems, including infrastructural deficits and resource limitations that impeded operational effectiveness. While it emphasized challenges posed by inadequate systems, it did not explore successful work system models implemented in other healthcare facilities that could serve as benchmarks. The current study seeks to address this gap by investigating effective work systems currently in place at Mawenzi Regional Referral Hospital and assessing their effects on employee performance, focusing on best practices that can be implemented across other departments for enhanced operational efficiency.

2.1. Demonstration of Knowledge Gap

Several studies have explored the effects of work systems on employee performance in healthcare, highlighting both positive and negative outcomes. For instance, Kim et al. (2021) found improved productivity and job satisfaction in South Korea, while Miller et al. (2022) linked poor systems to burnout in the U.S. In Tanzania, Kibera and Tuwai (2022) emphasized streamlined systems but noted poor training, and Mwanza and Mbilinyi (2023) showed the benefits of IT without assessing long-term effects. Although these studies offer thoughtful visions into the effects of work systems on employees' performance, none of them actually researched the implications of work systems on interpersonal relationships, morale, or successful training in sustaining the role in Tanzanian public hospitals. Also, little attention has been given to long-term effects and best practices in sustaining high employee's performance. Therefore, attempts to fill these gaps by analyzing the effects of work systems on employees' performance in the example of Mawenzi Regional Referral Hospital, Tanzania.

3. Methodology

This study employed a convergent research design under a mixed-methods approach, involving simultaneous collection and analysis of both qualitative and quantitative data (Creswell & Plano, 2018). The study focused on employees at Mawenzi Regional Referral Hospital, comprising a total of 400 employees, with a sample size of 200 respondents determined using the Yamane formula (Yamane, 1967). The sample included 200 healthcare workers (doctors and nurses)

selected through stratified random sampling and 5 key management personnel (hospital secretary, human resources managers, chief nursing officer and chief medical officer) selected via purposive sampling. Data were collected from primary sources using questionnaires administered to healthcare workers and interview guides for management personnel. Content and face validity were ensured through expert evaluation by specialists from Mwenge Catholic University, while reliability was assessed using Cronbach's Alpha, with a coefficient of 0.79 deemed acceptable. Quantitative data were analyzed using descriptive statistics (frequencies, percentages, mean and standard deviation) and inferential statistics (correlation and regression analysis) via SPSS version 22, to test hypothesis, statistical analyses, including multi-regression analysis, was conducted to examine the effects of work systems on employee's performance. Qualitative data was analysed by using contextual analysis and presented in the form of direct quotations. Ethical considerations, including confidentiality, informed consent and proper citation (APA 7th Edition), were strictly adhered to throughout the research process. The mean scale was developed to measure the effects of work system on employee performance, the mean scale of 0-1.9 implies no effect, 2.0-2.9 implies low effect, 3.0-3.9 implies moderate effect and 4.0 – 5.0 implies high effect.

4. Findings and Discussion

This section presents, interprets, and discusses the findings of the study regarding the effects of work systems on employee performance at Mawenzi Regional Referral Hospital.

4.1 Response Rate

Self-administered questionnaires were distributed to all 200 sampled doctors and nurses at Mawenzi Regional Referral Hospital. The response rate is summarized in Table 1.

Table 1: *Response rate*

Categories	Sample Size	Respondents rate	Respondents rate
Doctors and Nurses	200	195	97.5%

Source: Field Data, (2025).

Out of 200 doctors and nurses, 195 (97.5%) returned the questionnaire, while 5 (2.5%) did not respond. The doctors and nurses who did not return the questionnaires was attributed due to the fact that they often face heavy workloads and urgent patient care responsibilities, leaving limited time to complete questionnaires. Also, challenges in returning questionnaires due to shift work may contribute to non-response.

4.2 Demographic Characteristics

The demographic characteristics of doctors and nurses including gender, level of education, and work experience were assessed, and the results are presented in Table 2.

Table 2: *Demographic characteristics*

Demographics		f	%	Total
Gender	Male	77	39.5	
	Female	118	60.5	195
Academic Qualification	Certificate	12	6.2	
	Diploma	72	36.9	
	Degree	88	45.1	
	Postgraduate	23	11.8	
	PhD	0	0.0	195
Age	18-24	18	9.2	
	25-34	99	50.8	
	35-44	55	28.2	
	45-54	23	11.8	
	55 and above	0	0.0	195
Work Experience	Less than 5 years	63	32.3	
	5-9 years	75	38.5	
	10 years and above	57	29.2	195

Source: Field Data, (2025)

The results in Table 2 show that 60.5% of the participants were female, while 39.5% were male, indicating that females outnumbered males in this study. This suggests a higher representation of women in the healthcare workforce at Mawenzi Regional Referral Hospital, which affects the dynamics of work systems and on employee performance due to the fact that most of women have many leaves for example maternity leave which alters the work systems in an organization for example at Mawenzi Regional Referral Hospital. However, gender disparities may still exist in terms of roles, responsibilities and access to motivational factors such as promotions or training opportunities. Addressing these disparities is crucial to ensure equitable work systems that enhance performance for all employees, regardless of gender.

The results in Table 2 revealed that the majority of participants (50.8%) were aged 25–34, followed by those aged 35–44 (28.2%), while the youngest (18–24) and older (45–54) groups represented smaller proportions. However, there were no participants aged 55 and above, indicating a predominantly younger workforce. This demographic trend have implications for the design and effectiveness of work systems, as well as overall employee performance. Younger employees might be more adaptable to technological advancements or new work processes, but they may also require more training and mentorship. Tailoring work systems to accommodate the needs of different age groups can optimize performance by leveraging their unique strengths and addressing potential gaps in experience or skills.

The results in Table 2 indicated that 45.1% of the participants held a degree, 36.9% had a diploma, 11.8% possessed postgraduate qualifications and only 6.2% had a certificate. The absence of PhD holders suggests a workforce with moderate to high levels of education but limited advanced specialization. Employees with higher qualifications, such as degrees or postgraduate credentials, likely bring specialized knowledge that enhances their performance in complex healthcare tasks. Work systems should therefore provide continuous professional development opportunities to retain and motivate such employees, as their expertise is critical for the hospital's performance.

The results in Table 2 showed that 38.5% of the participants had 5–9 years of work experience, followed by those with less than 5 years (32.3%) and 10 years or more (29.2%). The distribution reflects a mix of relatively new and experienced employees. Work systems must account for this diversity, as employees with longer tenure may require recognition and leadership opportunities,

while newer staff may need structured training and support. Recognizing the varying needs based on work duration can help design motivational strategies that enhance performance across all experience levels.

4.3 Cross tabulation between working experience and effects of work systems on employee's performance in public hospitals

The study aimed to conduct a cross-tabulation between employees' work experience and the effects of work systems on employee performance at Mawenzi Regional Referral Hospital. Examining the interaction between these variables provided valuable insights into how different levels of work experience may affect the way employees respond to and perform under various work system structures. Work experience plays a critical role in shaping employees' adaptability, efficiency, and understanding of institutional processes, which in turn can affect how effectively they perform within existing work systems in public hospitals.

Table 3: *Cross tabulation between Working Experience * effects of work systems on employee's performance in public hospitals*

		Work Experience			
Effects of work systems on employee's performance in public hospitals		**Less than 5 years**	**5-9 years**	**10 years and above**	**Total**
Clearly established procedures affect the work systems	Strongly Disagree	7	17	14	38
	Disagree	11	21	19	51
	Disagree	10	5	1	16
	Agree	23	16	12	51
	Strongly Agree	12	16	11	39
Total		63	75	57	195
Performance evaluation systems affect employees to achieve better results.	Strongly Disagree	14	5	4	23
	Disagree	2	19	21	42
	Disagree	3	5	2	10
	Agree	19	28	16	63
	Strongly Agree	25	18	14	57
Total		63	75	57	195
The work systems in place can create unnecessary complexities that affect workflow.	Strongly Disagree	5	19	10	34
	Disagree	10	17	30	57
	Disagree	6	14	2	22
	Agree	22	13	11	46

	Strongly Agree	20	12	4	36
Total		63	75	57	195

Source: Field Data, (2025)

The cross-tabulation in Table 3 demonstrates a clear relationship between employees' working experience and their perceptions of how work systems affect performance at Mawenzi Regional Referral Hospital. The majority of employees' responses across different experience levels (Less than 5 Years, 5–9 Years, and 10 Years and Above) revealed meaningful trends, especially regarding the impact of procedures, performance evaluation, and workflow complexity. For example, mid-career employees (5–9 years) showed strong agreement that performance evaluation systems help achieve better results, with 46 out of 75 expressing agreement or strong agreement. In contrast, employees with less than 5 years of experience were more likely to agree that work systems create unnecessary complexities, with 42 out of 63 selecting "agree" or "strongly agree." Meanwhile, experienced employees (10 years and above) showed a high tendency to disagree that workflow complexity negatively affects performance (32 out of 57), indicating a more measured or adaptive view formed over time.

The findings suggest that employees with longer tenure, particularly those with 5 or more years of experience, have a more developed understanding of how work systems influence their performance. This is evident in how they critically assess elements such as procedures and communication, as well as their relatively lower sensitivity to workflow-related complexities. Employees with 10 or more years of experience also had the highest proportion of disagreement regarding the statement on established procedures affecting work systems, possibly reflecting disillusionment with procedural consistency. Thus, the data implies that work experience is a significant factor shaping perceptions of institutional effectiveness, with more experienced staff better equipped to navigate and evaluate systemic issues than their less experienced counterparts.

4.4 The effects of work systems on employee's performance in public hospitals

The study sought to examine the effects of work systems on employee's performance in public hospitals at Mawenzi Regional Referral Hospital. The respondents were requested to respond regarding the effects of work systems on employee's performance in public hospitals by indicating their answers using a scale of SA=Strongly Agree (5), A= Agree (4), N= Neutral (3), D=Disagree (2), SD=Strongly Disagree (1). The mean scale was developed to measure the effects of work system on employee performance, the mean scale of 0-1.9 implies no effect, 2.0-

2.9 implies low effect, 3.0-3.9 implies moderate effect and 4.0 – 5.0 implies high effect as indicated in Table 4

Table 4: *Effects of work systems on employee's performance in public hospitals (n=195)*

The effects of work systems on employee's performance in public hospitals	**SA**		**A**		**N**		**D**		**SD**		**Mean**	**STD**
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**	**f**	**%**		
Employees lack necessary resources to improve work performance.	78	40.0	73	37.4	7	3.6	14	7.2	23	11.8	3.87	1.33
Performance evaluation systems affect employees to achieve better results.	57	29.2	63	32.3	10	5.1	42	21.5	23	11.8	3.46	1.41
Workflow processes in the department are efficient affect daily tasks.	39	20.0	61	31.3	20	10.3	55	28.2	20	10.3	3.23	1.33
Clearly established procedures affect the work systems	39	20.0	51	26.2	16	8.2	51	26.2	38	19.5	3.01	1.45
The work systems in place can create unnecessary complexities that affect workflow.	36	18.5	46	23.6	22	11.3	57	29.2	34	17.4	2.96	1.40
The organization does not provide adequate training on the work systems implemented affecting my performance.	56	28.7	75	38.5	18	9.2	32	16.4	14	7.2	3.65	1.25
Poor communication channels affect employee's performance in the department.	100	51.3	72	36.9	13	6.7	5	2.6	5	2.6	4.32	0.90
The resources that I have affect my job performance.	72	36.9	69	35.4	10	5.1	31	15.9	13	6.7	3.80	1.27
Inconsistencies in established protocols within work systems cause confusion.	52	26.7	64	32.8	46	23.6	26	13.3	7	3.6	3.66	1.12
The resources that I have do not affect my job performance.	63	32.3	35	17.9	10	5.1	23	11.8	64	32.8	3.05	1.71
											Total mean score = 3.50	

Source: Field Data, (2025)

The results in Table 4 revealed that a majority of respondents (40.0% strongly agreed and 37.4% agreed) believed employees lacked the necessary resources to enhance their performance, while only a small minority (11.8% strongly disagreed and 7.2% disagreed) held opposing views. The mean score of 3.87, close to the agree threshold and a standard deviation of 1.33 indicate a moderate effect on resource inadequacy, though with some variability. These findings suggest

that insufficient resources such as medical equipment, staffing or training hinder employees' ability to perform effectively. When employees lack essential tools, their efficiency and morale decline, negatively affecting overall performance. This was supported by the key informant 1, who had this to add:

> *"The availability of resources plays a crucial role in employee performance. When employees have access to the right tools, technology, training and support, they are more likely to be productive, motivated and satisfied with their work. On the other hand, a lack of resources can lead to frustration, delays and decreased morale. Providing the necessary resources not only enhances efficiency but also shows employees that the organization values their efforts and is committed to their success*." (Interview with key informant 1, February 24, 2025).

This concern is echoed by key informant 1, who explains that access to appropriate tools, technology, training, and support enhances productivity, motivation, and job satisfaction. Conversely, resource shortages can cause frustration, delays, and low morale. The manager concludes that providing adequate resources not only boosts performance but also demonstrates the organization's appreciation and support for its employees. This finding aligns with the Human Relations Model of the Competing Values Framework, which emphasizes that employee support and adequate resources are crucial for motivation and productivity. As Chilongola et al. (2021) investigated work system inefficiencies in Tanzanian hospitals, linking infrastructural deficits to decreased productivity. Thus, as study findings revealed persistent resource shortages may weaken employees' sense of belonging and pride in their organization, leading to disengagement. If employees perceive their workplace as poorly equipped, they may distance themselves from the organizational identity, further reducing commitment and performance.

Also, the results in Table 4 revealed that the responses regarding performance evaluation systems were mixed, with 29.2% strongly agreed and 32.3% agreed that these systems affected performance, while 21.5% disagreed and 11.8% strongly disagreed. The mean score of 3.46 indicating moderate effect, near the "Neutral" to "Agree" range, along with a high standard deviation (1.41), indicates significant disagreement among respondents. This suggests that while some employees find evaluations motivating, others perceive them as ineffective or misaligned

with their roles. This divergence implies that current evaluation methods may not be universally applicable or fair, potentially causing disengagement or dissatisfaction among certain employees. Organizations may need to reassess and tailor their evaluation systems to ensure they are transparent, role-specific, and constructive to enhance performance consistently across the workforce. This was supported by one of the key informants 2 who added that:

> *"Performance evaluation systems should be designed to reflect the actual responsibilities and contributions of employees. When these systems are well-structured, fair, and consistently applied, they can provide valuable feedback, boost morale, and encourage professional growth."* (Interview with key informant 2, February 24, 2025).

This, means that When employees believe evaluations are biased or irrelevant, their trust in the organization diminishes, weakening group cohesion and collective performance. From the perspective of the Competing Values Framework's Rational Goal Model, performance evaluations should drive results by setting clear, measurable objectives. However, inconsistent perceptions imply that current systems may lack fairness or transparency, reducing their motivational effects. As Miller et al. (2022) further clarifies that poorly designed evaluation systems can create divisions within teams, fostering an "us versus them" mentality. Therefore, organizations must prioritize transparent, equitable and role-specific evaluation frameworks to foster trust, engagement, and sustained performance.

Additionally, results in Table 4 indicates that a minority 20.0% of respondents strongly agreed and 31.3% agreed that workflow processes were efficient, while 28.2% disagreed and 10.3% strongly disagreed. The mean score of 3.23 and a standard deviation of 1.33 reflect ambivalence, indicating that workflows are neither entirely dysfunctional nor optimally efficient. This lack of consensus implies that while some teams may benefit from streamlined operations, others may be experiencing delays, redundancies or unclear procedures. Such inconsistency can hinder overall organizational productivity, create frustration, and reduce employee morale. This finding means that inefficient processes create bottlenecks delaying tasks and frustrating employees. This aligns with Kim et al. (2021) who showed the importance of structured, streamlined workflows for organizational effectiveness. When processes are cumbersome, employees waste time navigating bureaucratic hurdles rather than focusing on core responsibilities. Social Identity Theory suggests that inefficient workflows can erode employees' pride in their workplace, as

they may associate the organization with inefficacy. Improving process design could enhance both operational efficiency and employees' identification with the hospital, fostering a more motivated and cohesive workforce. The findings indicate a need for organizations to conduct a thorough review of their workflow systems to identify bottlenecks and standardize best practices. The results in Table 4 on the statement, clearly established procedures affect the work systems, received mixed responses from the participants. A minority 20.0% of respondents strongly agreed and 26.2% agreed, while an equal 26.2% disagreed and 19.5% strongly disagreed. The mean score was 3.01 with a standard deviation of 1.45, indicating a neutral stance with high variability in responses. This finding shows that while some employees recognize the importance of clearly established procedures, others may feel that such procedures are either lacking or not effectively implemented. This was supported by the key informant 4 who added that:

> *"In our area, some departments operate with clear protocols, while others struggle due to a lack of standardization or frequent changes that are not well communicated. And this has led to employees not to understand their roles, make informed decisions, and coordinate better with their teams"* (Interview with key informant 4, February 25, 2025).

The key informant's statement supports this by showing the importance of clear, standardized procedures in promoting consistency and coordination. However, she also pointed out that in some departments, procedures are either unclear or frequently change without proper communication, undermining their effectiveness. These findings align with the Competing Values Framework, this relates to the hierarchy model, which emphasizes structure, formal rules and control. When procedures are well-defined and consistently applied, they contribute to organizational stability and efficiency. However, if they are ambiguous or inconsistently enforced, they can lead to confusion and inefficiency. As Miller et al. (2022) suggested that unclear procedures may weaken employees' identification with the organization, as they struggle to understand expectations and align their roles with the institutional goals. These findings lead to suggestion that organizations must prioritize the development, communication and consistent application of standard operating procedures, accompanied by proper training, to ensure all staff are aligned and equipped to perform their duties

Also, the statement concerning the work systems in place can create unnecessary complexities that affect workflow, as shown in Table 4 also revealed a divided opinion among respondents. A

minority 23.6% agreed and 18.5% strongly agreed, suggesting that 42.1% of the participants believe that current work systems introduce unnecessary complications. On the other hand, 29.2% disagreed and 17.4% strongly disagreed, while 11.3% were neutral. The mean score was 2.96 with a standard deviation of 1.40, reflecting a slightly negative perception with considerable variability. This result indicates that while a significant number of employees experience complexity in their workflows due to existing systems, others may not perceive it as a major issue. The fact that 42.1% of respondents believe the systems are overly complex indicates a substantial portion of the workforce may be experiencing inefficiencies, confusion, or frustration due to bureaucratic or poorly designed processes. This could lead to reduced productivity, lower job satisfaction, and communication breakdowns. On the other hand, the disagreement among 46.6% of participants shows that not all departments or teams may be equally affected, highlighting inconsistencies in system design or implementation across the organization. One of the key informant reported;

> *"Yes, I believe that when everyone knows exactly what their role is, it reduces confusion, improves coordination, and helps things run smoothly. But when job roles are unclear and the work systems in place create unnecessary complexities, it can slow down workflow and cause mistakes. Clear roles help staff focus on their tasks without overlapping duties or delays, which is essential in a fast-paced healthcare environment"*. (interview with key informant 3, February 26, 2025).

The key informant information suggests that clarity of job responsibilities helps employees stay focused, avoid confusion, and work more efficiently, especially in a hospital where every role is crucial. When work systems are complicated and roles are unclear, it can lead to delays and mistakes that affect the overall workflow. This aligns with the Competing Values Framework, which suggests that this issue can be associated with the tension between the hierarchy model and the open systems model. While structured systems aim to ensure control and predictability, excessive bureaucracy can stifle innovation and adaptability. This information suggests that overly complex systems may alienate employees, making them feel disconnected from their work environment and reducing their sense of agency and belonging. Therefore, the organizations should review and streamline their work systems, removing redundant steps and ensuring simplicity, clarity and relevance to operational needs. Doing so can help standardize

experiences, improve workflow efficiency, and promote a more cohesive and productive working environment.

Furthermore, the statement that organization does not provide adequate training on the work systems implemented affecting my performance, as shown in Table 4 received strong agreement from the majority of respondents. Specifically, 28.7% strongly agreed and 38.5% agreed who believe that inadequate training negatively affect their performance. Only 16.4% disagreed and 7.2% strongly disagreed, while 9.2% were neutral. The mean score was 3.65 with a standard deviation of 1.25, indicating a strong agreement with moderate variability. These findings show a significant gap in training and capacity-building efforts within public hospitals. The study findings also reflect a weakness in the human relations model, which emphasizes employee development, participation and empowerment. Without proper training, employees are less likely to feel competent and confident in using work systems, which undermines performance and morale. The findings align with Kibera and Tuwai (2022), who concluded that poor work-system training caused confusion and decreased morale among health workers, the interviewed respondents felt disconnected from work. This information indicates that employees acknowledge a significant shortfall in the training provided on the work systems implemented, which they perceive as negatively affecting their performance. With a strong majority agreeing that inadequate training hinders their ability to use these systems effectively, it reveals a critical gap in capacity-building efforts within public hospitals.

Results in Table 4 also showed that a majority of 51.3% strongly agreed and 36.9% agreed that poor communication significantly hinders performance. Only 2.6% strongly disagreed and another 2.6% disagreed, while 6.7% were neutral. The mean score was 4.32 with a standard deviation of 0.90, indicating a very strong consensus with low variability. These findings highlight that communication issues are a major concern and likely play a critical role in undermining effective performance, pointing to the urgent need for organizations to improve communication channels, clarity, and feedback mechanisms to enhance overall productivity and morale. This was supported by the key informant 4 who added that:

> "*In our hospital, clear and timely communication ensures that everyone is on the same page, which improves coordination and reduces stress among employees. Poor communication breeds confusion, frustration, and mistrust, which can severely affect*

team morale and the overall quality of service". (Interview with key informant 4, February 25, 2025).

Poor communication can lead to misunderstandings, delays, and mistakes, which not only affect individual performance but also the overall efficiency of the organization. The Chief Nursing Officer supports this by emphasizing how important clear and timely communication is in a hospital setting, as it helps improve teamwork, reduce stress, and ensure better patient care. The overall message is that improving communication is essential for better performance and workplace harmony. This statement strongly relates to Kim et al. (2021), whose study found communication efficiency as a key dimension of work systems, with findings showing that well-structured systems including clear communication significantly enhanced productivity and job satisfaction. Poor communication disrupts coordination, fosters misunderstandings, and impairs decision-making, all of which negatively affect performance. Effective communication strengthens group identity and cohesion, while poor communication creates silos, reduces trust, and weakens the collective identity of the workforce.

A minority of respondents 36.9% who strongly agreed and 35.4% who agreed, stated that available resources directly affect their job performance, while only 6.7% strongly disagreed and 15.9% disagreed. With a mean score of 3.80 and a standard deviation of 1.27, these results demonstrate strong agreement on the critical role of resources, though some variation exists. These findings align with the Human Relations Model of the Competing Values Framework, which posits that adequate resources are fundamental to employee effectiveness and satisfaction. When medical professionals have access to proper equipment, supplies, and staffing, they can perform their duties more efficiently, leading to better patient outcomes. From the perspective of Social Identity Theory, sufficient resources enhance employees' professional identity and pride in their workplace. On the other hand, resource deficiencies may lead to frustration and a weakened sense of belonging, ultimately impairing both individual and organizational performance.

Also, results in Table 4 demonstrated that 26.7% strongly agreed and 32.8% agreed that protocol inconsistencies create confusion, compared to 3.6% strongly disagreed and 13.3% disagreed. The mean score of 3.66 indicate a moderate effect and a standard deviation of 1.12 indicate moderate consensus with some variability. These results spot the disruptive effects of unclear or

inconsistent protocols, which can lead to errors and inefficiencies in healthcare delivery. In addition, the key informant 1 had this to say when asked about how does the implementation of organization policies affect work output:

> *"When policies are properly communicated and fairly enforced, employees feel more secure and focused, which boosts productivity. However, inconsistencies in established protocols within work systems can cause confusion, reduce trust, and disrupt workflow, ultimately affecting the quality and efficiency of the work being done"*. (Interview with key informant 1, February 24, 2025).

This information means that the proper implementation of organization policies helps employees understand expectations, stay focused, and maintain consistent performance. However, when there are inconsistencies in protocols, it creates confusion and disrupts workflow, which can lower overall work output. This aligns with the Internal Process Model of the Competing Values Framework emphasizes the need for standardized, well-communicated procedures to ensure smooth operations. When protocols are inconsistent, employees may struggle to adhere to best practices, compromising care quality. This statement aligns closely with Mwanza and Mbilinyi (2023), whose study found that effective work systems particularly those with integrated digital tools and collaborative platforms reduced operational delays by 20%. The HR manager's emphasis on policy clarity and enforcement reinforces the need for standardized procedures.

The results in Table 4 show that 32.3% strongly agreed and 17.9% agreed that performance is not determined by resources, but 32.8% strongly disagreed and 11.8% disagreed. The mean score of 3.05 indicating a moderate effect with a high standard deviation of 1.71 confirms strong disagreement among the respondents. The deviation would mean that the effect of resources may vary by functions, departments or individual experiences. This finding shows that some employees might rely very heavily on specific tools or support, while others would adapt more readily to resource constraints. Those findings were agreed by the key informant 2 added by saying:

> *"While some roles can function with minimal resources due to their nature or the adaptability of the individuals involved, others are highly dependent on having the right tools, equipment, and support systems in place. For instance, technical or clinical departments often require specific machinery or supplies to perform effectively, whereas*

administrative roles might be less resource-intensive". (Interview with key informant 2, February 24, 2025)

The key informant 2 supported this by explaining that while some roles can operate effectively with limited resources, others especially technical or clinical rely heavily on specific tools and support. Therefore, resource needs should be assessed based on departmental functions rather than using a uniform approach. This aligns with the study by Chilongola et al. (2021), who found that resource limitations and infrastructural deficits in Tanzanian public hospitals led to a 25% decline in team productivity. The Rational Goal Model of the Competing Values Framework would view this as an invitation for selective deployment of resources to where they have the most effects on performance. Social Identity Theory also adds that employees whose work is resource-independent may pride themselves on their adaptability, whereas the resource-dependent ones may become excluded. These asymmetries need to be redressed in order to ensure equitable support for all functions.

4.5 Hypothesis Testing

To further examine the effect of work systems on employee performance, a Multiple Linear Regression model was employed. The hypothesis was tested at the 0.05 significance level, which is the standard threshold used in social science research. The null hypothesis (H_0) stated that Work systems have no significant effect on employee performance. The alternative hypothesis (H_1) stated that Work systems have a significant effect on employee performance. In this study, work systems were measured using three key predictors identified from the descriptive results, Poor communication channels, Lack of necessary resources and Inadequate training on work systems. Employee performance served as the dependent variable.

Before carrying out the regression analysis, a normality test was conducted to assess whether the residuals of the model followed a normal distribution, ensuring that the assumptions of the regression model were met. This step was essential in confirming the validity and reliability of the regression results used to determine whether work systems significantly influence employee performance.

Table 5: Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	**df**	**Sig.**	**Statistic**	**df**	**Sig.**
Standardized Residual	.090	195	.001	.978	195	.004

a. Lilliefors Significance Correction

The results in Table 5 indicate that the Kolmogorov-Smirnov test produced a statistic of 0.090 with a significance value (p = 0.001), while the Shapiro-Wilk test yielded a statistic of 0.978 with a significance value of 0.004. Both significance values are below the 0.05 threshold, suggesting that the standardized residuals deviate from a normal distribution. Therefore, we reject the null hypothesis of residual normality. In the context of the regression analysis examining the effects of work systems specifically communication channels, resource availability, and training adequacy on employee's performance, this finding implies that caution is required when interpreting the regression results. The departure from normality may be attributed to skewness, outliers, or other irregularities in the data, which can influence the reliability of the test of significance for the model. This suggests that additional diagnostic checks, or possible data transformation, may be necessary to ensure that the assumption of normality is satisfied before fully interpreting the effect of work systems on employee performance.

Table 6: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.268[a]	.072	.057	.82808

a. Predictors: (Constant), Communication channels, Resource availability, Training adequacy

b. Dependent Variable: Employees Performance

The regression analysis results presented in Table 6 indicate a weak relationship between work systems (communication channels, resource availability, and training adequacy) and employee performance. The model's R-value of 0.268 suggests a low positive correlation, while the R^2

value of 0.072 indicates that only 7.2% of the variation in employee performance is explained by the selected components of work systems. After adjusting for the number of predictors, the Adjusted R^2 decreases to 0.057, further demonstrating the limited explanatory power of the model. Additionally, the standard error of the estimate (0.82808) reflects a relatively high degree of unexplained variability in employee performance. These findings imply that, while work systems do affect employee performance, their effect is marginal, and other organizational or contextual factors likely play a much greater role. Therefore, based on this model, we fail to reject the null hypothesis (H_0) and conclude that work systems have no statistically significant effect on employee performance at the 0.05 significance level.

Table 7: ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	10.145	3	3.382	4.932	.003[b]
	Residual	130.972	191	.686		
	Total	141.117	194			

a. Dependent Variable: Employees Performance

b. Predictors: (Constant), Communication channels, Resource availability, Training adequacy

The ANOVA results in Table 7 assess the overall significance of the regression model examining the effect of work systems represented by communication channels, resource availability, and training adequacy on employee performance. The model produced an F-statistic of 4.932 with a p-value of 0.003, which is below the 0.05 significance threshold, indicating that the model is statistically significant. This means that the combined influence of the three work system components significantly explains variations in employee performance. The regression sum of squares (10.145) relative to the residual sum of squares (130.972) further suggests that although a larger portion of the variance remains unexplained, the predictors collectively contribute meaningfully to the model. Therefore, based on these results, we reject the null hypothesis (H_0) and conclude that work systems have a statistically significant effect on employee performance at the p-value of 0.003.

Table 8: Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	**Std. Error**	**Beta**	**t**	**Sig.**
1(Constant)	3.307	.315		10.487	.000
Resource availability	.111	.047	.174	2.384	.018
Training adequacy	.110	.052	.161	2.124	.035
Communication channels	-.192	.071	-.203	-2.694	.008

a. Dependent Variable: Employees Performance

The coefficients analysis presented in Table 8 provides further information into the specific effect of each component of work systems to employee performance. The constant term (B = 3.307, $p < 0.001$) indicates a baseline level of employee performance when all predictors are held at zero. Resource availability shows a positive and statistically significant effect on employee performance (B = 0.111, p = 0.018), suggesting that improvements in access to necessary resources are associated with enhanced performance among employees. Similarly, training adequacy also demonstrates a positive and significant effect (B = 0.110, p = 0.035), indicating that employees who receive sufficient training on work systems tend to perform better. In contrast, communication channels exhibit a negative and statistically significant effect (B = –0.192, p = 0.008), implying that poor or ineffective communication reduces employee performance. These findings collectively indicate that while better resources and training enhance performance, communication barriers hinder it. Taken together with the model significance in the ANOVA results (p = 0.003), these results lead to the rejection of the null hypothesis (H_0) and support the conclusion that work systems have a significant effect on employee performance.

5. Conclusions

Based on the findings of the study, it was concluded that that work systems have a statistically significant effect on employee performance at the p-value of 0.003, also as evidenced by the total mean score of 3.5 in descriptive analysis. Key determinants such as resource availability, communication efficiency, and training adequacy, significantly affected the employees' performances. Qualitative data further emphasized the effects of inconsistent protocols and poor

communication on morale and productivity. These shortcomings not only lower employee performance but also hinder overall hospital efficiency and service delivery. Thus, through improving clarity, consistency, and support within work systems is essential to enhance employee performance and promote a more productive and cohesive working environment.

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Authors' Contributions

Leah Joshua Andrea was responsible for designing the research framework, collecting data, and preparing the initial draft of the manuscript. Dr. Hezron Onyancha provided overall supervision, theoretical guidance, and critical review of the manuscript to ensure academic rigor. Dr. Amembah A. Lamu Amos contributed to data analysis, interpretation of results, and the final revision and editing of the paper. All authors read and approved the final version of the manuscript before submission.

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Competing Interests

The authors declare that they have no known competing financial interests or personal relationships that could have influenced the work reported in this paper.

Informed Consent

Informed consent was obtained from all participants involved in the study prior to data collection. Participation was voluntary, and confidentiality of responses was strictly maintained throughout the research process.

Ethics Approval

Ethical clearance for this study was granted by the Research Ethics Committee of Mwenge Catholic University (MWECAU). The study adhered to the ethical standards and guidelines set by the Committee on Publication Ethics (COPE).

Provenance and Peer Review

Not commissioned; externally double-blind peer reviewed.

Data Availability Statement

The data supporting the findings of this study are available upon reasonable request from the corresponding author. However, the data are not publicly available due to confidentiality and ethical considerations.

Data Sharing Statement

No additional data are available.

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