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Moderating Role of Leadership Style on Rewards and Benefits On Service Delivery in Public Health Institutions of Western Kenya Region

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ABSTRACT

Purpose: To determine the effect of rewards and benefits on service delivery and to determine the moderating effect of leadership style on the link between rewards and benefits and service delivery.

Design/Methodology/Approach: Applied causal-comparative and descriptive research designs. The target population was 510 respondents. Stratified random sampling was used to attain 225 of 510 targeted. The study randomly selected 34 patients with respect to service delivery in their institutions.

Findings: Linear regression revealed that rewards and benefits ($\beta_1=0.644$, $P=0.000$) have significant effect on public health institutions as leadership style gave a positive significant effect on the relationship.

Implications/Originality/Value: Offering incentives tied to performance metrics encourages staff members to strive for excellence in service delivery continuously. Periodic evaluations of reward schemes should occur to maintain alignment with market trends and institutional objectives.



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Introduction

The provision of health services is essential for the attainment of SDG (Aftab, Siddiqui & Bhutta, 2020). It includes expensive service delivery, timely provision, and sufficient access to facilities; ensuring healthcare providers fulfill their obligations (Amedari & Ejidike, 2021). The development of universal health coverage (UHC) is essential (Zodpey, Lumbiganon & Al-Kabir, 2018), with sustainable talent management facilitating the retention of a trained workforce (Purnandika & Fazri, 2023). Talent management encompasses cohesive strategies to improve organizational effectiveness via recruiting, development, and retention of workers (Neo, Almunawar & Raimi, 2023). This cultivates strong human

resource frameworks (Luna-Arocas, 2023), essential for managing varied corporate environments.

Sustainable talent management nurtures future leaders, aligning with societal impact expectations (Adeinat & Abdulfatah, 2019). Rewards and benefits play a critical role in Sustainable Talent Management (STM) by fostering long-term employee engagement, retention, and organizational performance. According to Goldstein and Ford (2020), well-structured reward systems enhance employee motivation and job satisfaction, aligning with sustainable HRM's goal of maintaining a committed workforce. Baldwin and Ford (2018) highlight that rewards linked to performance and development opportunities contribute to psychological satisfaction, driving sustained effort and loyalty. Furthermore, Maurer (2021) emphasizes that equitable rewards demonstrate organizational investment in employees, fostering a sense of belonging and reducing turnover. Brinkerhoff and Montesino (2015) argue that such strategies are essential in competitive labor markets, ensuring alignment between employee aspirations and organizational objectives. These findings collectively underscore the pivotal role of rewards and benefits in achieving sustainable talent management outcomes.

Leadership styles vary in adapting to organizational goals (Da Silva, 2021), crucial for resilient, people-focused health service delivery (Masaga, Arasa & Nzioki, 2019). Service delivery involves comprehensive tasks with well-defined descriptions (Dias, 2023), crucial for effective internal support processes (Appleford, Coccozza & Clarke, 2023). Leadership style significantly influences organizational dynamics, including sustainable talent management, rewards and benefits, and service delivery. Transformational leadership, in particular, fosters innovation, motivates employees, and aligns individual goals with organizational objectives (Bass & Avolio, 1994). Leaders who demonstrate empathy, adaptability, and a clear vision create environments where employees feel valued, motivated, and engaged, which is vital for talent sustainability (House, 1996). Sustainable talent management relies on leadership styles that promote inclusivity, growth, and development. Effective leaders implement strategies like training, mentorship, and succession planning to build a resilient workforce capable of adapting to challenges. Leadership also plays a pivotal role in aligning rewards and benefits with organizational goals. When rewards are perceived as fair and aligned with employee contributions, they enhance motivation and retention, which are core components of sustainable talent management (Maurer, 2021).

The interplay between leadership, rewards, and benefits directly impacts service delivery. Leaders who prioritize equitable reward systems and professional growth opportunities encourage high performance and job satisfaction among employees. This, in turn, translates to improved service delivery outcomes, particularly in sectors like healthcare, where motivated and skilled staff are critical for success (Goldstein & Ford, 2020). For instance, leaders in public health institutions who champion talent development while leveraging rewards and recognition foster a culture of excellence that enhances service delivery standards. Ultimately, leadership styles that emphasize collaboration, empowerment, and alignment of organizational resources with employee well-being contribute to sustainable talent management, effective reward systems, and superior service delivery outcomes. These interconnected elements ensure that organizations are not only efficient but also resilient and adaptive to future challenges.

The UN NHS has issues on a global scale, such as an aging population and escalating expenses (Zhou, 2023). Effective talent management is essential for workforce competencies (Zhou, 2023). Brazil's Sistema Único de Saúde (SUS) addresses regional inequities and infectious illnesses (da Silva Barbosa & Fagnani, 2022), necessitating talent management to provide fair access (da Silva Barbosa & Fagnani, 2022). India's healthcare system struggles with inadequate primary care owing to workforce shortages and obsolete technologies (Mishra & Singh, 2023), requiring effective leadership and sustainable talent management (Mishra & Singh, 2023). Sustainable talent management is essential in Malaysia for meeting varied healthcare requirements (Rahat, Sahni & Nasim, 2023). It entails advocating for diversity and fostering an inclusive society (Sepawi, 2023).

In Africa, issues such as inadequate healthcare access need efficient personnel management

(Akokuwebe & Adekanbi, 2017). The public health system in South Africa confronts a significant burden of infectious illnesses (Mabunda et al., 2023). Nigeria's healthcare sector is experiencing a severe doctor and nurse shortage, which warrants talent management towards service delivery enhancement. Ethiopia's healthcare sector has enormous growth with numerous challenges that call for improvement in accessibility and alleviation of poverty. Uganda's public health system is faced with inequity and the shortage of resources (Beinebyabo, 2020), which warrants efficient personnel management to ensure full delivery of services (Baine, 2018). Tanzania practices public-private partnership in delivering healthcare, experiencing shortages such as a lack of finance and dysfunctional team working.

There still exist health issues in Kenya, even with devolution, characterized by limited resources and personnel (Gitobu, Gichangi & Mwanda, 2018). Effective talent management is essential for tackling these difficulties (Gitobu, Gichangi & Mwanda, 2018). Western Kenya encounters distinct healthcare issues, including infectious illnesses and inadequate workforce, needing sustainable talent management. Although research emphasizes training, rewards, benefits, recruitment, and leadership in healthcare (Nama et al., 2022; Kurdi & Alshurideh, 2020; Ojuolape et al., 2022; Mwihaki, 2022; Elkomy, Murad & Veleanu, 2023), deficiencies persist in comprehending their comprehensive integration within sustainable talent management.

Statement of the Problem

There is a low health service delivery provision as evidenced by the low availability of rooms, poor attendance to patients, the capacity to conduct health assessments and lack of teamwork with other Health Institutions (Kwobah, Turissini, Barasa, Kimaiyo, Okeyo, Araka & Jaguga, 2023). Opondo, Nzinga and Kruk (2022), revealed that there was poor implementation of a health referral systems in Kakamega County related to human resource management practices as well as financial resources. This has limited the capacity of Health Institutions within the County to improve the health services. A report by Africa Center for Open Governance (2020) indicates that there is low service delivery in the four counties of western in Kenya with Vihiga having 17.8 per cent, Busia at 22%, Bungoma at 19% and Kakamega at 24% against the national average of 37%. It is therefore evident that Counties in Western Kenya face service delivery issues, informing the main objective of this study which was to determine the effect of reward and benefit, leadership style and service delivery in public health institutions in Western Kenya Region?

Objectives of the Study

- i. To examine the effect of rewards and benefits on service delivery in public health institutions in Western Kenya Region.
- ii. To determine the moderating effect of leadership style on the relationship between rewards and benefits and service delivery in public health institutions in Western Kenya Region.

Research Hypothesis

The study tested the following null hypotheses:

H01: Rewards and benefits have no statistically significant effect on service delivery in public health institutions in Western Kenya Region.

H02: Leadership Style has no statistically significant moderating effect on the relationship between rewards and benefits and service delivery in public health institutions in Western Kenya Region.

Theoretical Framework

Victor Vroom introduced the Expectancy Theory in his 1964 paper "Work and Motivation. Expectancy Theory argues that people are motivated to perform an activity to the extent that they expect that the activity will be followed by a certain outcome and they prefer the outcome (Vroom, 1964). It is based on the idea that people make rational choices concerning their work behavior based on what they expect

from the consequences of their behavior. The theory assumes that people are goal-setters and that they consider the potential consequences of their activities before behaving. It also assumes that people can estimate the likelihood of their efforts leading to performance (expectancy), the likelihood of performance leading to consequences (instrumentality), and the attractiveness of the consequences to them (valence). Expectancy Theory fits very well in circumstances where performance results directly map to rewards (Vroom, Porter & Lawler, 2015). Expectancy Theory emphasizes the importance of employees perceiving a clear distinction between their effort, performance, and reward. This can work very well in service delivery fields where employees' effort has a direct impact on customer satisfaction and organizational success. Expectancy Theory is widely used in reward schemes and performance management to encourage employees by connecting their aspirations for rewards to their effort and performance levels. It provides a structured approach to designing incentive schemes that will encourage desired activity and outcomes."

Situational Leadership Theory has wide-ranging uses, both in healthcare and business, where it helps leaders control diverse groups of people and improve the care of patients (Zamzam et al., 2023; Haq & Roesminingsih, 2024). By aligning leadership styles with the readiness of followers and effective talent management, organizations will be better placed to provide services and meet customers' needs (Whysall et al., 2019).

Empirical Review

Empirical findings underpin the critical link among rewards and benefits, leadership, and service provision, though differing by context and topic. Kurdi and Alshurideh (2020) examined the rewards and benefits determinants for Jordanian commercial banking, and economic, psychological, and self-actualization variables ranked as salient factors. These findings underscore the sophistication of rewards and their direct impact on organizational performance. However, their omission of leadership's moderating role limits their applicability to dynamic environments such as healthcare, where leadership significantly influences both employee motivation and operational efficiency. By contrast, Lazaro (2022) demonstrated a significant positive relationship between rewards and service delivery in Tanzania, employing a mixed-methods approach. While robust, the study lacked a strong justification of sample generalizability to other sectors, such as healthcare in Kenya, where institutional contexts differ significantly. Gicho (2015) highlighted the role of rewards in improving employee performance in Eagle Africa Insurance Brokers. The study noted that poorly structured reward systems and compressed work schedules negatively impacted employee morale. However, the narrow organizational scope focusing on a single entity limits its broader applicability to multi-faceted healthcare settings. Similarly, Mokaya (2014) emphasized the importance of retention strategies in enhancing performance at Kenya Power and Lighting Company but failed to define service delivery metrics, thus limiting its relevance to healthcare. Chebet and Njoroge (2019) explored the influence of rewards on performance. The findings established a positive correlation between compensation practices and performance. However, the study's sample size of 67 respondents, drawn from a population of 673, poses limitations in generalizability. A larger, more representative sample would provide stronger insights into public service settings. Similarly, Ooko (2020) found that rewards and benefits had a significant impact on organizational performance in county governments of Western Kenya. Yet, the study did not address how leadership moderates this relationship, leaving a gap in understanding the interplay between leadership styles and talent management.

Studies from other sectors offer contrasting insights. Oki (2014) found a weak relationship between rewards and customer satisfaction in Nigeria's hospitality industry, attributing this to inadequate staff retention practices. In contrast, Oganezi and Lozie (2017) demonstrated that well-developed reward strategies in Nigeria's banking sector enhanced customer satisfaction and institutional reputation. While these studies point out sectoral dynamics, they emphasize the need for aligning rewards to strategic objectives. Health organizations, compared to banking or hospitality, are faced with unique issues, such as resource constraints and life-critical outcomes, demanding tailored reward systems. Julius (2021)

researched rewards in Uganda's local government and concluded that pay-for-performance was the best method of enhancing performance. However, the weak linkage between rewards and overall organizational performance points to external drivers, such as leadership and work environment that were understudied. Similarly, Aleck (2019) explored employee retention in Tanzania research institutions, highlighting understudying programs and contract renewals as significant interventions. Despite maintaining focus, the study did not address the moderating influence of leadership on talent management practices, a gap in research for public health institutions.

Sustainable talent management depends largely on the relationship between leadership styles and rewards. Transcendental leadership, an approach that centers on motivating and inspiring employees, has an inherent connection with reward systems that prioritize psychological and self-actualization factors. Indirect evidence for this connection is supported by Kurdi and Alshurideh's (2020) findings where they identify self-actualization as a reward driver a fundamental principle of transcendental leadership. Transactional leadership, which focuses on definite structures and reward for performance, is closer to research like that of Gicho (2015), which focuses on economic rewards. Lazaro (2022) highlighted the importance of aligning rewards with employee development, a strategy that is consistent with situational leadership theory. The theory encourages adapting leadership styles based on situational needs, for instance, the level of employee development. This adaptability is particularly relevant in the healthcare industry, where varied workforce capabilities and resource constraints call for complicated leadership styles.

However, studies like Mokaya (2014) and Chebet and Njoroge (2019) do not explore these dynamics, and little is known about how leadership influences the impact of rewards on performance.

Even though past research provides valuable lessons, several limitations still persist. To begin with, most of the studies lack a contextual framework within public health facilities, whose unique dynamics such as patient-focused approach and available resources affect service delivery. For example, research by Oki (2014) and Oganezi and Lozie (2017) has customer satisfaction at the focal point of their attention but do not include metrics that relate to healthcare, e.g., patient outcome or worker productivity. Second, the moderating effect of leadership is still unexplored. Although Kurdi and Alshurideh (2020) and Lazaro (2022) indirectly show evidence of the influence of leadership, scant research examines how various styles of leadership engage with rewards and benefits to impact service delivery directly. This lack is especially glaring in research such as Gicho (2015) and Julius (2021), which focuses only on organizational performance without the involvement of leadership dynamics. Finally, methodological problems of low sample sizes and ungeneralizability reduce the value of conclusions. Chebet and Njoroge (2019) research on police performance and Ooko (2020) research on county governments are examples and have limited sample sizes and sectoral limitations that call for wider approaches.

Conceptual Review

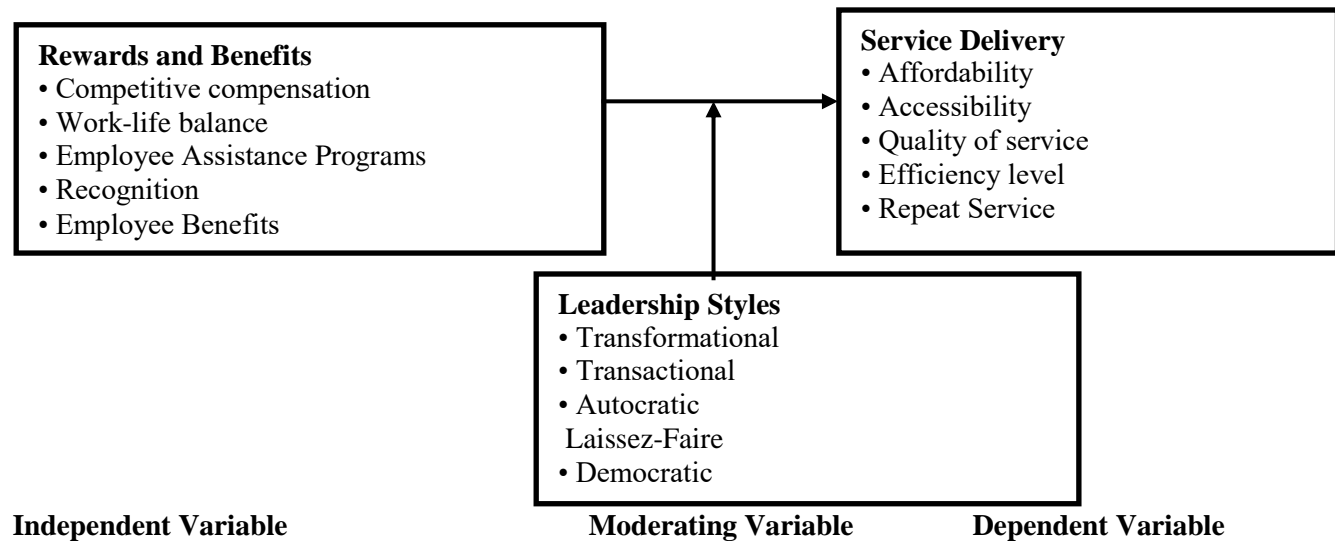


Figure 1: Conceptual Framework

Methodology

Target Population: A total of 510 staff of which 234 were sampled in all the sub-county hospitals and County referral hospitals forms the target population. The respondents included medical superintendents, hospital administrators, human resource officers, health records information officers, head of nutrition, chief medical officers, head of physiotherapy, head of supply chain, head of occupational therapy, head of radiology services and head of dental services.

Data collection: Primary data aided by questionnaire as well as qualitative data was collected using interviews administered to sampled patients.

Data Analysis: Use of both descriptive and inferential statistics applied. Training and development and service delivery was examined through Hierarchical Multiple Regression Technique.

Results and Discussion

(1). Strongly Disagree (SD) (2) Disagree (D) (3) Fairly Agree (FA) (4) Agree (A) (5) Strongly Agree (SA).

Table 1: Rewards and benefits

No.	Reward and Benefits	5	4	3	2	1	Mean	SD
1	Our institution offers competitive compensation and benefits to retain employees	26.2 (51)	17.9 (35)	49.2 (96)	5.6 (11)	1 (2)	3.23	0.97
2	I am satisfied with my job at this public health institution	10.8 (21)	30.8 (60)	56.9 (111)	0.5 (1)	1 (2)	3.50	0.73
3	I feel valued and appreciated by my employer	25.1 (49)	23.6 (46)	47.7 (93)	1 (2)	2.6 (5)	3.51	0.95
4	I have opportunities to develop my skills and knowledge at this public health institution	16.9 (33)	29.7 (58)	50.8 (99)	1 (2)	1.5 (3)	3.59	0.83
5	I have a good work-life balance	12.3 (24)	27.2 (53)	57.9 (113)	1.5 (3)	1 (2)	3.48	0.77
6	The management actively listens to employee feedback and concerns regarding retention	7.2 (14)	20.5 (40)	68.2 (133)	3.1 (6)	1 (2)	3.30	0.69
7	We have a clear and supportive process for retaining talented employees	11.8 (23)	27.2 (53)	57.4 (112)	2.6 (5)	1 (2)	3.46	0.77
8.	I am proud to work for my public health institution.	11.3 (22)	25.1 (49)	60 (117)	2.6 (5)	1 (2)	3.43	0.766
Aggregate scores							3.44	0.81

The study revealed that competitive compensation and benefits significantly impact employee retention and satisfaction. A majority of respondents (26.2% strongly agreed and 17.9% agreed) indicated that their institution offers attractive compensation packages, supported by a mean score of 3.63 and a std of 0.97. Job satisfaction levels were similarly high, with 10.8% strongly agreeing and 30.8% agreeing that they were content with their jobs. These perceptions were reinforced by a mean of 3.50 and a std of 0.73. Employees felt valued by their employer, with 25.1% strongly agreeing and 23.6% agreeing. The study emphasized that appreciation enhances job satisfaction and commitment, supported by a mean of 3.68 and a std of 0.95. In addition, opportunities for skill development were cited as a driver, with 16.9% strongly agreeing and 29.7% agreeing.

The mean score of 3.59 and the std of 0.83 indicated the importance of professional development for employee retention. Work-life balance was also an important one, with 12.3% strongly agreeing and 27.2% agreeing. Balance is necessary to prevent burnout and to be well, as reflected by a mean of 3.48 and std of 0.77. Management feedback was perceived to be less effective, with only 7.2% strongly agreeing and a mean of 3.30, reflecting room for improvement. The findings are in line with larger employee benefit and satisfaction studies. Mutua, Karanja, and Gachoka (2018) conducted a study in Kenya's public health system that demonstrated that healthcare coverage and financial incentives improve job satisfaction and turnover reduction. Similarly, Makori, Munene, and Muturi (2017) emphasized the significance of comprehensive benefits in fostering loyalty and stress reduction, particularly through healthcare coverage and performance bonuses. These elements instill a sense of security and engagement, which are critical in retaining skilled professionals.

Moderating Influence of Leadership styles on the Relationship between Rewards and benefits and the service delivery

Hierarchical regression analysis was used in the research to explore whether leadership styles affect the relationship between rewards and benefits and service delivery in public health facilities in the Western Kenya Region. Is there any correlation between leadership styles and the extent to which rewards and benefits affect service delivery? This intriguing question aimed at shedding light on any uncertainty about the rewards and benefits in relation to service delivery within the framework of leadership style.

Table 2: Hierarchical Regression Model Summary

Model	R	R ²	Adj. R ²	Std. Err of the R ² Estim	Change Stat				
					Change	F Change	df1	df2	Sig. F Change
1	.659 ^a	.434	.431	.315758	.434	148.120	1	193	.000
2	.848 ^b	.719	.716	.223165	.285	194.381	1	192	.000
3	.859 ^c	.738	.734	.215846	.020	14.242	1	191	.000

Source: Field Data (2025)

The study examined the moderating role of leadership styles on the relationship between rewards and benefits and service delivery in Western Kenya public health institutions. Hierarchical regression was applied to examine if leadership styles influence the impact that rewards and benefits have on service delivery. The findings indicated a significant relationship. In Model 1, in which rewards and benefits alone were the predictor, R² was 0.434, and that is to say that rewards and benefits explained 43.4% of variation in service delivery. In Model 2, when leadership style was added as a predictor, R² was 0.719, which indicates that leadership styles contributed a lot to the explanatory power of the model. In Model 3, in which the interaction term for rewards and benefits and leadership style was entered, R² also increased to 0.738. This means that leadership styles moderate the moderating impact of rewards and benefits on service delivery, strengthening them.

Table 3: Regression Coefficient of Moderating influence

Model	Unstandardized Coefficients		Standardized Coefficients		Sig.
	B	Std. Error	Beta	T	
1 (Constant)	1.663	.223		7.449	.000
Rewards benefits	.644	.053	.659	12.170	.000
2 (Constant)	.317	.185		1.713	.088
Rewards benefits	.347	.043	.355	8.052	.000
Leadership Style	.610	.044	.614	13.942	.000
3 (Constant)	-5.122	1.452		-3.527	.001
Rewards and benefits (R&B)	1.643	.346	1.681	4.749	.000
Leadership Style (LS)	1.891	.342	1.904	5.528	.000
R&B*LS	-.304	.080	-2.266	-3.774	.000

a. Dependent Variable: Service delivery

Source: Field Data (2025)

$$Y = -5.122 + 1.643X_1 + 1.891Z + 0.304X_1Z$$

Y = The service delivery

X₁ = Rewards and benefits

Z = Leadership styles

The regression results indicate the influence of rewards and benefits (R&B) and leadership style (LS) on service delivery, with leadership style moderating the rewards and benefits and service delivery effect. In Model 1, rewards and benefits have a positive influence on service delivery with an unstandardized coefficient of 0.644 ($p < 0.001$), and a standardized Beta of 0.659, indicating a large effect. This means rewards and benefits are significant in enhancing the delivery of services in public health institutions. Leadership style is introduced as an additional predictor in Model 2, and it also shows a strong positive relationship with service delivery. The leadership style's unstandardized coefficient is 0.610 ($p < 0.001$) with a Beta of 0.614, indicating its notable contribution to the enhancement of service delivery. The coefficient for rewards and benefits decreases slightly to 0.347 but remains significant, demonstrating that while leadership style adds explanatory power to the model, rewards and benefits still play an important role. In Model 3, both rewards and benefits and leadership style continue to show significant positive relationships with service delivery, with unstandardized coefficients of 1.643 (Beta = 1.681) for rewards and benefits, and 1.891 (Beta = 1.904) for leadership style, both $p < 0.001$. However, the interaction term between rewards and benefits and leadership style (R&B * LS) has a negative coefficient of -0.304 (Beta = -2.266, $p < 0.001$). This negative interaction suggests that leadership style moderates the relationship between rewards and benefits and service delivery, potentially diminishing the impact of rewards and benefits when both factors are considered together. This indicates that the effect of rewards and benefits on service delivery may depend on the leadership style present in the organization.

Discussion of the Findings

The regression analysis results offer significant information on the interaction of rewards and benefits (R&B), leadership style (LS), and service delivery, which is moderated by leadership style. In Model 1, the relationship between R&B and service delivery is strong and positive, as established in the findings of previous research such as Lazaro (2022) and Chebet and Njoroge (2019), which emphasize the positive influence of rewards and benefits on service quality. These studies highlight the importance of rewards and incentives to boost employees' motivation, which is crucial in effective service delivery in public organizations. The unstandardized coefficient 0.644 ($p < 0.001$) of Model 1 indicates a huge

effect, in that the existence of effective reward and benefit programs can lead to improved performance among public health organizations, a finding consistent with research across different industries, including banking and government services (Kurdi & Alshurideh, 2020; Oko, 2020).

With the inclusion of leadership style in Model 2, it also shows a significant positive relationship with service delivery with an unstandardized coefficient of 0.610 ($p < 0.001$). This finding is supported by literature like Haryanto et al. (2022), Da Silva (2021), and Masaga et al. (2019), indicating the driving force of leadership styles towards organizational performance enhancement, including service delivery. Transformational leadership, in particular, has been linked to improved employee performance and service quality, suggesting that leadership can be a powerful lever for improving the delivery of public health services. The marginal decrease in the coefficient for rewards and benefits (from 0.644 to 0.347) upon the introduction of leadership style into the model indicates that leadership also plays a fundamental role to play in enhancing service outcomes, although rewards and benefits remain important.

Model 3, which includes the interaction between rewards and benefits (R&B) and leadership style (LS), offers a close look by defining a negative interaction between both variables. The coefficient of the interaction term, at -0.304 ($p < 0.001$), indicates the effect of R&B is possibly diminished when considered alongside leadership style, indicating the presence of a moderating effect. This result is consistent with the research by Yeh et al. (2016) and Azegele et al. (2021) examining how leadership style can moderate the effectiveness of other organizational practices. That is, the leadership styles can enhance or undermine the effects of rewards and benefits on performance based on the kind of leadership approach employed. The effect of interaction in the research identifies the necessity of leadership style in determining the effectiveness of rewards and benefits on enhanced service delivery. The moderating impact also aligns with Hwangbo et al. (2022) and Da Silva (2021) studies, which established that variations in leadership styles have the ability to impact the correlation between various organizational aspects and performance outcomes. In public health organizations, leadership style has the ability to transform employees' perception and utilization of rewards and benefits, their motivation, and consequently, service delivery.

The relationship between Situational Leadership Theory (SLT) and Expectancy Theory is essential in understanding the influence of leadership styles on motivational levels and performance results. As Expectancy Theory theorizes (Vroom, 1964), motivation is established when individuals anticipate that their effort will result in intended consequences, which are then seen as worthwhile. SLT (Hersey & Blanchard, 2019) holds that leadership styles need to fit followers' readiness, changing with the degree of competence and commitment. As leaders adapt their style (e.g., directing for low competence or delegating for high competence), leaders enhance employee expectancy by offering appropriate guidance and support, respectively, and consequently optimize performance (Thompson & Vecchio, 2019). By matching leadership behavior to follower readiness, SLT achieves the greatest expectancy effect on performance. Such complementarity between motivation and leadership styles results in greater employee engagement and productivity, particularly in contexts where salient performance-reward contingencies are most important (Avery & Ryan, 2022; Vroom et al., 2015)..

Conclusions

There is a strong correlation between rewards and benefits (R&B), leadership (LS), and service delivery in public health organizations. Rewards and benefits play an important role in service delivery, which validates that rewards and benefits make a difference when it comes to worker motivation and performance improvement. Leadership is also a contributory aspect with the addition, which plays an important role in improving service delivery. Rewards and benefits positively contribute to service delivery. However, leadership style can reverse the impact of rewards and benefits on service delivery, which means their impact could be moderately weak. This means that the degree to which rewards and benefits improve service delivery could be contingent on the leadership style that is in use within the

company.

Recommendations

Improving rewards and perks comes first at public health institutions since they are so important for inspiring staff members and improving the quality of services rendered. Nonetheless, leadership styles should be under close control and modified to guarantee they enhance the effect of rewards. Programs of leadership development should be carried out to equip leaders with the tools required to grasp the demands and motivations of various team members and modify their leadership style. In keeping with Situational Leadership Theory, leaders should be taught specifically in using leadership styles that support great employee engagement and competency. This strategy would help to maximize the possibilities of rewards and leadership to enhance the quality of services.

The results have major ramifications for public health organizations concerning organizational leadership and human resource management. Companies have to understand that how awards and bonuses convert into better performance and service delivery depends much on the leadership quality. This emphasizes how crucial leadership is as a moderating element affecting the degree of success of compensation systems toward organizational goals. A one-size-fits-all approach to leadership might not be successful; rather, a customized strategy considering the particular environment and readiness of employees is vital. Furthermore, underlined by this study is the need of companies to constantly assess and change their compensation systems and leadership approaches to guarantee they complement the objectives of organizational success, employee satisfaction, and service delivery. This information can help policy makers and health administrators design workplaces where staff members are driven by incentives and understood by leadership to produce high-quality services.

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