



Health Workers' Commitment in Decision-Making and the Performance of Health Institutions

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Abstract: Employees' engagement in organizational decision-making shows that each employee is a different person, not just a component of a mechanism. Employees' commitment to decision-making has not been very effective in public institutions because of management's reluctance to share power, non-liberal information sharing, a crisis of confidence, and a lack of preparedness on the part of workers' representations. This study aims to examine employee involvement in decision-making on health facilities' performance in the Asunafo South District of the Ahafo Region of Ghana. The study used a descriptive quantitative cross-sectional survey design, and multi-stage sampling was used to select the study respondents. 396 employees who met the study inclusion criteria were recruited to take part in this study. Stata version 17.0 was used to analyze the collected data. Descriptive statistics were used to provide the frequencies, measurement of the central tendency (mean), and percentage. Inferential statistics were also used in this study to perform reliability analysis, Pearson correlation, and multiple regression analysis. Employees' level of engagement in the decision-making process in the various health facilities was low. In this study, employees' engagement in decision-making did not show any statistically significant (0.2%) relationship with health facilities' performance. Most of the factors listed are obstacles that affect employees' engagement in the decision-making process. Many of the various items on employee engagement also influence the performance of health facilities. There was low employee engagement in decision-making in this study. The study also found no significant effect of employee engagement on health facilities' performance.

Keywords: Employees', engagement, institutions, health workers', Ghana

1. INTRODUCTION

According to Okon and Isong (2016), there is no discernible distinction between the management of employees and the general management of organizations. Nevertheless, the distinguishing factor in practical application pertains to the character and composition of the resources, particularly the individuals involved. The human being is commonly regarded as an intrinsically resourceful and multifaceted entity whose conduct is susceptible to a wide range of different factors emanating from either the individual or the surrounding

environment (Ojebiyi & Amos, 2013). In contemporary organizational management practices, individuals hold greater significance than ever. According to Plessis et al. (2016), the human factor is a critical source of the capabilities, abilities, and skills that underpin organizational performance and synergize with material, financial, and informational resources. Again, to Watson's assertion, as cited in Snell and Bohlander (2012), the significance of human resources in building a successful enterprise cannot be overlooked. This notion is integral to organizational effectiveness

concerning expansion and prosperity, as espoused by Osabiya (2015).

The behavior and attitude displayed by employees towards work in a company can have an impact on productivity, depending on the relationship between employees and management. Studies have shown that organizational productivity can be positively affected by employees who are willing and committed to achieving productivity-related goals set by the organization (Osabiya, 2015). In effect, when employees are provided with the chance to engage in organizational decision-making and affairs, they will probably display greater levels of commitment and enthusiasm toward their work (Akuoko et al., 2012). To gain the support of employees, management needs to involve them in organizational issues that affect both the employees and the company. One viable approach toward attaining this goal involves enabling employees to partake in decision-making procedures that influence both their interests and the strategic pursuits of the organization. In this way, both the organization and the employees can benefit.

In order to use their input and improve both individual and organizational performance at work, managers and subordinates must actively engage employees in collaborative decision-making processes. (Senevirathna, 2018); (Sofijanovna & Zabijakin-Chatleska, 2013). Decision-making is the most relevant activity of management in every organization. Employee engagement is regarded as a unique type of delegation where the subordinates are given more flexibility and power in order to close the communication gap between management and employees (Ijeoma & Chikamnele, 2020). Moreover, it refers to the degree of employee participation in an organization's strategic planning processes (Kuye & Sulaimon, 2011). Therefore, decision-making within healthcare organizations can involve employees who are either highly engaged or not very involved (Senevirathna, 2018).

Globally, organizational decision-making practices are evolving because of changes in the task, the environment, and the people (Shra'ah, 2015). Employee decision-making, creative problem-solving and inquiry-based behavior increasingly produce competitive advantages (Jassim, 2017). When managers are sincere, they will admit that their employees frequently have more knowledge about the work than they do. In addition, involving employees in the planning process can result in possible innovation, leading to increased

opportunities and recognition within the organization (Kuye & Sulaimon, 2011).

Numerous firms are ardently looking for ways to increase employee participation in decision-making right now. On the other hand, it is expected that the worker be asked for their opinions on their line of work as well as their suggestions for ways to promote a faster, better, and more effective workflow (Dunwell et al., 1998). The shift in focus can be attributed to the realization by management within numerous organizations that there exists a palpable business value in actively seeking and implementing the suggestions of personnel at all hierarchical levels of the organization (Prisca, 2011). Additionally, researchers have also shown that allowing subordinates to participate in decision-making based on their merits has increased organizational performance (Sagie & Aycan, 2003); (Lumbasi et al., 2016).

According to research, involving employees in making decisions for the organization has several positive effects. It boosts employee morale and productivity, as well as allows them to apply their knowledge, resulting in the organization making better decisions. Additionally, employee engagement fosters trust and a sense of control within the organization (Zubair et al., 2015) (Akuoko et al., 2012) (Lumbasi et al., 2016). Moreover, employee engagement can lead to a decrease in the resources needed to monitor employees, resulting in lower costs. In addition, engaging employees can bring diverse viewpoints and perspectives that are beneficial for organizational performance. Many studies further suggest that organizational performance increases with an increase in employee participation (Zang et al., 2020; (Zubair et al., 2015).

In organizations that foster a culture of promoting employee involvement, workers tend to be more eager to participate in various decision-making processes, such as setting goals and finding solutions to problems (Hyman, 2005). Enhanced work motivation and improved work performance during execution are the two ways in which job satisfaction boosts productivity (Hassan & Baker, 2018). The indications imply that a work environment that encourages participation has a greater impact on the productivity of employees (Irawanto, 2015). Hence, an increase in an organization's productivity can only be accomplished mainly through its workforce.

The major aim of every organization is to raise performance levels by giving employees opportunities for learning (Alsughayir, 2016). Organizations all over the world have designed different processes to improve performance levels. They are also required to manage the performance of their employees and functions by setting goals and achieving them (Mazin, 2017). Undeniably, the success level of an organization depends on the objectives and goals it has established (Adam, 2022). For instance, from the perspective of hospital management, patient satisfaction and joy are the main priorities. Hospital staff, infrastructure support for the hospital, and hospital services are the top priority for meeting the needs of patients during their hospital stay. According to the claim, management of healthcare facilities can achieve these advantages and reduce costs through increasing staff decision-making. (International Atomic Energy Agency, 2006). Numerous organizations assign their employees authority and power, which leads to an improvement in the organization's overall performance. When an organization permits its employees to make decisions, it also develops the employees' skills. Such companies are inclined to maintain a consistent level of success.

Despite its potential benefits, participative decision-making may be most effectively implemented in a context of economic stability given the time-intensive nature of the process and the need for investment in training to cultivate employees' ability to contribute meaningfully (Okechukwu, 2020). Conversely, an unfavorable disposition towards work exhibited by employees is not conducive to the implementation of participatory management within the majority of organizational contexts. Certain employees exhibit a greater preoccupation with the remuneration and additional employment benefits they stand to receive from their employer than an intrinsic interest in the job itself. The aforementioned attitudes incontrovertibly fail to foster efficacious participation in the process of organizational decision-making. In conclusion, the most effective way to attain organizational objectives such as increased productivity and positive industrial relations is by ensuring the fulfillment of the elevated needs of the human workforce (Rathnakar, 2012).

Organizations that do not involve employees in decision-making by management can easily result in the reduction of the good attitude of the employees toward work (Akuoko et al., 2012). The hard and soft forms of human resource management are the main topics of discussion

when it comes to policies and procedures. The strict interpretation of human resource management places a strong emphasis on resources and treats employee management with the same level of objectivity as other aspects of the economy. (Bailey et al., 1997). The philosophy of soft human resource management centers on regarding employees as valuable assets, a key source of competitive advantage due to their commitment, adaptability, exemplary skill set, and optimal performance (Gill, 2011).

The involvement of employees in organizational decision-making serves to underscore the uniqueness of each employee as opposed to being merely a constituent of a larger scheme (Singh, 2009). Furthermore, it can be noted that each member of the workforce demonstrates a commitment to the organization to facilitate the overall accomplishment of the company's objectives (Muindi, 2011). Consequently, the input of each employee is requisite and warrants acknowledgment by any given entity. It is acknowledged by both the workforce and the upper echelons of management that each employee plays an integral role in facilitating the operational functioning of the business (Alsughayir, 2016). Employee involvement is a participatory process utilized to grant employees the authority to engage in decision-making behaviors that are commensurate with their hierarchical position within the organization (Muindi, 2011)(S. K. G. Singh, 2009).

2. MATERIAL AND METHODS

Research Paradigm

A paradigm is a set of assumptions about how issues of concern to the researcher should be studied (Kivunja & Kuyini, 2017). The positivist paradigm is located in the realist ontological assumptions, which are linked to the objectionist epistemological worldview. This paradigm postulates that social reality "exists out there" and is independent of the observer. Against this backdrop, this study is underpinned by the positivist paradigm. The positivist paradigm, which maintains that social reality exists outside of the researcher's control, serves as the foundation for this study. According to this paradigm, human behavior is essentially guided by rules and may be best understood by identifying a collection of laws that can be applied to foretell broad trends in human behavior. This paradigm was adopted based on the nature of the study and what it seeks to achieve. The choice of research paradigm or philosophical position for

any research is premised on the approach employed for the study. Research Approach

The research approach is the plan and procedures for research that span from methods of data collection, analysis, and interpretation. This study utilized a quantitative approach. This approach allows for the gathering of large data through surveys for statistical analysis. Employing a quantitative methodology will aid in extending the conclusions to a large amount of population. According to Cameron and Price (2009), the choice of research design is influenced by the individual's study approach. Looking at the population involved in this study, it was appropriate to adopt the quantitative approach as it has the capability of involving many populations. This approach will aid the generalizability of the study in the Asunafo South District among health institutions.

Study Design

The research employed a descriptive quantitative cross-sectional survey design, which was deemed appropriate due to its ability to recognize characteristics of a significant population from a subset of individuals. This design was well suited for the study as it aimed to determine the impact of health worker involvement in decision-making on the productivity of the organization. The principal aim of using a descriptive cross-sectional research approach was to collect data from the respondents firsthand. In addition, because of this method's flexibility in use, it was considered for this study, especially because of the quantitative data collection that was used.

Population

The study's population comprised a specific set of individuals (health workers) who were the focus of the researcher's investigation into the impact of their involvement in decision-making on organizational efficiency. As a result, the respondents' population for this study encompassed all health workers in the Asunafo South District.

Sample and Sampling Techniques

A sample refers to a group of individuals or objects that represent a portion of a larger population. The reason for selecting a sample is that it is often impractical to study an entire population due to factors such as its size, inaccessibility, time, and financial limitations. Multi-stage sampling was used to select the study respondents. In

the initial phase of gathering data, the health facilities were categorized into three groups, namely hospitals, health centers, and CHPS compounds. The second stage was the selection of the participating facilities from each group using the simple lottery method. The third stage included the grouping of respondents based on their categories in the facilities. Finally, the last stage involved the selection of the study respondents from each group. These facilities were chosen because all of them were in the district and operated under similar political, social, and economic backgrounds. It was therefore hoped that a fair generalization would be made from the study's findings.

Source of Data Collection

The research required gathering data directly from the source, which is known as the primary source. This source provides original data that was collected from the participants involved in the study. The researcher utilized a meticulously crafted questionnaire to collect the primary data, which served as a foundation for the interactions between the researcher and the respondents.

Instrument for Data Collection

The study adopted a close-ended questionnaire for the study. The questionnaire was made up of four sections (Appendix A). The first section (A) consists of the personal data of respondents, while the second section (B) gathers data on the level of engagement of health workers in decision-making in health facilities in the Asunafo South District. In addition, the third section (C) gathers data on factors affecting health workers' engagement in decision-making in health facilities in the Asunafo South District. The last section (D) gathers data on the influence of employee engagement on health facilities' performance in the Asunafo South District.

Method of Data Analysis

The purpose of collecting data was not simply to gather information, but rather to utilize the collected data to gain insights into different situations and ultimately make valuable recommendations and contributions using the findings of this study. Therefore, the collected data was carefully analyzed to derive meaningful interpretations and arrive at results. To accomplish this goal, various methods were employed to analyze the data, using Stata version 17.0. The research questions were answered by comparing the percentage of workers' responses to each statement in the questionnaire relevant to the specific question being investigated.

In this study, frequency refers to the arrangement of responses in order of magnitude or occurrence, while percentage refers to the arrangement of the responses in order of their proportion. To adequately address the objectives established for this study, a comprehensive analysis involving both descriptive and inferential statistics was conducted. Descriptive statistics were utilized to facilitate the computation of frequencies and the measurement of central tendency through the mean, and percentage. The grand means of all the items in each objective were calculated by summing up all the criterion means and dividing the results by the total number of items. The criterion mean was calculated by summing up the values assigned to each response and then dividing the sum by the total number of responses. For instance, if the values assigned to the responses were 5, 4, 3, 2, and 1, then the criterion mean would be calculated as $(5 + 4 + 3 + 2 + 1) \div 5 = 3$. This means that any mean score equal to or higher than 3 was considered acceptable by the respondents, while any mean score below 2.99 was deemed rejected by them. In the present study, inferential statistics were employed to conduct reliability analysis, Pearson correlation, and multiple regression analysis.

3. RESULTS

The Socio-Demographic Characteristics of the Respondents

According to the findings presented in Table 1, the largest proportion of respondents, comprising 178 individuals (45.6%), fell within the age range of 26 to 30 years. The next highest group of respondents, accounting for 147 individuals (37.7%), fell within the age range of 31 to 35 years. Most, 234 (60.0%) of the respondents were males, while the majority, 228 (58.5%) of them were single. A greater proportion of the respondents obtained an HND or diploma, 177 (45.4%), followed by respondents who had a first degree, 118 (30.3%). The results further showed that the majority, 332 (85.1%) of the respondents were Christians, and a greater number of the respondents had been in the service for 1 to 3 years, 228 (58.5%). Among the respondents who participated in this study, 340, representing 87.2%, were employees, while the rest, 50, representing 12.8%, were managers or heads of facilities.

Table 1: Socio-demographic Characteristics of Respondents

Variable	Frequency	Percentage
Age		
18-25	17	4.4
26-30	178	45.6
31-35	147	37.7
36-40	44	11.3
≥41	4	1.0
Sex		
Female	156	40.0
Male	234	60.0
Marital Status		
Married	156	40.0
Single	228	58.5
Other	6	1.5
Highest level of education		
Certificate	80	20.5
HND/Diploma	177	45.4
First Degree	118	30.3
Masters and above	15	3.9
Religion		
Islam	49	12.6
Christianity	332	85.1
Traditional	4	1.0

Other	5	1.3
Number of years in service		
1-3 Years	228	58.5
4-7 Years	101	25.9
8-10 Years	22	5.6
≥11 Years	39	10.0
Status of respondents		
Manager/Head of Institution	50	12.8
Staff	340	87.2

Source: Field Survey, 2023

Level of Employees' Engagement in Decision-making in Health Facilities

The research employed a criterion mean of three, which was computed by dividing the aggregate assigned values of the responses by the total number of responses (i.e., $5+4+3+2+1=15/5=3$). The present investigation deemed any arithmetic mean exceeding 3 as a satisfactory outcome, whereas any score equal to or lower than 2.99 was deemed unsatisfactory. The findings indicated that the participating employees concurred that a subset of the enumerated elements (i.e., three out of ten items) was evident in the engagement of employees in the decision-making process across various healthcare settings. The items

that were agreed upon, where the mean score exceeded 3.0, about management seeking and incorporating employee opinions in their decision-making, management facilitating employee participation in decision-making at lower hierarchical levels, and management sharing the decisions reached with the employees. The respondents deemed the aforementioned aspects of management satisfactory. The survey participants rejected all seven remaining items. The derived grand mean of 2.80 suggests a significant level of rejection of items on employee engagement in the decision-making process across multiple health facilities.

Table 2: Mean Response Scores for Employees' Engagement in Decision-making

Statement	Observation	Mean	Remark
Opinions sought and considered	340	3.21	Accepted
Participated in decision-making at the top management level	340	2.56	Rejected
Participated in decision-making at the middle management level	340	2.81	Rejected
Participated in any decision-making at a lower management level	340	3.37	Accepted
Participated in any decision-making at all levels	340	2.58	Rejected
Participated in any decision-making at any level	340	2.44	Rejected
Employees make some of the decisions in my facility	340	2.66	Rejected
Management always shares decision-making with employees	340	3.26	Accepted
Management rarely shares decision-making with employees	340	2.95	Rejected
Management has never shared decision-making with employees	340	2.20	Rejected
Grand Mean		2.80	

Source: Field Survey, 2023

Factors Affecting Health Workers' Engagement in Decision-making in Health Facilities

The results in Table 3 shows that respondents agreed that almost (10) all of the listed items were obstacles that affect the engagement of employees in the decision-

making process at the various health facilities (mean value>3.0). However, the respondents rejected the idea that gender affects the engagement of health workers in decision-making (mean value = 2.45). A grand mean of 3.35 was generated, which indicated the level of

acceptance of the items as factors that affect the engagement of employees in the decision-making process in the various health facilities. The results further showed that gender, perceived supervisor support, and

organizational leadership significantly affected employees' engagement in decision-making (p-values = 0.001, 0.004, and 0.000) respectively.

Table 3: Mean Response Scores for Factors Affecting Employees' Engagement in Decision-making

Statement	Observation	Mean	Remark	P-value
Gender	390	2.45	Rejected	0.001
Educational	390	3.51	Accepted	0.174
Job performance	390	3.27	Accepted	0.401
Job Commitment	390	3.23	Accepted	0.069
Perceived organizational support	390	3.26	Accepted	0.921
Perceived supervisor support	390	3.36	Accepted	0.004
Training and development	390	3.4	Accepted	0.756
Organizational leadership	390	3.49	Accepted	0.000
Trust among health workers	390	3.6	Accepted	0.346
Motivation	390	3.62	Accepted	0.913
The Attitude of Health Workers	390	3.71	Accepted	0.538
Grand Mean		3.35		

Source: Field Survey, 2023

Influence of employee engagement on health facilities performance

From Table 4, it was found that respondents (managers) agreed that nine of the twelve listed items influenced the engagement process of employees in the various health facilities (mean value>3.0). However, respondents rejected that the idea that the remaining three items of employees' engagement in decision-making did not have any influence on facilities' performance. These items

were noted to include employee engagement, which affects retention and turnover rates (mean value = 1.80), increasing employee engagement does not improve overall performance (mean value = 2.08), and employee engagement, which does not help the facility's financial performance (mean value = 2.04). The resultant grand mean of 3.37 indicates the level of acceptance of the items as influencers of employees' engagement in decision-making on health facilities' performance.

Table 4: Mean Response Scores for Influence Employees' Engagement in Decision-making on Facilities Performance

Statement	Observation	Mean	Remark
Employee engagement affects the quality of care	50	4.00	Accepted
Employee engagement impacts the retention and turnover rates	50	3.52	Accepted
Employee engagement in healthcare delivery is not necessary	50	1.88	Rejected
Increasing employee engagement does not improve overall performance	50	2.08	Rejected
Employee engagement does not impact patient satisfaction and health outcomes	50	3.64	Accepted
Employee engagement does not help in the facility's financial performance	50	2.04	Rejected
Involving employees in decisions positively impacts the overall productivity	50	3.16	Accepted
Employee engagement leads to increased employee motivation and commitment	50	3.28	Accepted
Employee involvement in decisions improves communication and collaboration	50	4.16	Accepted
Employee engagement improves the quality of decision-making and problem-solving	50	4.12	Accepted
Employee engagement increases job satisfaction and retention	50	4.16	Accepted
Involving employees creates a sense of ownership and responsibility	50	4.40	Accepted

Grand Mean

3.37

Source: Field Survey, 2023

The variables in Table 4 were assessed using a 5-point scale. The findings illustrated in Table 4.4 demonstrate that the autonomous element, namely employee engagement, was measured by an average score of 28.06 accompanied by a standard deviation of 6.34. The mean score for the variables that influence employee engagement was recorded at 36.91, with a

corresponding standard deviation of 9.20. Furthermore, the impact of employee engagement on performance was found to possess a mean score of 29.32, coupled with a standard deviation of 7.94. The results of the study indicated that the performance of health facilities was assessed to have an average score of 76.23, accompanied by a standard deviation of 11.26.

Table 5: Overall Means of All Variables Used in the Study

Variable	Observations	Mean	Standard Deviation (SD)
Employee Engagement	340	28.06	6.34
Factors Affecting Employee Engagement	390	36.91	9.20
Influence of Employee Engagement on Performance	50	29.32	7.94
Facility Performance	50	76.23	11.26

Source: Field Survey, 2023

The results of Table 6 show that factors affecting employee engagement had a low positive significant relationship with health facilities' performance ($r=0.1543$, p -value <0.05). It was further revealed that the Influence of Employee Engagement on performance demonstrated a very high significant relationship with the

extent of employee engagement ($r=0.9007$, p -value <0.001). In addition, the Influence of Employee Engagement on performance had a negligible significant relationship with the factors affecting employee engagement ($r=0.1712$, p -value <0.05).

Table 6: Pairwise Correlation between the Variables

Variable	Performance	Engagement	Factor	Influence
Performance	1.0000			
Engagement	0.0381	1.0000		
Factor	0.1543*	-0.0437	1.0000	
Influence	0.0570	0.9007**	0.1712*	1.0000

* Correlation is significant at $p<.05$ level; ** Correlation is significant at $p<.001$ level

Source: Field Survey, 2023

Testing of Hypothesis

H₀: Workers' engagement in decision-making does not improve health facilities' performance.

H_a: Workers' engagement in decision-making in health facility management improves health facilities' performance.

The result in Table 8 shows that employee engagement contributed about 0.2% to the health facilities' performance. According to the F-statistic value of 0.484, the regression plane as a whole is not statistically significant. Consequently, the null hypothesis cannot be rejected, but the alternative hypothesis is rejected. This indicates that the level of employee involvement in decision-making does not have a substantial impact on the performance of healthcare facilities.

Table 7: Regression Analysis

Model	R ²	F-statistic	Coefficient	t-statistic	P-value
Employee Engagement	0.002	0.484	0.0700	0.700	0.484

Source: Field Survey, 2023

The regression analysis conducted in Table 4.7 presents the R-Square statistic, which indicates the proportion of the total variance that is explained by the independent variables. The present study reveals that a statistically significant proportion of the variance in health facilities' performance, amounting to 2.0%, can be attributed to employee engagement, as well as the factors that contribute to engagement and its influence on performance. The empirical analysis revealed that only the factors influencing engagement exhibited a

statistically significant correlation with performance at the level of multiple regression (P-value = 0.028).

The obtained Adjusted R-Square value is 0.007, denoting that the four independent variables, namely employee engagement, factors influencing engagement, and the impact of engagement on performance, can account for approximately 0.7% of the variations observed in the dependent variable, health facility performance.

Table 8: Multiple Regression Analysis with Facility Performance as the Dependent Variable

Variable	Coefficients	P-value
Engagement	0.168	0.464
Factor	0.153	0.028
Influence	-0.089	0.668
F-value	0.145	
R-Squared	0.016	
Adjusted R-Square	0.007	

Source: Field Survey, 2023

The beta (β) value for staff engagement ($\beta= 0.168$), factors affecting engagement ($\beta=0.153$), and influence of engagement on performance ($\beta=-0.089$).

4. DISCUSSION

Level of Engagement of Health Workers in Decision-making

It was found in this present study that the engagement of employees in the decision-making process in the various health facilities was low. This was revealed by the overall mean of employee engagement being lower than the criterion mean in this study. These findings implied that although employees express a willingness to be included in decisions related to their workplace, it appears that their contributions to the operations of different healthcare facilities are being overlooked. This result was consistent with a previous survey conducted by (Alsughayir, 2016) in Saudi Arabia, which reported a

lower average value for employee involvement in decision-making among the surveyed firms. Specifically, the survey found that firms with high employee participation had a performance mean index of 4.50 based on responses from 97 participants, while firms with low employee participation had a performance mean index of 2.82 based on responses from 144 participants. This finding, however, contradicts the results of a cross-sectional survey conducted in Nigeria, which reported a mean index of employee participation in decision-making of 3.81 (Kuye & Sulaimon, 2011).

The only items which that accepted as contributing to employee engagement in decision-making in this present study were management seeking employees'

opinions and considering them in decision-making, management allowing employees to participate in any decision-making at the lower management level, and management always sharing decision-making with employees. The respondents rejected all the remaining seven items used in this study. A similar finding was reported in a study conducted among employees of manufacturing companies in Nigeria by (Zhi et al., 2020), which noted that in the context of decision-making components, no firm yielded the greatest overall rating among the listed variables, except for Dignity, which recorded a rating of 46.7%. (Zhi et al., 2020) concluded that there was low employee participation in decision-making in all three organizations that were studied (Zhi et al., 2020). This finding contradicted the results of a cross-sectional study carried out by (Oyebamiji, 2018) in Nigeria, which used a descriptive survey design. Oyebamiji reported that employees' involvement in decision-making was minimal because the management was not willing to involve them in the decision-making process. Also, different items of employee engagement were reported in a social survey conducted in Kumasi, Ghana, by (Akuoko et al., 2012), who suggested that the primary ways in which workers sought guidance from their superiors were regarding salary decisions (88%), education and progress (81%), complaint resolution (85.8%), and health and security (81.4%).

Factors Affecting Health Workers' Engagement in Decision-making

This study found that most (10 items) of the listed items were obstacles that affect the engagement of employees in the decision-making process at the various health facilities (mean value > 3.0). Several factors can affect the level of employee engagement. These factors comprise educational background, job performance, work commitment, perceived support from the organization, and perceived support from supervisors. Other factors identified in this study as hampering employees' engagement in decision-making were training and development of the employee, organizational leadership potential, trust among workers, motivation, and lastly, attitude of the employee at the workplace. A similar finding was reported in a literature survey conducted by (Shaed et al., 2015), that the identified factors included gender, educational attainment, tenure, organizational effectiveness, job satisfaction, work performance, organizational commitment, perceived support from supervisors, training, leadership, trust, motivation, and productivity. Additionally, training was identified as another factor that influences employee involvement in

decision-making. There was a similar finding in other studies conducted by Alsughayir (2016), Topcic et al. (2016), and Mohsen and Sharif (2020), which found a significant relationship between training and employee participation in management decision-making. On the contrary, in research conducted on Malaysian middle- and top-level managers in the private sector, to investigate the impact of various individual factors on employee participation in decision-making, it was discovered that trust was the only individual factor that affected PDM (S. K. G. Singh, 2009).

The overall resultant, which means that the factors in this study affected employees' engagement at the various health facilities in this study, was 3.35. The finding suggests that the factors examined in the study have a moderate impact on employees' engagement at health facilities. A mean score of 3.35 (on a 5-point scale) suggests that the factors have some influence on engagement but not a strong or decisive impact. However, it was found that gender was not accepted as a factor that affects the engagement of health workers in decision-making in this study (mean = 2.45). The finding that gender was not accepted as a factor that affects the engagement of health workers in decision-making in this study implies that no significant difference was found in the level of engagement of male and female health workers in decision-making processes. The mean score of 2.45 suggests that, on average, both male and female health workers had a similar level of engagement in decision-making processes. This finding may have implications for organizations that employ health workers, particularly those that aim to promote gender equity and inclusivity in decision-making. Such organizations may need to review their current policies and practices to ensure that both male and female health workers are equally involved in decision-making processes.

However, gender, perceived supervisor support, and organizational leadership significantly affected employees' engagement in decision-making in this study. Combining all the individual items, it was found that generally, factors affecting employee engagement in this study had a low positive significant relationship with health facilities' performance ($r = 0.1543$).

Influence of Employee Engagement on Health Facilities' Performance

The findings from this study depict that nine of the twelve listed items were accepted by the respondents to be

influencers in the engagement of employees in decision-making at the various health facilities (mean value > 3.0). However, the respondents rejected three items of employee engagement in decision-making, implying that those items did not have any influence on health facilities' performance. These items were noted to include employee engagement, which impacts retention and turnover rates, increasing employee engagement does not improve overall performance, and employee engagement does not help the facility's financial performance (mean value ≤ 2.99). The implications of these findings suggest that the respondents in the research study did not believe that employee engagement has a significant impact on certain aspects of organizational performance, including retention and turnover rates, overall performance, and financial performance. The resultant grand mean of 3.37 indicates that most of the respondents accepted many of items as the influencers of employees' engagement in decision-making on health facilities' performance. Al-dalahmeh et al. (2018) reported a similar finding: employee engagement increases productivity and overall performance and reduces absenteeism, and employee leaving. Also, (H. Singh, 2019) similarly reported in a descriptive research survey design conducted in Lagos State, Nigeria, that the productivity of the organization they conducted their study on was affected by the involvement of employees in the process of making management decisions.

This study found that employee engagement had a low, positive, and in-significant relationship with health facilities' performance. This finding suggests that organizations should not rely solely on employee engagement as a panacea for improving organizational performance. Instead, they should consider a range of factors that contribute to different aspects of performance and work to address them comprehensively. This did not support what was reported in Nigeria by (Okechukwu, 2020) that there was a statistically significant positive correlation between employee engagement in productive decision-making and the performance of an organization. This finding is also different from what other researchers have reported in a cross-sectional survey carried out in Nigeria by (Agwu & Olele, 2014) that there was a notable correlation between employees' involvement in making decisions and higher levels of both employee dedication and organizational productivity. Additionally, the research revealed that employee engagement had a significantly positive impact on the factors influencing

healthcare facility performance, with a correlation coefficient of 0.9007 and a p-value less than 0.001.

The present study indicated a significant correlation between employee engagement and performance, which was influenced by various factors (with a correlation coefficient of 0.1712). This result was consistent with a previous quantitative survey conducted in Lagos, South Western Nigeria, which found that employee participation in decision-making had a significant impact on organizational performance (with a beta coefficient of 0.597, a t-value of 6.572, and a p-value of less than 0.01) (Ojokuku & Sajuyigbe, 2014). This current study's finding is also in line with another study conducted in Saudi Arabia by (Alsughayir, 2016), who reported that the performance of an organization was found to have a significant correlation with the level of employee involvement in the decision-making process.

This study further found that the overall regression analysis showed that even though there was a positive relationship between workers' engagement in decision-making and health facilities' performance, this relationship was not statistically significant. This finding suggests that even though there was a positive relationship between workers' engagement in decision-making and health facilities' performance, the study was not able to detect it due to the limitations of the sample size, measurement tools, or other factors. Furthermore, employee engagement contributed about 0.2% to the health facilities' performance in this study. Therefore, the null hypothesis, which states that workers' engagement in decision-making does not significantly improve health facility performance, failed to be rejected in this study. This finding implied that employees' engagement in decision-making is not a strong predictor of improving health facilities' performance in this current study. This differed from what was reported in Nigeria by (Ojokuku & Sajuyigbe, 2014) that employee participation in decision-making was a predictor of organizational performance.

Theoretical Discussion

Performance is widely recognized as a composite construct that encompasses the collective behaviors of individual practitioners, teams, and groups, as well as the outcomes or achievements that they generate. Performance assessment in a given organizational context, irrespective of its degree of complexity, may be evaluated from a micro-perspective, focusing on the

work processes. This entails scrutinizing the actions, methods, and strategies employed by numerous individuals involved in the execution of the assigned tasks. The present study aimed to investigate the impact of employee participation in decision-making on the performance of healthcare facilities within the Asunafo South District of the Ahafo Region, Ghana.

The findings from this study are in line with William Kahn's propounded theory of employee engagement in 1990, where a worker's emotions and drive can be influenced by various factors, such as the level of concern demonstrated by upper management, the quality of the physical work environment, and the social connections formed with colleagues (Huang et al., 2022) (Dubbink, 2003). Kahn's research delves into the elements that enable workers to bring their complete and authentic selves to the workplace. He pinpointed various factors that influence an employee's ability to establish a genuine connection with the organizational mission, company culture, and daily responsibilities of their job (Bailey et al., 2015). This work demonstrates a greater comprehension of the requirements of workers and adopts a more comprehensive method to enhance employee involvement.

Moreover, the human relations theory noted that irrespective of the employee group they belong to, they perform better when given special attention, given priority, valued, and allowed to participate in decision-making processes. Linking the theory to the first objective, the study finds that if employees are not given frequent attention, given priority, valued, or allowed to participate in decision-making processes, their performance and productivity are likely to be negatively affected. This undermines the concept proposed by the human relations theory, which suggests that increased motivation leads to higher productivity. Therefore, involving employees in decision-making is a crucial step towards promoting effective human relations and improving overall productivity in an organization was not likely to be achieved in this study.

5. CONCLUSION

The following conclusions and observations can be made based on the study's findings. The low degree of employee engagement in decision-making in healthcare institutions suggests that there is a need to increase employees' involvement and participation. This could help to promote a sense of ownership, commitment, and motivation among employees, which can have positive

effects on the overall performance of the health facilities. The factors identified as affecting employee engagement, including educational level, job performance, commitment to work, perceived organizational support, perceived supervisor support, training and development, organizational leadership potential, trust among workers, motivation, and attitude at the workplace, need to be taken into consideration in efforts aimed at improving employees' engagement. The finding that there was no statistically significant correlation between the engagement of employees and the performance of health facilities indicates that there may be other influential factors at play. To enhance the performance of health facilities, it is crucial to recognize and tackle these additional factors. Overall, the findings suggest that there is a need to improve employee engagement in health facilities, taking into consideration the factors that affect engagement. However, efforts aimed at improving employee engagement should be complemented with interventions that address other factors that determine health facility performance.

6. RECOMMENDATIONS

Managers of health facilities should take a participative leadership approach and involve employees in decision-making. This approach can be achieved through various means, such as holding regular meetings, conducting surveys to gather employees' opinions and suggestions, involving employees in goal setting and performance reviews, and providing feedback on their contributions. It is also important to recognize and appreciate employees' contributions to decision-making processes to promote a sense of ownership and commitment among employees.

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Data Availability

Data used for this research is available upon request from the corresponding author.

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