

The Moderating Role of Institutional Policy Implementation on Quality of Work Life - Employee Performance Nexus: Evidences from Public and Private Hospitals in Kenya

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ABSTRACT

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This study purposed to determine the moderating role of Institutional Policy implementation on the relationship between quality of work life and employee Performance in Public and private hospitals in Kenya. Correlation and cross-sectional descriptive research designs were adopted. Primary data were collected, using structured questionnaires, from 370 hospital employees, drawn from 2 level 6 and 10 level 5 hospitals in Kenya. Descriptive and inferential statistics were used to analyze data and hypothesis was tested at 5 percent level of significance. The study findings revealed that Institutional policy implementation positively and significantly moderates the quality of work life - employee performance nexus in both public and private levels 5 and 6 hospitals in Kenya. It was therefore concluded that improvement in Institutional policy implementation on medical supply and training significantly increases the positive influence that quality of work life has on driving employee performance in Kenyan hospitals. The study recommends the hospitals in Kenya to effectively implement favorable hospital policies in order to enhance their employee performance. The study results make substantial contributions to the existing literature on moderating effect of institutional policy implementation and offer valuable input in policy formulation in hospitals.

Key words: Institutional Policy implementation, Quality of Work life, Employee Performance, Public and Private Hospitals

1.0 INTRODUCTION

Employees constitute the most valuable factor for organizational performance; hence organizations cannot perform well at the expense of their workers (Srinivasiah, Devappa & Nanjundeswaraswamy, 2023). Employee performance, in terms of the manner and extent to which they execute their duties, is therefore, at the center of the organization's achievement of its set targets (Ogola et al, 2023). Therefore, each organization should be concerned with employee performance aspects which include but not limited to; the quality, quantity, effectiveness and efficiency of work (Tantua & Osoro, 2020). Enabling working environment, in terms of the quality of work life and proper implementation of favorable institutional policies can enhance employee performance (Aker et al. 2023). Previous research points to a growing connection between quality of work life and employee performance as well as pointing to the role of institutional policy implementation in altering the magnitude and direction of this relationship. Sudiro et al. (2023) established that quality of work life significantly influences work attitude which enhances employee performance. According to Joao et al. (2019), if supervisors support their employees by listening to them, involving them in decision making, respecting them and generally providing them with a good working environment, then the employees feeling towards contributing to organizational performance will be positively influenced to a great extent. Chiedu et al. (2018)

found out that organizational policy implementation has a positive moderating effect on the relationship between quality of work life and employee engagement in manufacturing companies in Nigeria

Quality of working life is a multidimensional construct that describe unfavorable or favorable job environment for workers. Supervisor's support, professional respect, work life balance and skill development are essential factors of quality work life that are associated with worker's productivity and performance (Matheswaran & Latha, 2019). Joao et al. (2019), observe that quality of work life entails the importance of subjective and behavioral components of working life and their influence on the formation of the worker's individual desire to contribute towards strengthening the organization's productivity. According to Akter, Tang and Adnan (2023), quality of work life is described as everything to do with employee wellbeing including economic rewards, benefits, security, working conditions, institutional and interpersonal relations, and their intrinsic measurement taken by the institutional in order to humanize the work environment. Anaam and Sartawi (2021) identifies rewards, social factors at work, opportunities for growth and development and health and safety as key quality work life factors that drive employee performance. On the other hand, Geetha, Nimmi and Vijay (2022), observe that the key quality work life indicators include; staff training, rewards and recognition, work-life balance, empowerment, grievance handling and teamwork. Al-Otaibi (2020) identified salaries and wages, occupational health and security, job satisfaction, opportunities for advancement and career progression, dominant leadership style, and work environment as some of the important dimensions for quality work life in public health institutions in Saudi Arabia. The current study used flexible working arrangements and opportunities for personal career growth as constructs of quality work life. These are common constructs of QWL from the reviewed literature.

Makau and Muna (2020), in their study on the effects of internal organizational policies on performance of government owned Commercial Banks in Kenya defines institutional internal policies as rules and guidelines that determine how activities are carried out in an organization. They recommended that institutions that seek to increase performance should develop and implement internal policies that enhance performance and chances of survival. The study considered credit appraisal policy, recruitment policy, promotional policy and welfare policy as key policies in affecting performance of commercial banks in Kenya. Ismanu and Kusmintarti (2019) established that institutional governing policies and firm size have moderating effect on the relationship between innovation and business performance in Business firms in Indonesia. They opined that implementation of a good governing policy is proactive in supporting the development of institutions by providing education, training, and market information, which can improve business performance. Chiedu, Ashari and Noorizwan (2018) established that organizational policy implementation has a positive moderating effect on the relationship between quality of work life and employee engagement in manufacturing companies in Nigeria. The study indicates that systematic formulation, implementation, adoption and evaluation of policies on organizational culture, role clarity, organizational support and organizational learning impact positively on the relationship between quality of work life and employee engagement. From the reviewed literature, implementation of supportive policies is essential to good performance of workers, hence this study adopted implementation of policies on training and medical supply as key in moderating the relationship between quality of work life and employee performance in the Kenyan hospitals.

Employee performance is the extent of achievement of the planned employee's targets and organizational goals and it is influenced by individual factors, psychological factors and organizational factors. Employee performance is said to be high if a work target can be completed effectively and efficiently by an employee (Putra et. al., 2021). Martin et al. (2020) defines employee performance as how well an employee executes his/her duties and responsibilities. Tjimuku and Atiku (2024) in their study aimed at addressing workplace diversity to improve employee performance for SOEs in Namibia, described employee performance as the actions and accomplishments of employees as they carry out their assigned duties in alignment with institutional policies, standards, and expectations. Accordingly, employee performance is influenced by factors such as ability, effort, and task perception, which contribute to the efficiency and effectiveness of tasks. According to Tantua and Osoro (2020), employee performance is measured by the quality of work, quantity of work, work discipline, responsibility, effectiveness, and timeliness or efficiency. From the reviewed literature, employee performance is generally measured through employee efficiency, accountability and commitment to

work. These three measures of employee performance are key in describing performance of health care workers. This study used the aggregate index of employee efficiency, accountability and commitment to measure employee performance.

Public hospitals are owned and managed by either the central government, state government, county government or local authorities in a country. Private hospitals on the other hand are owned and managed by private individuals or firms. Florian et al. (2018) established that public hospitals had the lowest values in service quality dimensions and overall satisfaction followed by private hospitals. Tynkynen and Viangbaek (2018) concluded that most of the studies found insignificant differences in the performance of private and public hospitals. They further observed that the characteristics of patients, the structure of both public and private hospitals, the regulations and policies of the hospital sector and the characteristics of health service providers such as size, objectives and technical competencies influence how hospitals perform in different contexts.

The goal of the Health Sector in Kenya as outlined in the Social Pillar of Kenya's Vision 2030 is to provide equitable, affordable and quality healthcare to all citizens. It aims to build a prosperous country with a high quality of life through formulation of human resource development policies that impact on health sector staff performance. Currently, Kenya has fully functional policies on employment which include: Employment Act of 2012, Salaries and Remuneration Commission Act of 2011, Occupational Safety and Health Act (OSHA, 2007), Work Injury Benefits Act (WIBA, 2007) and Human resource development Policy, 2015 among others. Further, the health sector in Kenya has developed and adopted several policy documents aimed at improving the performance of the sector. These policy documents include: Kenya Health Policy Framework (KHPF 1994–2010), National Health Sector Strategic Plan's (NHSSP II, 2005–2014), vision 2030, Constitution of Kenya, 2010, Kenya National Health strategy 2011-2017, Kenya Health Policy Forum 2014 and the SDGs.

Despite the importance of the health sector in Kenya and the interventions by the government in the sector, it still faces a number of challenges: First, there has been reported cases of many health care workers migrating to other countries in search of better working environments, frequent strikes among health care workers, lack of key health personnels in a number of hospitals, inadequate drugs and other medical facilities in hospitals, death of patients due to negligence of health care workers among other issues as supported by WHO report (2018). The ratio of medical staff to patients in Kenya is currently at 1 doctor, 12 nurses and 83 midwives in 10,000 population which is below the WHO standards of 23 doctors, 83 nurses and 154 midwives in a population of 10,000 people. This is a worrying trend in a country like Kenya that is experiencing a fast-growing population. Prior empirical studies on human resource management practices in Kenya didn't focus much on healthcare sector and especially on the moderating role of Institutional policy implementation on the relationship between quality of work life and employee performance. The current study seeks to fill this gap and address the need to adopt and implement policies that will enhance a positive influence of quality of work life on employee performance in hospitals (Madanat and Khasawneh, 2018).

2.0 LITERATURE REVIEW

Theoretical literature and empirical literature related to the study were reviewed.

2.1 Theoretical Review

Theory of the Firm was used to anchor the study. This theory was postulated by Cyert and March (1963) as a micro-economic concept with a base on neo-classical economics. Grant (1996) considered it as a knowledge-based theory of the firm which converts policies and regulations into elements and resources that are beneficial to the institutions since it helps the firm make high profits/returns/gains. The theory proposes that the sole reason for the existence of organizations is to maximize their revenues which simply increases the gap between income and cost. Revenues/profit maximization includes two things: reduction in operational expenses and increase revenues. The company then has to assign resources to maximize its net benefits (Gavetti, Greve, Levinthal & Ocasio, 2012). This theory also looks at the decision-making process as the investors seek to increase the profit ratios. The investors must come up with and implement policies to ensure that all activities of the business are geared towards maximization of profits. Theory of the firm is relevant in this study as it

seeks to look at both public and private hospitals' quest to increase their employee performance, through implementation of internal policies on employee training and medical supply.

2.2 Empirical Literature

Past studies on quality of work life and employee performance were reviewed to expose research gap. Francis and Michael (2023) conducted a study titled 'Quality of work life among Employees in manufacturing company in Hosur, India and established that positive work environment, work life balance, opportunities for personal and professional growth, valuing employee contribution and fair compensation and benefits are considered important aspects of quality of work life that enhances employee performance in terms of efficiency. The study recommended organizations to prioritize quality work life by offering flexible work schedules, telecommuting options, and generous vocation policies to create a positive work environment. Similarly, Suyantiningih, Haryono and Zami (2018) established that the most important determinant of Quality of work life are: job attractiveness, employee's good relationships with managers and colleagues, sufficiency of income, employees being allowed to work independently and career advancement opportunities. They found a positive statistically significant relationship between quality of work life and job performance among community health center paramedics in Bekasi City, Indonesia.

Al-Otaibi (2020) studied the impact of work-life quality on staff performance at Dawadami public hospital in Saudi Arabia where a sample of 231 respondents was used. The results found a strong positive correlation between the dimensions of the quality of working life (salaries and wages, occupational health and security, job satisfaction, opportunities for advancement and career progression, dominant leadership style, and work environment) and employee performance. These results pointed out that the dimensions of the quality of working life have got a moral impact on the level of the employee efficiency. Similar observations are held by Rajathi and Sivasakthi (2019) who established that high quality of work life resulting from better working environment leads to enhanced efficiency and effectiveness of the organization and employee performance in hospitals in India.

Raeissi, Rajabi, Ahmadizadeh, Rajabkhah and Kakema (2019) assessed quality of work life and factors associated with it among nurses in public hospitals in Iran, where a sample of 2391 nurses was involved. The findings revealed that quality of work life for nurses in Iranian hospitals were low and recommended nursing managers and policymakers to develop and implement appropriate successful strategies including; improved reward, managerial support, job security, fair policies on promotion and reduced job stress in order to enhance employee performance. On the other hand, Mishra, Dani and Gupta (2022) in their comparative study on work life balance of employees working in government sector and private sector in Chhattisgarh, India involving a sample of 210 employees, established that quality of work life of people working under government sector was significantly high as compared to the people working under private sector. This meant that public hospitals in Chhattisgarh India had dealt with issues of quality of work life in a better way compared to private hospital thus pointing to differences in working environments between public and private hospitals.

Apalia and Ondiek (2018) carried out a study on The Moderating Effect of Government Policy implementation on Strategic Leadership and Performance of County Governments in North Rift Region, Kenya. The study adopted mixed research design to get 230 employees using stratified random sampling technique. The findings of the study revealed that government policy has a moderating role on performance of county governments because in its presence it accounts for 53% of the performance of county government. The study also revealed that policy makers can never be ignored when it comes to managing performance in organizations. Further, it was noted that though many factors impact negatively on public institutions, government policy regulates the hiring, training, working condition and many other factors that are essential in public institutions.

Okolocha et al. (2021) studied the effect of institutional policy implementation on employee performance of the academic staff of public universities in South-East, Nigeria and established that institutional policy implementation has positive significant effect on employee performance of the academic staff of public universities in Nigeria. Based on the findings, the researchers recommended that there is need for government and university authorities to formulate and implement institutional policies that are employee driven and recognizes the peculiarities of academic staff in terms of their physical and psychological needs. Similar results were obtained by Okolocha et al. (2021) who carried out a study on effect of institutional policy implementation

on employee performance of academic staff of public Universities in Nigeria using Survey research design on a sample of one thousand seven hundred and eighty academic staff. They found a positive relationship between Institutional policy implementation and employee performance. Further a study by Halal et al. (2022) on the impact of training on employee performance: an empirical study of hospitals in North Lebanon, established that the creation of well-structured training policies positively affects nurses' performance and thus maximize healthcare efficiency. It was disclosed that the absence of efficient strategies related to nurses' training causes low performance. They recommended the need for hospitals to retain their workforce through effective training programs.

Kairuri, and Mogote (2023) conducted a study on the relationship between training policies and the performance of employees in the County Government of Nyandarua, Kenya and established that training policy implementation has a positive influence on employee Performance. They further noted that although many workers in the public sector have received training, there was little indication that their careers had advanced. They associated this to the possibility of poor training needs assessment and skill placement and recommended Institutions to establish and implement sound training policies so as to equip the employees with the adequate skill set and capacity to deliver quality services to the citizens. A study on moderating effect of employee training on the relationship between organizational commitment and employee performance among insurance firms in Eldoret, Kenya as conducted by Dome et al. (2017) had similar findings. The study adopted an explanatory research design with a target population of 10 selected insurance firms in Eldoret and a census of 156 respondents and established that training partially moderated the relationship between employee affective commitment and performance. The findings of the study revealed that proper implementation of policies on training should be given priority in order to equip the workforce with the skills needed to perform their jobs effectively. Training employees gives employees the opportunity to improve the quality of their work and boost productivity across the firm. The study therefore recommends organizations to use training programs to achieve effective employee commitment towards better performance.

Israel (2023) conducted a study on Mediating effect of integrated health commodities procurement system on the relationship between responsiveness and health service delivery on a sample of 274 respondents, comprising procurement staff and pharmacists. The results revealed that integrated health commodities procurement system is positive and significantly related to health service delivery and that integrated health commodities procurement system significantly mediates the relationship between responsiveness and health service delivery. Similarly, Mahuwi & Israel (2024) revealed the need for proper policy on medical supply in hospitals to enhance hospital performance. Further they recommended that policy on medical supply should be transparent in all processes from product development, sourcing, production and logistics as well as the information system.

From the above conceptual, theoretical and empirical literature, the following null hypothesis was tested:

H₀: Institutional policy has no significant moderating effect on the relationship between quality of work life and employee performance in public and private hospitals in Kenya.

3.0 METHODOLOGY

This study adopted pragmatism philosophy and employed both descriptive and correlation research designs. The total targeted population for the study was 13, 470 hospital employees (Comprising of Doctors, Nurses, clinical officers, pharmacists and hospital administrators) and all patients, from 2 level Six and 10 level Five hospitals targeted for the study. Multi stage sampling technique and Purposive sampling techniques were used to get a sample of 430 respondents. Primary data was collected using structured questionnaires framed on a 5-point Likert scale. Descriptive and inferential statistics were used to analyze data and hypothesis was tested at 5% level of significance.

The analytical model is:

$$Y = \beta_0 + \beta_1QWL + \beta_2IP + \beta_1QWLIP + e$$

Where:

Y. Dependent variable (Employee performance), QWL – Independent variable (Quality of work life), IP – Moderating Variable (Institutional Policy), QWLIP- Interaction term, β_0 - Constant /y-intercept which represents employee performance in the absence of other variables in the model β_1 – Regression Coefficient of Quality of work life, β_2 – Regression Coefficient Institutional policy, β_3 – Regression Coefficient of the Interaction term (QWLIP) and e - error term of the regression model

3.1 Ethical Considerations

Ethical clearance for the proposed study was received from the University of Embu Institutional Scientific and Ethical review committee then a research permit from National Commission for Science and Technology (NACOSTI) was applied for and granted before data collection commenced. Informed consent was obtained from the respondents who were also assured of confidentiality and anonymity during the research and dissemination of the results. The study did not involve any material transfer and posed no challenge to the national security.

3.2 Diagnostic Tests

Model diagnostic tests of normality and heteroscedasticity were carried out to establish if the collected data fitted analysis using linear regression models. Skewness statistic used for normality test resulted in values within the ranges of -3 and +3 meaning the data collected was normally distributed. Test for heteroscedasticity using residual plots resulted to the residuals lying along a straight line indicating that the data was homoscedastic hence fit for analysis using linear regression model.

4.0 FINDINGS, DISCUSSIONS AND IMPLICATIONS OF THE STUDY

4.1 Descriptive Statistics

This section contains descriptive analysis of the study variables. Descriptive statistics were done for Employee performance as an aggregate index of employee efficiency, accountability and Commitment. Further, descriptive statistics for independent variable, Quality of work life, as an aggregate index of flexible working arrangements and personal career growth opportunities were obtained. Finally, descriptive statistics for the moderating variable, institutional policy, in terms of the aggregate index of Policy on training and policy on medical supply were established. A five-point Likert scale was used with range of; 1= strongly disagree (SD), 2= disagree (D), 3= neutral (N), 4= agree (A) and 5= strongly agree (SA) to rate the respondents extend of agreement with the statements relating to the variables under the study. Appropriate responses for each construct were analyzed using mean and standard deviation.

4.1.1 Employee Performance

The results of descriptive statistics on employee performance are presented in Table 1.

Table 1: Employee Performance

Institution	N	Mean	SD
Private	101	3.756	0.382
Public	163	3.575	0.315
Total	264	3.660	0.354

The results in Table 1 indicates that Private hospitals had a mean employee performance of 3.756 with a variation of 0.382 while public hospitals had a mean employee performance of 3.575 with a variation of 0.315. Patients therefore on average agreed with employee performance in both Public and private hospitals though with a slightly higher level of agreement in private hospitals compared to public hospitals as indicated in the mean responses. The variation in agreement on employee performance was higher in private hospitals compared to public hospitals. The results imply that employees in private hospitals tend to perform slightly better than their counterparts in public hospitals. This could be attributed to the fact that private hospitals are profit making and therefore beat the competition by insisting on better service delivery employees in order to

present themselves as preferred destinations for healthcare services (Sunyna,2020). The low and nearly equal deviation in responses imply that the respondents agreed almost in equal measure on performance of employees in both public and private levels 5 and 6 hospitals in Kenya.

4.1.2 Quality of Work Life

The results of descriptive statistics on quality work life are presented in Table 2.

Table 2: Quality of Work Life

Institution	N	Mean	Std. Deviation
Private	101	3.778	0.579
Public	163	2.646	0.889
Total	264	3.079	0.958

The results in Table 2 shows that Private hospitals had a mean quality of work life of 3.778 with a variation of 0.579 while public hospitals had a mean quality work life of 2.646 with a variation of 0.889. Employees therefore on average agreed with quality of work life standards in private hospitals but disagreed with the same in public hospitals. The variation in agreement on quality work life was higher in public hospitals compared to private hospitals. The results imply that quality work life standards in private hospitals tend to be slightly better than their counterparts in public hospitals. This could be attributed to the fact that private hospitals are profit making and therefore beat the competition by insisting on better quality of work life in order to present themselves as preferred destinations for healthcare services (Mishra, Dani & Gupta, 2022). The disagreement of employees in quality of work life standards in public hospitals could imply that public hospitals have not clearly communicated and implemented quality of work life standards among its employees leading to lack of clarity on this indicator of quality work life among public hospital employees.

4.1.3 Institutional Policy Implementation

The results for descriptive statistics on institutional policy implementation are presented in Table 3.

Tables 3: Institutional Policy Implementation

Institution	N	Mean	SD
Private	101	4.028	0.394
Public	163	3.50	0.534
Total	264	3.194	0.780

The results in Table 3 shows that Private hospitals had a mean institutional policy implementation of 4.028 with variation of 0.394, while public hospitals had a mean of institutional policy implementation of 3.50 with a variation of 0.534. Employees therefore on average agreed with institutional policy implementation in both private and public hospitals. The variation in agreement on institutional policy was higher in public hospitals compared to private hospitals. The results imply that implementation of institutional policy on, training and medical supply in private hospitals tend to be slightly better than in the case of public hospitals. This could be attributed to the fact that private hospitals are profit making and therefore beat the competition by effectively implementing institutional policy in order to achieve their desired performance targets and success (Rahmani, Karimi, Reza & Reza, 2022). The slightly lower response of employees in public hospitals on institutional policy could imply that public hospitals are still lurking behind the private hospitals in terms of implementation of the policies on training and medical supply.

4.2 Correlations Analysis

Correlation analysis was carried out to determine the strength and direction of the relationship between independent and dependent variables at 5% level of significance. Pearson product moments correlation was used to determine the strength and direction of the relationship between Quality of work life and employee performance. A value of ± 1 indicate a perfect degree of relationship between two variables while zero indicates

that there is no relationship. The results for correlation analysis revealed a positive insignificant relationship between quality of work life and employee performance in private hospitals ($r=0.173$, $p=0.083 > 0.05$), but a negative significant relationship in public hospitals ($r= -0.225$, $p=0.007 < 0.05$). For combined public and private hospitals, Quality of work life had a positive insignificant effect on employee performance ($r=0.063$, $p=0.324 > 0.05$) at 5% level of significance. Institutional policy implementation had a positive significant relationship with employee performance in private hospitals ($r=0.600$, $p=0.00 > 0.05$) but a negative significant relationship with employee performance in public hospitals ($r= -0.847$, $p=0.00 > 0.05$) at 5% level of significance. This means that improvement in institutional policy implementation improves performance of hospital employees in private hospital but not in public hospitals.

4.3 Regression Results for Moderating Effect of Institutional Policy Implementation (IP) on the Relationship Between Quality Work Life (QWL) and Employee Performance

The study sought to determine the moderating effect of institutional policy implementation on the relationship between quality of work life and employee performance in public and private hospitals in Kenya. The null hypothesis that Institutional policy implementation has no significant moderating effect on the relationship between quality of work life and employee performance in public and private hospitals in Kenya was tested.

The results for regression analysis of the moderating effects are presented in Tables 4, 5 and 6.

Table 4: Goodness of fit

Group	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Private	1	.192a	0.037	0.315	0.154
	2	.584b	0.341	0.315	0.154
Public	1	.488a	0.239	0.229	0.158
	2	.879b	0.772	0.764	0.087

Notes. Public; a Predictors: (Constant), Quality Work Life; b Predictors: (Constant), Quality of Staff Working Life, Institutional Policy, QWLIP

The result presented in Table 4 shows the coefficient determination for moderating effect of institution policy implementation on the relationship between quality of work life and employee performance. Adjusted R^2 for private hospitals was 31.5% before and after moderation. This implies that institutional policy implementation did not improve the percentage changes in employee performance resulting from changes in quality of work life. However, for public hospitals, Adjusted R^2 after moderation was 76.4% as compared to 22.9% before moderation. The increase in Adjusted R^2 by 53.5% in public hospitals is as a result of institutional policy implementation moderating the relationship between quality of work life and employee performance. The predictive power of the model increased after introduction of institutional policy implementation as a moderating variable in public hospitals but remained the same for the case of private hospitals.

Table 5: Overall significance of the model

Group	Model	Source of Variation	Sum of Squares	df	Mean Square	F	p-value
Private	1	Regression	0.101	1	0.101	2.982	.088b
		Residual	2.642	78	0.034		
		Total	2.743	79			
	2	Regression	0.934	3	0.311	13.092	.000c
		Residual	1.808	76	0.024		
		Total	2.743	79			
Public	1	Regression	0.648	1	0.648	26.008	.000b
		Residual	2.068	83	0.025		
		Total	2.715	84			
	2	Regression	2.097	3	0.699	91.652	.000c
		Residual					
		Total					

Residual	0.618	81	0.008
Total	2.715	84	

Notes.: a Dependent Variable: Employee Performance; b Predictors: (Constant), Quality Work Life; c Predictors: (Constant), Quality Work Life, Institutional Policy Implementation, QSWLIP

The result presented in Table 5 shows that the fitted regression model for moderating effect of institution policy implementation on the relationship between quality of work life and employee performance is statistically significant for private hospitals ($F=13.092$, $P=0.000 < 0.05$) but insignificant before moderation ($F=2.982$, $P=0.088 > 0.05$) at 5% level of significance. The increased in F statistics by 10.11 was as a result of introduction of institutional policy implementation as a moderating variable in the model. The model for private hospitals became fit for prediction purpose after introduction of institutional policy as a moderating variable. For public hospitals, the moderating effect of institution policy on the relationship between quality of work life and employee performance was statistically significant ($F=91.652$, $P=0.000 < 0.05$) at 5% level of significance. Before moderation, the model for public hospitals was still significant ($F=26.008$, $P=0.000 < 0.05$) at 5% level of significance. The increase of F statistics by 65.644 was as a result of Institutional policy being introduced in the model as a moderating variable. The public hospitals model remained fit for prediction purpose before and after moderation but with a notable improvement in prediction power as observed through increase in f statistic and adjusted R^2 after moderation. The general observation is that institutional policy improved the prediction power of the models for public and private hospitals.

Table 6: Individual Significance of the Model

Group	Model	Term	Unstandardized Coefficients		Standardized Coefficients		p-value
			B	Std. Error	Beta	t	
Private	1	(Constant)	3.566	0.132		27.067	0.000
		Quality Work Life	0.060	0.035	0.192	1.727	0.088
	2	(Constant)	3.477	1.552		2.241	0.028
		Quality Work Life	0.257	0.401	-0.829	-0.642	0.012
		Institutional Policy Implementation	0.083	0.416	0.153	0.199	0.033
		QWLIP	0.063	0.107	1.041	0.592	0.005
Public	1	(Constant)	3.931	0.048		82.573	0.000
		Quality Work Life	-0.094	0.018	-0.488	-5.1	0.000
	2	(Constant)	4.215	0.135	0.000	31.253	0.000
		Quality Work Life	0.058	0.050	0.302	1.169	0.046
		Institutional Policy Implementation	0.225	0.062	-0.758	-3.636	0.000
		QSWLIP	0.018	0.021	-0.352	-0.866	0.039

Notes. a Dependent Variable: Employee Performance

The results presented in Table 6 indicate that for private hospitals models, there is a positive statistically significant linear relationship between quality of work life and employee performance after moderation (coefficient=0.257, $P=0.012 < 0.05$) and a positive statistically insignificant linear relationship before introducing institutional policy as a moderator (coefficient = 0.060, $P=0.088 > 0.05$) at 5% level of significance. There is a notable increase in the coefficient of quality of work life by 0.197 as a result of the presence of Institutional policy implementation as a moderating variable. This implies that institutional policy implementation improves the magnitude with which quality of work life influences employee performance in Private hospitals. Institutional Policy has a positive statistically significant linear effect on employee performance in private hospitals (coefficient= 0.083, $P=0.033 < 0.05$) at 5% level of significance. This implies that, one unit improvement in Institutional policy implementation would lead to a marginal increase in employee performance by a factor of 0.083 in private hospitals.

For public hospitals, there is a positive statistically significant linear relationship between quality of work life and employee performance after moderation (Coefficient=0.058, $P=0.046 < 0.05$) and a negative statistically significant linear relationship before introducing institutional policy implementation in the model as a moderator (coefficient= -0.094, $P=0.000 < 0.05$) at 5% level of significance. The coefficient of quality of work life increased by 0.152 as a result of introduction of institutional policy implementation as a moderating variable. This also implies that institutional policy implementation improves the magnitude and direction with which quality of work life influences employee performance in public hospitals in Kenya. Institutional Policy implementation has a positive statistically significant linear effect on employee performance in public hospitals (coefficient= 0.225, $P=0.000 < 0.05$) at 5% level of significance. This implies that, one unit improvement in Institutional policy implementation would lead to an increase in employee performance by a factor of 0.225 in public hospitals. It can be observed that institutional policy implementation influences employee performance more in public hospitals compared to private hospitals, with coefficients of 0.225 and 0.083 respectively. Further, the results also indicate that institutional policy implementation improves the influence of quality of work life on employee performance more in private hospitals compared to public hospitals. On overall, the results indicate that institutional policy positively influences employee performance both in public hospitals and private hospitals but with higher influence experienced in public hospitals.

Further the interaction term of quality of work life and institutional policy implementation (QWLIP) on employee performance was positive and linearly statistically significant for private hospitals (coefficient=0.063, $P=0.005 < 0.05$) and public hospitals (coefficient=0.018, $P=0.039 < 0.05$) at 5% level of significance. Therefore, we reject the null hypothesis that institutional policy implementation has no statistically significant moderating effect on the relationship between quality of work life and employee performance in Private and public hospitals in Kenya and conclude that institutional policy implementation positively and significantly moderates the relationship between quality of work life and employee performance in both public and private hospitals in Kenya.

Based on these results, the regression models for prediction of the moderating effect of institutional policy implementation on the relationship between quality of work life and employee performance in public and private hospitals are as stated as follows;

For private hospitals;

$$Y=3.477+ 0.257QWL +0.083IP+0.063QWL.IP$$

Where;

Y= Employee performance

0.257=Regression Coefficient of Quality of Work Life

0.083=Regression Coefficient of Institutional Policy implementation

0.063=Regression Coefficient of the interaction term (QWLIP)

For Public hospitals;

$$Y=4.215 + 0.058QWL + 0.225IP + 0.018 QWLIP$$

Y= Employee performance

0.058=Regression Coefficient of Quality of Work Life

0.225=Regression Coefficient of Institutional Policy implementation

0.018=Regression Coefficient of the interaction term (QWLIP)

4.4 Discussion and Contributions of the Findings

Based on the regression analysis of the interaction term, the results obtained can be explained in a number of ways. Firstly, it practically addressed the concern for the study which was to determine whether institutional policy implementation had significant moderating effect on the relationship between quality of work life and employee performance. The findings point out that institutional policy implementation had a positive

significant moderating effect on the relationship between quality of work life and employee performance in both public and private levels 5 and 6 hospitals in Kenya, implying that improvement of hospital policies would lead to enhanced employee performance. The results agree with the findings of Kairuri, and Mogote (2023) who conducted a study on the relationship between implementation of training policies and employee's performance in the County Government of Nyandarua, Kenya and established that training policies have a positive influence on employee Performance in county governments. Similarly, the findings of Dome et al. (2017) who studied the moderating effect of employee training policy on the relationship between organizational commitment and employee performance among insurance firms in Eldoret, Kenya established that training policy implementation partially moderated the relationship between employee affective commitment and performance. The study findings are also supported by Chizoba et al. (2021) who conducted a study on the effect of institutional policy implementation on employee performance of the academic staff of public universities in South-East, Nigeria and established that institutional policy has positive significant effect on employee performance of the academic staff of public universities in Nigeria. Finally, the findings are in agreement with theory of the Firm as postulated by Cyert and March (1963) who views institutional policy implementation as important in the quest to increase employee performance.

5.0 CONCLUSION

From the study findings, it can be concluded that institutional policy implementation, in terms of medical supply policies and training policies positively and significantly moderates the relationship between quality of work life and employee performance in both public and private levels 5 and 6 hospitals in Kenya. It therefore implies that hospitals which implement favorable institutional policies have improved employee's performance.

6.0 LIMITATIONS OF THE STUDY

The study only included levels 5 and level 6 hospitals in the study leaving out levels 1 to 4 hospitals in Kenya.

7.0 RECOMMENDATIONS AND SUGGESTIONS FOR FURTHER RESEARCH

From the conclusion of the study, we recommend both public and private hospitals in Kenya to develop or review and implement favorable hospital policies on medical supply and Training in order to enhance employee performance in Kenyan hospitals.

Further research can be conducted on how implementation of other hospital policies moderates the relationship between quality work life and employee performance in public and private hospitals.

Future studies can include levels 1 to 4 hospitals. Finally, factor analysis can be done to rank the quality of work life factors that affect employee performance.

Disclosure Statement

All the authors have no conflict of interest in this research work.

Data Availability

Data for this study is available on request.

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