

**EFFECT OF BUREAUCRATIC LEADERSHIP STYLE ON PERFORMANCE
OF HEALTH SERVICE DELIVERY IN TANZANIA PUBLIC HOSPITALS:
A CASE OF SINZA PALESTINA HOSPITAL**

FESTUS C. MAYENGA

**A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE
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HISTORY AND PHILOSOPHY
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2024

CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by The Open University of Tanzania a proposal titled; **“Effectiveness of Bureaucratic Leadership Style on Performance of Health Service Delivery in Tanzanian Public Hospitals: A Case of Sinza Palestina Hospital”**, in partial fulfilment of the requirements for the Degree of Master of Arts in Governance and Leadership of the Open University of Tanzania.

.....

Dr. Chacha Matoka

(Supervisor)

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Signature

.....

Date

DEDICATION

I dedicate this dissertation to my wife Salma Waziri and my family

AKNOWLEDGEMENTS

I commence by expressing my profound thanks to the Divine, whose guidance and blessings have served as a steadfast wellspring of strength throughout my dissertation.

I extend my wholehearted gratitude to the Open University of Tanzania for allowing me to undertake this research, enriching my academic knowledge, and honing my scholarly skills. My debt of gratitude is immeasurable to my supervisor Dr. Chacha Matoka, whose invaluable counsel, unwavering backing, and perceptive insights have played a pivotal role in shaping this study.

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ABSTRACT

The study sought to examine the effectiveness of bureaucratic leadership style on the performance of health service delivery in Tanzanian public hospitals. The study was guided by three specific objectives; to determine how rules and regulations affect the performance of health service delivery at Sinza Palestina Hospital, to assess the effect of the clear hierarchy on the performance of health service delivery at Sinza Palestina Hospital and to determine the effect of standardization procedures on the performance of health service delivery at Sinza Palestina Hospital. Positivist philosophy guided this study while quantitative was adopted as a research approach. Explanatory design was used in this study. A sample of 166 respondents from Sinza Palestina Hospital were drawn using stratified sampling technique. Structured questionnaires were used to collect data while descriptive statistics and multiple regression analysis were used to analyze data. The study found that all three independent variables of the bureaucratic leadership style; rules and regulations, clear hierarchy and standardization procedures were positive and significantly related to the dependent variable performance of health services delivery at Sinza Palestina Hospital. Based on the findings, this study recommends that there should be simplification and streamline regulatory compliance processes to reduce administrative burdens on healthcare providers. Secondly it is recommended that there should be fostering transparent communication channels throughout the hospital hierarchy to ensure that information flows freely between different levels of management and frontline staff. Lastly it is recommended that establishment of a systematic process for regularly reviewing and updating standardized protocols and procedures to ensure alignment with current best practices and evidence-based guidelines.

Keywords: *Bureaucratic Leadership Style, Rules and Regulations, Clear Hierarchy, Standardization Procedures, Performance of Health Services Delivery.*

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ESID	Effective States and Inclusive Development
HC	Clearly Hierarchy
HIV	Human Immunodeficiency Virus
HSP	Performance of Health Service Delivery
REG	Rules and Regulation
STPRO	Standardization Procedures

CHAPTER ONE

INTRODUCTION

1.1 Overview

This chapter presents the study's background, problem statement, research objectives, research questions, significance, and scope of the study's bureaucratic leadership style on the performance of health service delivery in public hospitals.

1.2 Background of the Study

Effective leadership plays a crucial role in driving meaningful social change, particularly in the realm of healthcare delivery. According to Matshaba (2021), effective leadership can significantly improve the speed and efficiency of delivering health services. This is especially vital in low- and middle-income countries where public health service delivery faces substantial challenges. Achieving effective health service delivery necessitates the integration and synchronization of key resources at the point of service, such as human resources, finances, hardware, and procedural aspects of care delivery. Leadership is frequently instrumental in ensuring coordination and contributing to the realization of efficient healthcare delivery (ESID, 2023).

In a global context, the performance of health service delivery holds immense significance. It directly affects population health outcomes, the accessibility and quality of healthcare services, and ultimately, the well-being of individuals and communities. Effective health service delivery ensures that people can access timely and appropriate healthcare interventions, which are crucial for disease prevention,

treatment, and management (Northouse 2021). One of the key aspects of global health service delivery is equity. Ensuring equitable access to healthcare services is essential for addressing health disparities and promoting social justice. Additionally, efficient health service delivery contributes to achieving global health goals, such as reducing maternal and child mortality, combating infectious diseases, and promoting healthy lifestyles (Yukl, 2020).

Africa's health challenges and the diverse healthcare needs of its populations underscore the importance of health service delivery performance. Research done by ESID (20ESID's 2023 research reveals that Africa faces a variety of health challenges, such as infectious diseases like malaria, HIV/AIDS, and tuberculosis, along with maternal and child health issues, non-communicable diseases, and emerging health threats. delivery in Africa is critical for addressing these challenges effectively. It requires strengthening healthcare systems, enhancing healthcare infrastructure, ensuring an adequate healthcare workforce, and promoting community engagement in healthcare initiatives. Effective health service delivery can lead to better health outcomes, reduced mortality rates, and improved quality of life for African populations.

Health service delivery performance is a priority area for healthcare stakeholders, policymakers, and the general public in Tanzania. The country faces various healthcare challenges, including limited resources, infrastructure constraints, workforce shortages, and unequal access to healthcare services between urban and rural areas. To improve the performance of health service delivery in Tanzania, a

comprehensive approach that addresses these challenges is required. This includes investing in healthcare infrastructure and technology, strengthening healthcare workforce capacity through training and retention strategies, improving access to essential medicines and supplies, and implementing effective health policies and programs. Retrogrades, the Tanzanian government has several key plans and policies that guide healthcare provision and development, such as the Health Sector Strategic Plan III (2009–2015), guided by Vision 2025 and guiding planning for health facilities. The policies and guidelines generally express the goal of improving Tanzania's health system and healthcare provision. However, political leaders are the ones who lead most of the state's organizations, ensuring that policies are implemented on behalf of the citizens.

Good leadership aims to expedite and ensure the delivery of health services to the community in a manner that is appropriate, efficient, equitable, and sustainable (Bradley et al., 2020). The districts' leadership organizes all operational health system activities in Tanzania. Tasks include drug and commodity procurement, health sector human resources staffing, infrastructure, and technical support (Bell, 2021). Good leadership is effective not only in empowering individuals and teams to overcome challenges and improve health outcomes, but also in creating a sense of ownership among team members, which leads to sustainability. Sinza Palestina Hospital in Tanzania serves as a case study highlighting the importance of health service delivery performance at the institutional level. The hospital plays a crucial role in providing healthcare services to the community, including primary care, emergency services, specialty care, and preventive health programs. Various factors,

including leadership style, influence the performance of health service delivery at Sinza Palestina Hospital. Bureaucratic leadership, characterized by adherence to rules, procedures, and protocols, can have a significant impact on the hospital's operations, resource allocation, staff management, and patient care practices.

The link between bureaucratic leadership style and health service delivery performance in Tanzanian public hospitals is a critical aspect that requires thorough analysis. Your research project's specific objectives can help you understand this link through the variables under study. These variables typically include leadership style, specifically focusing on the bureaucratic leadership style characterized by adherence to rules, procedures, hierarchy, and standardized processes. On the other hand, the performance of health service delivery encompasses various indicators such as patient satisfaction, quality of care, efficiency in service provision, adherence to protocols and guidelines, and overall healthcare outcomes. We utilized the theory of transformative leadership to delve deeper into this link. Transformative leadership theory emphasizes empowering and inspiring followers to achieve higher levels of performance and personal growth. Transformative leadership plays a crucial role in shaping healthcare professionals' interactions and behaviors, which in turn impact the quality and effectiveness of health service delivery in the context of healthcare. The first variable under scrutiny is the degree to which healthcare professionals at Sinza Palestina Hospital adhere to rules and regulations.

In Tanzania's public hospitals, a bureaucratic leadership style can hinder effective health service delivery due to its reliance on rigid protocols, which can slow

decision-making and reduce responsiveness to urgent needs. Such a hierarchical and rule-bound approach may lead to delays in procuring medical supplies and implementing healthcare policies, impacting patient outcomes. Studies highlight that excessive bureaucratic procedures have contributed to frequent stockouts of essential medicines in Tanzania, leaving healthcare facilities ill-equipped to handle patient needs efficiently. This system can create barriers to accountability and transparency in service delivery, limiting health workers' ability to address issues promptly and effectively. Strengthening governance by enhancing flexibility, streamlining procurement processes, and improving accountability measures could help mitigate these challenges and improve healthcare outcomes (Mikkelsen-Lopez, 2014; HRH Global Resource Center, 2016).

Studying bureaucratic leadership in relation to hospital performance in Tanzania is essential because this leadership style impacts operational efficiency, resource management, and patient care outcomes in public hospitals. Bureaucratic leadership, with its strict adherence to hierarchy and rules, often leads to slow decision-making and inflexibility, which can delay critical healthcare processes and reduce responsiveness to patient needs (Mikkelsen-Lopez, 2014). Given Tanzania's limited healthcare resources, inefficiencies caused by bureaucratic constraints—such as prolonged procurement procedures for essential medicines—can worsen health service delivery issues, potentially resulting in frequent stockouts and inadequate patient care (HRH Global Resource Center, 2016). Understanding the effects of this leadership style is therefore crucial to informing policy and reform initiatives aimed at enhancing hospital performance, improving healthcare accessibility, and achieving

better patient outcomes in Tanzania's public healthcare system. The second variable of interest is the presence of a clearly defined hierarchy within the hospital's organizational structure. The third variable focuses on the role of standardized procedures in health service delivery performance at Sinza Palestina Hospital. Standardization involves the establishment of uniform processes, protocols, and best practices across different departments and functions within the hospital. Investigating the impact of standardization procedures on performance provides insights into the consistency, reliability, and scalability of healthcare services, highlighting areas of strength and potential improvement.

1.3 Statement of the Problem

As it commits to the Sustainable Development Goal No. 3 of 2030, Tanzania, like many other developing countries, has made health a priority matter that requires much attention. Tanzania has made significant efforts to ensure health care is inclusive for all citizens by adopting numerous initiatives, such as Big Result Now and the National Development Plan, which operationalizes the National Development Vision 2025. The focus of all these measures is to enhance the performance of staff and health facilities, while also guaranteeing adequate and quality services (Lee & Tarimo, 2018). The government has made substantial progress in the health sector through decentralization of the primary healthcare system and improvements in the health financing system. Despite all of the government's efforts, there are still emerging challenges in the public health sector that impede quality health service delivery to the public as a result of poor leadership (Haazen, 2022). Public hospital leaders, particularly those at the district level, have

faced condemnation and criticism for their poor management of staff and other resources such as revenues, time, and facilities, resulting in poor health service delivery to patients (Haazen, 2022). This situation has paved the way for dishonesty, lack of transparency, and corruption, as well as bribery among employees and personnel to deliver service on time (Figueroa, 2019).

Also, several studies have generally focused on the influence and impact of leadership styles on organizational performance in Tanzania. For instance, Zainab (2020), Clemence (2020), and Flora (2020) focused on the effect of leadership style on employee performance in government institutions. None of the studies have inquired about the bureaucratic leadership style and its effectiveness on the health sector's performance. South Africa has been the site of several studies. Sivanarain (December 2022) addressed the importance of sound political management in enhancing municipal service delivery and implementing the political leadership's mandate. He wrote about the politics of service delivery in the local government sphere in South Africa, while Anyimandu (March 2016) focused on the poor performance in delivering public services in Tanzania. Therefore, this study aimed to fill that gap by examining the effectiveness of the bureaucratic leadership style on the performance of health service delivery in Tanzanian public hospitals.

1.4 General Objective

The general objective of this study is to examine the effectiveness of bureaucratic leadership style on the performance of health service delivery in Tanzanian public hospitals.

1.4.1 Specific Objectives

- i. To determine how rules and regulations affect the performance of health service delivery at Sinza Palestina Hospital.
- ii. To assess the effect of the clear hierarchy on the performance of health service delivery at Sinza Palestina Hospital
- iii. To determine the effect of standardization procedures on the performance of health service delivery at Sinza Palestina Hospital

1.5 Significance of the Study

The proposed study will be significant in changing the attitudes and practices of health leaders and managers on how to be flexible in using different leadership styles that will help to achieve the intended goal in the course of delivering service to patients. The proposed study will contribute significantly to the existing knowledge in the leadership and management field within the health sector, highlighting the effectiveness of bureaucratic leadership styles in facilitating the delivery of health services compared to other leadership styles.

1.6 The Scope of the Study

We conducted the study at Sinza Palestina Hospital solely due to its potential to gather relevant data for the intended research. This is also the area where there are significant complaints about the quality of service delivered and staff performance. Finally, the study focused on the bureaucratic leadership style and not otherwise.

1.7 Organization of the Study

We have organized this proposal into three chapters. Chapter One outlines the study's

background, problem statement, research objectives, research questions, significance, and scope. Chapter two presents a definition of key terms, theoretical reviews, empirical literature, and a conceptual framework. Chapter three presents the research design, study area, sample, and sampling techniques, as well as the data collection tools that were used to collect the information and the analysis procedure. Chapter four presents the findings and discussion while the last chapter presents summary of the findings, conclusion and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview

This chapter clearly defines key terms and concepts, provides theoretical reviews that align with the study, describes the gaps in the literature through empirical reviews, and identifies the research gap that relates to the actual issue under investigation.

2.2 Definition of Key Concepts

2.2.1 Leadership Style

Managers use their leadership style to carry out their responsibilities. (Haque et al., 2019). This study defines leadership style as the organizational structure that civil servants use to deliver health services across various departments. According to Northouse (2021), leadership style refers to the behavior's leaders exhibit while guiding their followers toward achieving organizational goals. In the book *Leadership Theory and Practice*, Northouse (2021) defines leadership style as "the pattern of behaviors that leaders exhibit in their relationships with followers. In this study, leadership style refers to the manner or approach in which a leader interacts with and influences their team or organization to achieve common goals. It encompasses the leader's behaviors, attitudes, communication style, decision-making processes, and overall approach to leading others. Leadership style can vary significantly depending on the leader's personality, values, experiences, and the specific context in which they operate.

2.2.2 Bureaucratic Leadership

This is one of the styles postulated (Weber, 1947). This management system requires

employees to adhere to specific rules and authority structures established by their superiors. In this study, bureaucratic leadership is defined as a type of leadership that involves a set of rules and regulations in the delivery of health services. Merton (1949), an American sociologist, expanded on Weber's ideas and emphasized the role of bureaucracy in achieving organizational goals. He highlighted the formalized structure, specialization of roles, and reliance on rules and regulations as key features of bureaucratic leadership. Merton also discussed the potential downsides of bureaucracy, such as rigidity and inefficiency in certain situations.

Oxford Reference (2019) defines a bureaucratic leader as one who depends on his or her position in a clearly defined hierarchy to influence followers, who adhere to established rules and procedures, and who is generally inflexible and suspicious of change. This definition refers to a system of leadership management that relies on established rules, procedures, and a hierarchy of authority to influence followers. The leadership utilizes rules to sway followers, expecting them to adhere to these rules while performing their duties and responsibilities, as well as obey the command structure. In this study, bureaucratic leadership is a style of leadership characterized by a focus on adherence to established rules, procedures, and hierarchical structures within an organization. Leaders who employ bureaucratic leadership typically prioritize efficiency, consistency, and predictability in decision-making and operations.

2.2.3 Rules and Regulation

Kosti (2019) Defined rules are specific guidelines or instructions that an organization or authority creates to regulate behavior and activities. Regulations are official rules

and directives that the government or regulatory body establishes, typically with legal binding, to govern specific sectors or industries. In this study, rules and regulations refer to a set of established guidelines, standards, or directives that govern behavior, actions, or procedures within an organization, community, or society. Typically, these rules establish order, safety, fairness, and compliance with legal, ethical, or organizational requirements.

2.2.4 Hierarchy

In the social sciences, hierarchy is defined as a ranking of positions of authority, often associated with a chain of command and control, according to Mioura (2018). In modern societies, hierarchical organizations pervade all aspects of life. However, the early 21st century saw an increasing criticism of these organizations due to the perceived problematic features that once made them an effective means of organization. In this study, hierarchy refers to a structured arrangement or system of ranking and organizing individuals, groups, or entities based on levels of authority, importance, or status within an organization, institution, or society.

2.2.5 Standardization Procedures

Process standardization can be defined as the improvement of operational performance, cost reduction through decreased process errors, facilitation of communication, profiting from expert knowledge (Weitzel & König, 2018), and providing flexibility without sacrificing organizational controls. Standardization is a benefit to an organization (Røhnebæk, 2022). In this study, standardization procedures refer to established methods, protocols, or guidelines that prescribe uniform practices, specifications, or processes for carrying out tasks, operations, or

activities within an organization or industry. These procedures establish standardized methods, parameters, and benchmarks for all stakeholders to follow, ensuring consistency, reliability, and quality in the execution of various functions or processes.

2.2.6 Health Services Delivery

Dymyt & Dymyt (2018) defined health service delivery as an immediate output of the inputs into the health system, such as the health workforce, procurement, supplies, and financing. The term implies that a health system's key functions include ensuring the availability of health services that meet a minimum quality standard and securing access to them. In this study, health service delivery refers to the provision of healthcare services to individuals, families, and communities to promote, maintain, or restore health and well-being. It encompasses a wide range of activities, processes, and interventions aimed at preventing, diagnosing, treating, and managing health-related issues and conditions across various settings, such as hospitals, clinics, community health centers, and other healthcare facilities.

2.2.7 Public Hospitals

Public hospitals are state-owned or fully run by public entities. Kruse et al. (2018). The term refers to the provision of health services at Sinza Hospital, a public hospital. In this study, public hospitals as healthcare facilities that the government or public entities own, operate, and fund. provide medical care, treatment, and services to patients regardless of their financial ability, typically offering a broad range of healthcare services to meet the needs of the general population.

2.2.8 Performance of Health Service Delivery

According to (Pintea & Achim, 2010), performance can be defined as a balanced set of parameters that describe the results and the processes used to achieve these results. This study uses the term performance to describe the availability of health service delivery in public hospitals, specifically Sinza Palestina Hospital. In this study, the performance of health service delivery refers to the effectiveness, efficiency, quality, and outcomes of healthcare services provided to individuals, families, and communities by healthcare organizations, facilities, and professionals. It encompasses various dimensions of healthcare delivery, including clinical care, patient experience, access to services, safety, and cost-effectiveness, among others.

2.3 Theoretical Literature Review

2.3.1 Bureaucratic Management Theory

Max Weber developed bureaucratic management theory, also known as the theory of bureaucracy, in the late 19th and early 20th centuries. Weber, a German sociologist, established this theory in his 1922 book "Economy and Society." Bureaucratic management theory emphasizes the importance of a rational and efficient organizational structure in order to achieve organizational goals. According to Weber, bureaucracies are characterized by features such as division of labor, hierarchy of authority, rules and procedures, interpersonal relationships, merit-based employment, record-keeping, and documentation. Weber believed that bureaucratic management was the way to organize large-scale enterprises and public institutions. However, he also acknowledged the potential for bureaucracies to become overly rigid, impersonal, and bureaucratic, which could hinder innovation and adaptability.

The clear hierarchy and division of labor demonstrate the relationship between bureaucratic management theory and the study of the effectiveness of bureaucratic leadership styles in public hospitals.

The study explored how adherence to the organizational structure influences the performance of health service delivery at Sinza Palestina Hospital. This includes assessing how well-defined roles and responsibilities contribute to efficient operations and coordinated patient care. The theory highlights the importance of standardized procedures and rules. The study investigated how the implementation of standardized protocols and procedures in areas such as patient care, administrative processes, and quality assurance affects the overall performance of health services at the hospital.

Bureaucratic management theory suggests that impersonal relationships based on formal rules can lead to efficiency. The study assessed the impact of this aspect on communication, decision-making processes, and conflict resolution within the hospital, examining how it contributes to or hinders effective health service delivery. The theory underscores the need for meticulous record-keeping and accountability mechanisms. The study explored how well-maintained records, adherence to reporting protocols, and clear accountability structures influence the quality and continuity of patient care as well as overall organizational performance. By incorporating these elements of bureaucratic management theory into the study's specific objectives, we can systematically evaluate how bureaucratic leadership style influences various aspects of health service delivery at Sinza Palestina Hospital.

2.4 Empirical Literature Review

The position of leadership in the bureaucracy determines an organization's success in providing public services. According to Huque & Fedous (2019), administrative changes encourage leadership development in bureaucracy based on visions that aim to achieve community improvement and serve the public interest. The performance of public organizations is multidimensional, given the diversity of stakeholders and complexity of the problems faced.

2.4.1 Influence of Adherence to Rules and Regulations on Health Service Performance

Johnson et al. (2019), in their research, focused on the impact of adherence to rules and regulations on health service performance in the United States. This quantitative study utilized a cross-sectional design involving 500 healthcare professionals from public hospitals. The researchers employed random sampling and collected data through a survey questionnaire. The researchers used statistical software for both descriptive and inferential analyses. The main findings of the study revealed that higher adherence to rules and regulations correlated with improved patient outcomes and staff satisfaction. The study concluded that adherence to rules and regulations positively impacts the performance of health services. The study recommended the implementation of policies to support and enforce adherence to rules and regulations in healthcare settings.

Wang and Li (2020) conducted a study that examined the relationship between adherence to rules and regulations and healthcare quality in China. This study

employed a mixed-methods approach, combining quantitative and qualitative methods, in a longitudinal design. The sample consisted of 800 healthcare providers and 20 hospital administrators from various provinces, selected through stratified random sampling. We collected data through surveys, interviews, and document analysis, and used statistical software and thematic analysis for data analysis. The main findings indicated that high adherence to rules and regulations was associated with better healthcare quality indicators and patient satisfaction. The study concluded that adhering to rules and regulations is critical for maintaining and improving healthcare quality, and it recommends strengthening training programs on compliance for healthcare staff.

Mbele et al. (2021) conducted a study to assess the impact of adherence to rules and regulations on health service performance in South Africa. This quantitative longitudinal study involved 1000 healthcare professionals from public and private healthcare facilities. The researchers utilized a stratified random sampling technique and collected data through a survey questionnaire and medical records review. We used statistical software for correlation and regression analyses. The study found that strong adherence to rules and regulations was associated with reduced medical errors and improved patient outcomes.

The study concluded that adherence to rules and regulations significantly influences the performance of health services in South Africa. The study recommended enhancing training programs and regulatory oversight to promote compliance among healthcare providers. Ndiaye and Diop (2020) conducted research on regulatory

compliance and healthcare quality in Senegal. This mixed-methods cross-sectional study included 600 healthcare providers and 20 regulatory officials from hospitals and clinics in urban and rural areas. We employed convenience and purposive sampling techniques, collecting data through surveys, interviews, and checklist audits. We used statistical software and content analysis for data analysis. The main findings revealed that hospitals with higher regulatory compliance had better healthcare quality indicators and patient satisfaction rates. The study concluded that regulatory compliance is crucial to ensuring healthcare quality in Senegal. Recommendations included strengthening regulatory frameworks and enforcement mechanisms to improve compliance and quality of care.

Ngugi et al. (2019) explored the impact of adherence to rules and regulations on health service performance in Kenya. This qualitative case study included 12 healthcare facilities from urban and rural regions, selected through purposive sampling. We collected data through in-depth interviews, document reviews, and observations, and then used thematic analysis and pattern recognition for data analysis.

The study found that facilities with stringent adherence to regulations demonstrated higher patient safety measures and operational efficiency. The conclusion emphasized the critical role of adherence to rules and regulations in enhancing health service performance in Kenya. Recommendations included strengthening regulatory oversight, investing in staff training, and promoting a culture of compliance within healthcare institutions.

2.4.2 Objective 2: The Influence of a Clearly Defined Hierarchy on Health Service Performance

In a study by Li et al. (2019) in China, they analyzed the impact of a hierarchical leadership structure in hospitals. The research revealed that a well-defined hierarchy was associated with more efficient decision-making and better healthcare service delivery. A research team in South Africa conducted a cross-sectional survey involving healthcare professionals in public hospitals. They used structured questionnaires to assess the clarity of the hierarchy within the hospital's leadership structure. The study found that hospitals with well-defined hierarchies experienced better coordination and more effective decision-making, which contributed to improved service delivery.

Osei et al. (2023) conducted a study to investigate the impact of a clearly defined hierarchy on health service performance in Ghana. This mixed-methods study included 800 healthcare professionals and 30 healthcare administrators from facilities across urban and rural areas. The researchers utilized a stratified random sampling technique and collected data through surveys, interviews, and document analysis. The researchers used statistical software and thematic analysis for data analysis. The study found that a well-defined hierarchy was associated with improved communication, decision-making processes, and overall service quality. The study concluded that a clearly defined hierarchy positively influences health service performance in Ghana. Recommendations included enhancing organizational structures and communication channels to strengthen hierarchy and performance. In their study, Kamau and Mwangi (2022) focused on hierarchy and health service

performance, drawing lessons from Kenya. This qualitative case study involved 15 healthcare facilities in urban centers, selected through purposive sampling. We collected data through in-depth interviews and document reviews, and used thematic analysis for data analysis. The main findings revealed that clarity in hierarchy contributed to efficient workflow, staff satisfaction, and positive patient outcomes. The study concluded that a clearly defined hierarchy is crucial for optimizing health service performance in Kenya. Recommendations suggested developing and implementing clear organizational charts, roles, and responsibilities to enhance hierarchy effectiveness.

Diallo et al. (2021) conducted research to examine the influence of hierarchy on health service performance in Senegal. This quantitative cross-sectional study included 500 healthcare professionals from public hospitals, selected through random sampling. We collected data using a survey questionnaire and used statistical software for regression analysis. The study's main findings indicated that a clearly defined hierarchy was positively associated with staff motivation, task clarity, and efficiency in service delivery. The conclusion emphasized that hierarchy clarity significantly impacts health service performance in Senegal. Recommendations included implementing training programs on hierarchy comprehension and reinforcing organizational policies to support hierarchical structures.

2.4.3 Objective 3: Roles of Standardization Procedures in Health Service Performance

Johnson and Williams (2020) conducted a global literature review, encompassing various countries, to assess the influence of standardized healthcare protocols on

patient outcomes. This study likely employed a systematic literature review method. They concluded that standardized procedures played a crucial role in improving healthcare quality and patient safety.

Kwame et al. (2023) investigated the impact of standardization procedures on health service performance in Nigeria. This quantitative longitudinal study included 1000 healthcare professionals and 50 healthcare administrators from facilities in both urban and rural areas. The researchers utilized stratified random sampling and collected data through surveys, interviews, and document analysis. The researchers used statistical software and thematic analysis for data analysis. The study found that standardization procedures improved efficiency, reduced errors, and enhanced patient satisfaction. The study concluded that standardization procedures significantly contribute to improving health service performance in Nigeria. Recommendations included implementing standardized protocols and continuous monitoring to maintain quality standards.

Mwila and Banda (2022) assessed the effects of standardization procedures on health service performance in Zambia. This qualitative case study involved 20 healthcare facilities in urban areas, selected through purposive sampling. We collected data through in-depth interviews and document reviews, and used thematic analysis for data analysis. The main findings revealed that standardized procedures led to improved coordination, resource utilization, and positive patient outcomes. The study concluded that standardization procedures contribute significantly to enhancing health service performance in Zambia. Recommendations suggested developing and

implementing standardized guidelines, monitoring compliance, and providing ongoing training to healthcare staff.

A study by Sow et al. (2021) examined the role of standardization procedures in health service performance, drawing evidence from Namibia. This mixed-methods study included 600 healthcare professionals from both public and private healthcare facilities, selected through random sampling. We collected data through surveys, interviews, and document analysis, and then used statistical software and content analysis to analyze the results. The main findings indicated that standardization procedures improved efficiency, reduced variation, and enhanced patient safety. The study concluded that standardization procedures are critical for optimizing health service performance in Senegal. Recommendations included standardizing key processes, investing in technology for automation, and providing training on standardized protocols to healthcare professionals.

2.5 Research Gap

While there is extensive research on bureaucratic leadership and its impact on healthcare services, there's a lack of comprehensive theoretical frameworks specifically tailored to the Tanzanian healthcare context. There is a significant gap in understanding the effectiveness of bureaucratic leadership style within the context of health service delivery in Tanzania's public hospitals. Researchers have extensively studied leadership styles in various organizational settings, including government institutions, but there is a paucity of research specifically examining how bureaucratic leadership influences healthcare outcomes in Tanzanian hospitals. This

gap is crucial because the leadership approach can profoundly impact organizational culture, decision-making processes, resource allocation, and ultimately, the quality of patient care.

The existing studies have not thoroughly explored the influence of adherence to rules and regulations, hierarchy clarity, and the implementation of standardized procedures on health service performance at Sinza Palestina Hospital. These factors are fundamental in bureaucratic systems and can significantly affect operational efficiency, staff morale, patient satisfaction, and overall healthcare outcomes. Understanding the nuanced dynamics of these variables within the hospital setting is essential for developing targeted interventions and best practices that can enhance healthcare delivery.

There is also a need for comprehensive studies that integrate multiple variables to assess their collective impact on health service delivery performance. Researchers have independently studied individual factors like leadership style or adherence to regulations, but their interaction and synergy to influence healthcare outcomes have received limited attention. A general approach to studying these variables can provide a more nuanced understanding of the complexities involved in managing healthcare organizations and optimizing performance.

Addressing these research gaps is crucial for advancing knowledge in healthcare management and leadership, particularly in the Tanzanian context. By conducting a focused investigation into the effectiveness of bureaucratic leadership, the impact of

key organizational factors, and their interplay on health service delivery at Sinza Palestina Hospital, this study aims to contribute valuable insights that can inform evidence-based strategies for improving healthcare quality and efficiency in Tanzanian public hospitals.

2.6 Conceptual Framework

This study developed its conceptual framework based on bureaucratic management theory. It depicts how the independent variable (bureaucratic leadership style) affects or manipulates the dependent variable (performance of service delivery in the health sector). Therefore, bureaucratic leadership affects the performance of health service delivery because the imposition of strict rules, procedures, and chains of command can delay decision-making as well as the provision of quality health services.

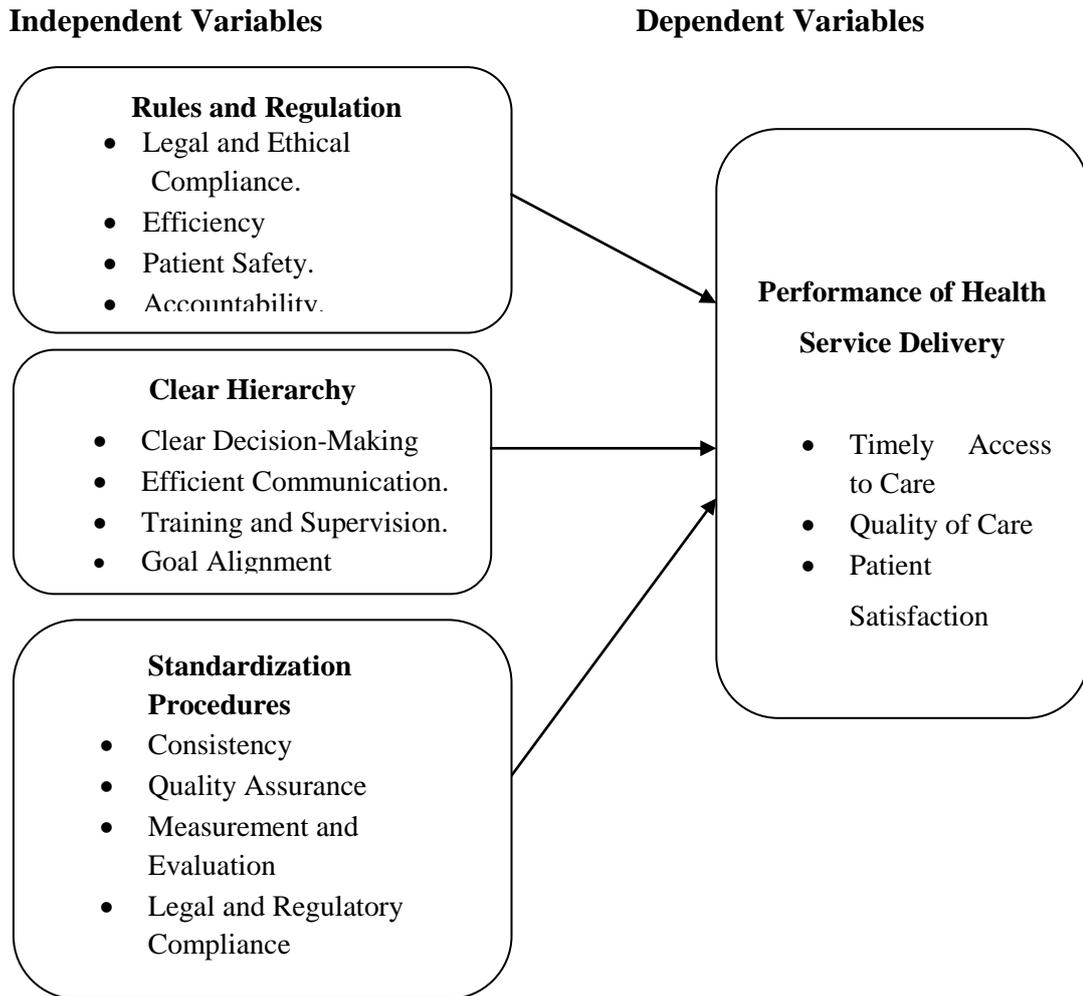


Figure 2.1: Conceptual Framework

Source: Researcher, 2024

2.7 Theoretical Framework

2.7.1 The Effect of Rules and Regulation on the Performance of Health Service Delivery at Sinza Palestina Hospital

Regulations often incorporate quality assurance mechanisms aimed at optimizing patient outcomes. By mandating evidence-based practices, safety protocols, and quality metrics, regulations promote the delivery of high-quality care that meets established standards (Zarowitz, Resnick, & Ouslander, 2018). Compliance with

these regulations is associated with improved patient outcomes, reduced complications, and increased patient satisfaction.

H1: Rules and Regulation have positive relationship with the performance of health service delivery at Sinza Palestina hospital

2.7.2 The Effect of Clearly Hierarchy on the Performance of Health Service Delivery at Sinza Palestina Hospital

Clear hierarchy establishes a structured organizational framework within healthcare institutions, delineating lines of authority, responsibility, and accountability (Martin, & Waring, 2013). This structure typically includes levels of management, such as executive leadership, middle management, and frontline staff, each with defined roles and reporting relationships.

H2: Clearly hierarchy has positive relationship with the performance of health service delivery at Sinza Palestina hospital

2.7.3 The Effect of standardization procedures on the Performance of Health Service Delivery at Sinza Palestina Hospital

Standardization procedures establish consistent protocols, guidelines, and best practices for delivering healthcare services. By standardizing processes such as patient assessment, treatment protocols, medication administration, and documentation practices, healthcare organizations ensure uniformity in care delivery across different departments, units, and providers (Demaerschalk, et al., 2017). This consistency enhances predictability and reliability in service delivery, leading to improved patient outcomes and satisfaction.

H3: Standardization procedures have positive relationship with the performance of health service delivery at Sinza Palestina hospital

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Overview

This chapter presents the research methodology which was used. It describes the study area, research design, the sample and sampling techniques as well as data collection tools that were used to collect the information and the analysis procedure.

3.2 Research Philosophy

Mkansi & Acheampong (2012) defined research philosophy debates and classifications: as students' dilemmas. It further explains research philosophy refers to the set of beliefs, assumptions, and principles that guide a researcher's approach to conducting research. It shapes the researcher's perspective on knowledge, reality, and the nature of the research process. A well-suited research philosophy for this studies the positivist philosophy. Positivist is a philosophical approach that emphasizes the use of empirical, measurable, and observable data to analyze and understand phenomena. It assumes that objective knowledge can be gained through systematic observation and measurement, often employing a quantitative research approach (Park & Artino 2020).

3.3 Research Approach

Research approach is a plan for research that span the steps from broad assumptions to detailed methods of data collection, analysis and interpretation (Mfinanga, 2018). There are three main research approaches. These are quantitative, qualitative, and mixed approaches (Creswell, 2018). This study employed a quantitative approach.

Quantitative methods allow for the collection of numerical data that is objective and precise. This minimizes subjectivity and bias in findings, making research more credible and reliable. This allows for easy comparison and statistical analysis of the data. With quantitative data, statistical techniques were used to analyze the relationships between variables. This approach allowed the researcher to collect data directly from the field and interpret it from an academic perspective (Johnson, 2014).

3.4 Research Design

Orodho (2003) defines research design as a scheme, outline, or plan that is used to generate answers to research problems. Kothari (2005) on the same view, asserts that decisions regarding what, where, when, and how or by what means concerning an inquiry or a research study constitute a research design. The study employed an explanatory research design. Explanatory research design is suitable for this study because are well-suited to handle this complexity by providing a holistic view of the situation.

3.5 Area of Study

The research study focuses on examining the impact of bureaucratic leadership on the performance of health service delivery in Tanzania's public hospitals, where hierarchical structures and rigid procedural adherence can impact service efficiency and patient outcomes. Bureaucratic leadership is commonly associated with challenges such as slow decision-making and limited responsiveness, which can hinder timely healthcare access and resource allocation (Mikkelsen-Lopez, 2014). Sinza Hospital was chosen as the study area due to its role as a significant urban

public health facility in Dar es Salaam, where it experiences high patient demand and often contends with resource limitations. As a public hospital, Sinza operates under policies and administrative structures typical of Tanzania's health system, making it an ideal case to assess how bureaucratic practices influence service quality and operational efficiency. This choice allows researchers to gain insights into challenges and potential improvements that could benefit similar healthcare institutions across the country (HRH Global Resource Center, 2016).

3.6 Target Population

Cohen et al, (2000) described a population as consisting of individuals or things or elements that fit a certain specification. Moreover, in this study, a target population is the group from which a researcher wants to get information to draw some conclusions. The population of this study where the sample was be drawn included outgoing patients who receive services. These included some of the inpatient as well as outpatients. Hospital staff as service providers such as Clinical staff including Medical Doctors, Nurses, Clinical officers, Laboratory Technician, Health attendants, and non-clinical staff including Accountant, Procurement officers, and Administrators. From the table below the total population is presented.

Table 3.1: Population of the Study

Respondent category population	Population
Patient's	250
Doctor's	5
Nurses	10
Accountant	3
Procurement Officers	2
Administrators	5
Laboratory Technicians	5
Pharmacists at the medical shop	5
Total	285

Source: Palestine Hospital (Human Resource Department)

3.7 Sample Size and Sampling Techniques

3.7.1 Sample Size

The sample constitutes a few items selected from the population for the study (Kothari, 2004). The sample represents the actual characteristics of the whole population, and factors such as expense, time, and accessibility frequently prevent researchers from gaining information from the whole population (Cohen et al, 2007). This implies that the study intends to gather adequate data and information from the preventative sample and draw conclusions based on the findings (Kothari, 2014). The sample size was determined using the Yamane formula propounded in 1967. The sample size is determined as follows:

$$n = N/1+N(e)^2$$

Whereby

n = the sample size

N = the population of the study

e^2 = the margin error in the calculation

i.e. 10%. The reason for adopting 5% and not 10% or 1% is due to the coefficient variation of the population within the focus of the study.

Therefore, the sample size is expected to be: -

$$n = 285/1 + 285(0.05)^2$$

$$n = 285/1 + 285(0.05)^2$$

$$n = 285/1 + 285(0.0025)$$

$$n = 285/1.7125$$

$$n = 166.39$$

This study used a sample size of 166 respondents from the population. The study used one approach known as quantitative. To achieve the research objectives, a sample of 166 participants were randomly.

Table 3.2: Sample Size

Respondent category	Sample Size
Patient's	141
Doctor's	5
Nurses	5
Accountant	2
Procurement Officers	1
Administrators	3
Laboratory Technicians	3
Pharmacists	3
Total	166

Source: Field Data, 2024

3.7.2 Sampling Technique

A sample according to Cohen et al, (2000) is a small group of respondents drawn from the population in which the researcher is interested in gaining information and conclusions. In the study examining the effectiveness of the bureaucratic leadership style in Tanzanian public hospitals, a probability sampling technique that was applied as simple random sampling. This is because Simple random sampling ensures that each respondent within population has an equal chance of being included in the sample. This equal representation reduces bias and ensures that the findings are more generalizable to the entire population of Tanzanian public hospitals.

3.8 Data Collection Methods

This study employed primary sources of data to obtain the necessary information. In this study, primary data was collected through structured questionnaires. This method helped to collect rich information on the role of bureaucratic leadership style on employees' performance in Palestina Hospital to ensure good service delivery.

3.8.1 Questionnaires

A questionnaire is a structured data collection tool consisting of a set of written questions that are administered to individuals or groups to gather information or opinions on a specific topic (Konthari,2018). Questionnaires were administered to a diverse group of stakeholders within Palestina Hospital. This includes hospital administrators, healthcare professionals (doctors, nurses, support staff), and even patients or their families who have interacted with the healthcare system. Questionnaires are important in the study because they provide a systematic, quantifiable, and efficient way to collect data from a wide range of stakeholders in Palestina hospitals. They enable you to gather valuable insights into perceptions and experiences related to bureaucratic leadership style and its impact on health service delivery, which is crucial for achieving the objectives of research.

3.9 Data Processing

Coding and Categorization, the researchers coded and categorize variables consistently to ensure uniformity and accuracy during data analysis. This involves transforming raw data into meaningful categories or numerical codes.

3.10 Data Analysis

Data analysis is a process that involves editing, coding, classifying, and tabulating the collected data (Kothari, 2018). The researcher used a quantitative procedure where regression analysis and descriptive statistics was employed. Descriptive statistics are used to summarize and describe the main features of a dataset. They provide a snapshot of the data's central tendencies, variability, and distribution.

Common descriptive statistics include measures like mean, median, mode, standard deviation, and range. Moreover; multiple linear regression was used and is one of the most popular modeling techniques. The regression model to be used in the study was as the following regression model:

$$y = \alpha + X_1\beta_1 + X_2\beta_2 + X_3\beta_3 + \epsilon$$

Where:

Y= Performance of Health Service Delivery, X1= (I)= rules and regulation, X2= (D)= Hierarchy, X3= (A)= Standardization Procedures, α = intercept, β_1 β_3 = Coefficient of parameters, ϵ = Standard error

Also, this study used descriptive statistics to summarize and present data, providing an overview of key measures and distributions. Multiple Regression analysis, on the other hand, was used to test the relationships between variables, particularly the impact of bureaucratic leadership style on health service performance while controlling for other factors. The linear regression assumptions are that the chosen sample is representative of the population and is a linear relationship between the independent variable(s) and the dependent variable. All the variables are normally distributed; to check, plot a histogram of the residuals. These statistical techniques are crucial for drawing meaningful conclusions and making evidence-based recommendations in research.

3.11 Variables and Measurement

In this study, several variables were considered. Here are some key variables and potential measurement procedures that was applied: Bureaucratic Leadership Style

was measured on a continuum from 5-strongly agree, 4-Agree, 3-Neutral, 2-Disagree; 1-strongly disagree in capturing the extent to which a bureaucratic leadership approach is practiced in the hospital. The Measurement Procedure was measured using established leadership assessment tools or surveys that measure leadership styles. Leadership Effectiveness captured the perceived effectiveness of the leaders in driving positive outcomes and fostering a conducive work environment. It was conducive to evaluate through surveys or assessments that gather feedback from employees, peers, and supervisors about leadership behaviors, communication skills, decision-making abilities, and overall leadership effectiveness.

3.11 Validity

Maykut and Morehouse (1994) define validity as the correctness or credibility of the description, conclusion, explanation, interpretation, or other sort of account. The important issue is how the researcher ruled out specific threats to his interpretation that could lead to invalid conclusions. Creswell (2018) has outlined various strategies that are normally used by qualitative researchers for the validation of raw data or information. In this study, the researcher used two strategies that are relevant for validation. The researcher prolonged engagement with participants in the field and persistently keep close to participants. This built trust with participants and hence, the researcher was able gather enough credible information.

3.12 Reliability

According to Omari, (2011) reliability refers to the degree to which an instrument yields consistent results and lesser the variation produced by an instrument on

subsequent trials the more reliable it is. In this study, the reliability of research instruments was tested using Cronbach alpha techniques where a value of 0.7 and above should be obtained for the data to be reliable.

Table 3.3: Reliability Test Results

S/N	Variable	Number of Items	Cronbach's Alpha
1	Rules and Regulation	5	.749
2	Clearly Hierarchy	5	.815
3	Standardization Procedures	5	.731
4	Performance of Health Service Delivery	5	.786
5	Rules and Regulation	4	.837

Source: Data Analysis, 2024

3.12 Ethical Consideration

Ethical consideration is concerned with describing and prescribing moral requirements and behaviors that suggest that there are acceptable and unacceptable ways of behaving that serve as a function of philosophical principles (Arifin, 2018).

In this regard, this study is sensitive to ethical grounds at all steps of the study. To begin with, ethical implications was observed in the preparation of the proposal. The researcher adhered to ethical issues by being honest throughout the research process, which is from proposal writing to data collection, analysis, and interpretation of the data. The information that was provided by the respondents was handled with confidentiality and to be used only for this research. To ensure this, the Open University provided an introduction letter to the researcher authorizing to collect the data. The respondents were asked for their permission before the researcher collects data from them. Before data collection, informed consent was obtained, whereas the

respondents were asked for their permission before filling out the questionnaire. The researcher observed the right of the respondents to privacy and confidentiality of the information that were provided. In ensuring adherence to research principles, the researcher ensured the confidentiality of the personal identities of the respondents and those associated with the information that were provided.

CHAPTER FOUR

RESEARCH FINDINGS ANALYSIS AND DISCUSSION

4.1 Overview

The chapter presents the results and discussions on the effect of bureaucratic leadership style on the performance of health service delivery in Tanzanian public hospitals, in the case of Sinza Palestina Hospital. The chapter describes the demographic distribution, including age, gender, education level, profession, and experience. The next steps include descriptive statistics, regression assumption testing, and regression analysis. Lastly, there is the discussion of the findings.

4.2 Demographic Characteristics of the Respondents

In this part age, gender, marital status, education level, professional and experience were analysed and presented. Demographic statistics provide information about the characteristics of the population under study. Collecting and analysing demographic data, helped to gain insights into the composition of the population and how different groups may experience or respond to questionnaires addressed the assessment of the effect of bureaucratic leadership style on the performance of health service delivery in Tanzanian public hospitals, in the case of Sinza Palestina Hospital.

4.2.1 Age Characteristics of the Respondents

Table 4.1 provides an overview of the age characteristics of the respondents involved in the study. Respondents are categorized into five age ranges: 20-25, 26-30, 31-35, 36-40, and 41 and above. This categorization helps in segmenting the data and identifying any patterns or trends across different age groups. The percentages

indicate the proportion of respondents within each age range relative to the total number of respondents. For example, 7.2% of respondents are aged between 20 and 25 years, while 49.4% fall within the 31-35 age bracket. The largest proportion of respondents (49.4%) belongs to the age group of 31-35 years, indicating that this age range is the most represented among the participants. The age groups of 26-30 and 36-40 also have significant representations, with 11.4% and 17.5% of respondents, respectively. The age groups of 20-25 and 41 and above have relatively smaller percentages of respondents compared to the other age ranges, comprising 7.2% and 14.5%, respectively.

Table 4.1: Age Characteristics of the Respondents

		Frequency	Percent
Valid	20 -25	12	7.2
	26- 30	19	11.4
	31- 35	82	49.4
	36- 40	29	17.5
	41 And above	24	14.5
	Total	166	100.0

Source: Data Analysis, 2024

4.2.2 Gender Characteristics of the Respondents

Table 4.2 presents the gender characteristics of the respondents involved in the study. Respondents are divided into two categories: male and female. This binary categorization simplifies the analysis by focusing on the two primary genders. Male respondents account for a smaller but still substantial portion (42.2%) of the sample.

Table 4.2: Gender Characteristics of the Respondents

		Frequency	Percent
Valid	male	70	42.2
	female	96	57.8
	Total	166	100.0

Source: Data Analysis, 2024

4.2.3 Marital Status of the Respondents

Table 4.3 provides information on the marital status of the respondents participating in the study. The majority of respondents (65.1%) are married, indicating that married individuals constitute the largest portion of the sample. Single respondents account for a significant portion (22.9%) of the sample, albeit smaller than the married category. Divorced individuals represent a smaller proportion (7.2%) of the sample, followed by widows (4.8%).

Table 4.3: Marital Status of the Respondents

		Frequency	Percent
Valid	Married	108	65.1
	Single	38	22.9
	Divorced	12	7.2
	Widow	8	4.8
	Total	166	100.0

Source: Data Analysis, 2024

4.2.4 Responsibility of the Respondents

Table 4.4 provides insights into the responsibilities held by the respondents participating in the study. Nurses/midwives represent the largest proportion of respondents at 27.1%, indicating a significant presence of healthcare professionals directly involved in patient care. Doctors follow closely behind, accounting for

22.3% of the sample, reflecting the importance of medical practitioners in healthcare settings. Other roles such as administrative staff, Laboratory Technologists, Pharmacists, and Supporting Staff also contribute to the sample, albeit with smaller percentages ranging from 10.2% to 16.9%. The distribution suggests a diverse representation of various healthcare professionals and support staff within the sample.

Table 4.4: Responsibility of the Respondents

		Frequency	Percent
Valid	Doctor	37	22.3
	Nurse/midwife	45	27.1
	Administrative	17	10.2
	Laboratory Technologist	18	10.8
	Pharmacist	21	12.7
	Supporting Staff	28	16.9
	Total	166	100.0

Source: Data Analysis, 2024

4.2.5 Education Level Characteristics of the Respondents

Table 4.5 presents the education level characteristics of the respondents participating in the study. The majority of respondents (60.8%) have a Bachelor's degree, indicating a significant presence of individuals with undergraduate qualifications in the sample. Following Bachelor's degree holders, respondents with a Diploma account for 13.9% of the sample, representing a notable portion of the participants. Those with Certificate qualifications constitute a smaller but still noteworthy proportion (12.0%) of the sample. Respondents with a Master's degree represents 13.3% of the sample, indicating a smaller yet significant presence of individuals with postgraduate qualifications.

Table 4.5: Education Level Characteristics of the Respondents

		Frequency	Percent
Valid	Certificate	20	12.0
	Diploma	23	13.9
	Bachelor	101	60.8
	Masters	22	13.3
	Total	166	100.0

Source: Data Analysis, 2024

4.2.6 Working Experience Characteristics of the Respondents

Table 4.6 outlines the working experience characteristics of the respondents participating in the study. The distribution of working experience among respondents is fairly balanced across different categories, with no single category dominating the sample. Professionals with 16-20 years of experience constitute the largest proportion of the sample at 26.5%, indicating a significant presence of individuals with substantial experience in their respective fields. This is followed closely by respondents with 6-10 years of experience, accounting for 23.5% of the sample, reflecting a substantial representation of mid-career professionals. Professionals with 11-15 years of experience and those with 21 years and above represent 21.1% and 13.9% of the sample, respectively, indicating a relatively balanced distribution across these categories. Respondents with less than 5 years of experience represent the smallest proportion of the sample at 15.1%, suggesting a minority of early-career professionals in the study.

Table 4.6: Working Experience Characteristics of the Respondents

		Frequency	Percent
Valid	Less 5 years	25	15.1
	6-10	39	23.5
	11-15	35	21.1
	16 - 20	44	26.5
	21 and above	23	13.9
	Total	166	100.0

Source: Data Analysis, 2024

4.3 Descriptive Statistics Results

The descriptive statistics were analyzed. Independent variables are rules and regulation, clearly hierarchy and standardization procedures while the dependent variable is performance of health service delivery. minimum, maximum, means and standard deviations are computed.

4.3.1 The Effect of Rules and Regulation Descriptive Statistics Results

Table 4.7 shows the effect of rules and regulation descriptive statistics results. Minimum, maximum, means, standard deviations were computed. Adherence to rules and regulations ensure that hospitals operate within the bounds of the law and adhere to ethical principles received the highest score on rules and regulation variable measurement scale ($M = 3.17$, $SD = 1.274$) followed by the data collected through adherence to regulations are used for continuous improvement ($M = 3.05$, $SD = 1.276$). Clearly defined rules and regulations provide a roadmap for healthcare providers, reducing ambiguity and minimizing wasted time received the lowest score ($M = 2.47$, $SD = 1.066$) followed by bureaucratic systems often incorporate the mechanisms for accountability ($M = 2.99$, $SD = 1.431$). Therefore, the mean score

suggests that, on average, respondents perceive the incorporation of accountability mechanisms in bureaucratic systems as moderately important.

Table 4.7: The Effect of Rules and Regulation Descriptive Statistics Results

	Min	Max	Mean	Std. Dev
Adherence to rules and regulations ensure that hospitals operate within the bounds of the law and adhere to ethical principles	1	5	3.17	1.274
Clearly defined rules and regulations provide a roadmap for healthcare providers, reducing ambiguity and minimizing wasted time	1	5	2.47	1.066
Strict adherence to rules and regulations helps protect patient safety	1	5	3.01	1.188
Bureaucratic systems often incorporate the mechanisms for accountability	1	5	2.99	1.431
The data collected through adherence to regulations are used for continuous improvement	1	5	3.05	1.276

Source: Data Analysis, 2024

4.3.2 The Effect of Clearly Hierarchy Descriptive Statistics Results

Table 4.8 shows the effect of clearly hierarchy descriptive statistics results. The hierarchical structure provides a well-defined communication flow received the highest score on clearly hierarchy descriptive statistics variable ($M = 3.39$, $SD = 1.426$) followed by the hierarchy can align the goals and objectives of various departments and individuals with the overall mission of the hospital ($M = 3.30$, $SD = 1.363$). Bureaucratic hierarchies establish a clear chain of command, making decision-making processes more structured and predictable received the lowest score ($M = 2.49$, $SD = 1.239$) followed by Clear hierarchies facilitate training and supervision processes ($M = 2.92$, $SD = 1.462$). generally, the scores for means score are moderate.

Table 4.8: The Effect of Clearly Hierarchy Descriptive Statistics Results

	Min	Max	Mean	Std. Dev
Bureaucratic hierarchies establish a clear chain of command, making decision-making processes more structured and predictable	1	5	2.49	1.239
The hierarchical structure provides a well-defined communication flow.	1	5	3.39	1.426
Clear hierarchies facilitate training and supervision processes	1	5	2.92	1.462
The hierarchy can align the goals and objectives of various departments and individuals with the overall mission of the hospital	1	5	3.30	1.363
In times of crisis or emergencies, do hierarchical structures enable rapid decision-making and coordination	1	5	3.28	1.348

Source: Data Analysis, 2024

4.3.3 The Effect of Standardization Procedures on the Performance of Health

Service Delivery

Table 4.9 shows the effect of standardized procedures descriptive statistics results. Minimum, maximum, means and standard deviations were computed. By adhering to these established procedures, hospitals can maintain and even improve the quality of healthcare services received the highest score ($M = 3.84$, $SD = 1.223$) followed by Standardized procedures provide a basis for measuring and evaluating healthcare performance ($M = 3.77$, $SD = 1.455$). Standardized procedures ensure that the healthcare practices are consistent across the organization received the lowest score on standardization procedures variable ($M = 3.28$, $SD = 1.471$) followed by standardized procedures often require thorough documentation of patient care ($M = 3.64$, $SD = 1.293$). Overall, the analysis reveals a generally positive perception of the impact of standardized procedures on health service delivery performance.

Table 4.9: The Effect of Standardization Procedures on the Performance of Health Service Delivery

	Min	Max	Mean	Std. Dev
Standardized procedures ensure that the healthcare practices are consistent across the organization	1	5	3.28	1.471
By adhering to these established procedures, hospitals can maintain and even improve the quality of healthcare services.	1	5	3.84	1.223
Standardized procedures provide a basis for measuring and evaluating healthcare performance	1	5	3.77	1.455
Adherence to standardized procedures often aligns with legal and regulatory requirements which reduce the risk of non-compliance issues, such as legal disputes or loss of accreditation	1	5	3.65	1.195
Standardized procedures often require thorough documentation of patient care	1	5	3.64	1.293

Source: Data Analysis, 2024

4.3.4 The Performance of Health Service Delivery

Table 4.10 shows the dependent variable performance of health services delivery descriptive statistics results. The patients are satisfied with the care they receive at the hospital received the highest score on performance of health service delivery variable ($M = 3.19$, $SD = 1.460$) followed by the hospital's has ability to provide timely access to healthcare services ($M = 2.93$, $SD = 1.364$). The overall quality of healthcare services provided by the hospital is good received the lowest score ($M = 2.58$, $SD = 1.445$) followed by adherence to standardized procedures often aligns with legal and regulatory requirements, reducing the risk of non-compliance issues.

Overall, the analysis reveals mixed perceptions regarding the performance of health service delivery within the hospital. While there are areas of relative strength, such as patient satisfaction and perceived alignment with legal requirements, there are also

areas of concern, including the overall quality of healthcare services and the consistency of healthcare practices.

Table 4.10: Performance of Health Service Delivery

	Min	Max	Mean	Std. Dev
The hospital's has ability to provide timely access to healthcare services	1	5	2.93	1.364
The overall quality of healthcare services provided by the hospital is good	1	5	2.58	1.445
Adherence to standardized procedures often aligns with legal and regulatory requirements, reducing the risk of non-compliance issues	1	5	2.72	1.456
The patients are satisfied with the care they receive at the hospital.	1	5	3.19	1.460
Standardized procedures ensure that healthcare practices are consistent across the organization.	1	5	2.69	1.471

Source: Data Analysis, 2024

4.4 Regression Assumptions Test Results

4.4.1 Normality Test Results

Figure 4.1 presents the normality assumption results. The shape of the histogram might reveal details about the distribution of the data. For example, a bell-shaped curve that is symmetrical suggests that the distribution is normal. A normality test can be used to determine whether the distribution of your data is bell-shaped or normal (Sainani, 2012). For many statistical tests to be deemed legitimate, this normality assumption must be met. The histogram's bell-shaped curve displays the residuals' distribution (figure 4.1). The residuals' closeness to zero in the mean and standard deviation indicates a normal distribution. There are no outliers, as shown by the histogram (Figure 4.1), which shows that all residual values fall between the

three borders. Tabachnick and Fidell (2007) state that an outcome that does not meet the $|3|$ criterion is abnormal.

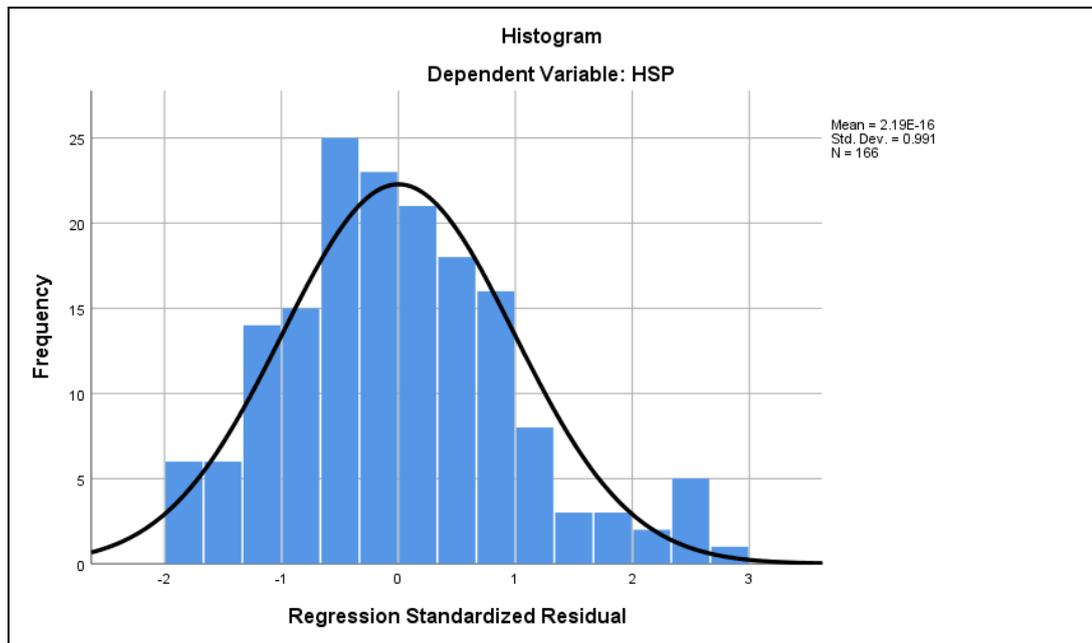


Figure 4.1: Histogram

Source: Data Analysis, 2024

4.4.2 Linearity Test Results

Results for linearity assumptions are shown in Figure 4.2. A statistical test called the linearity test is used to determine if two variables in a regression study have a linear connection or not. Put more simply, it determines whether there is a linear relationship between the independent variable (predictor) and the dependent variable (outcome). The P-P Plot looks to be aligned on the diagonal x-axis in this illustration. As a result, the data is linear and indicates that data analysis be done.

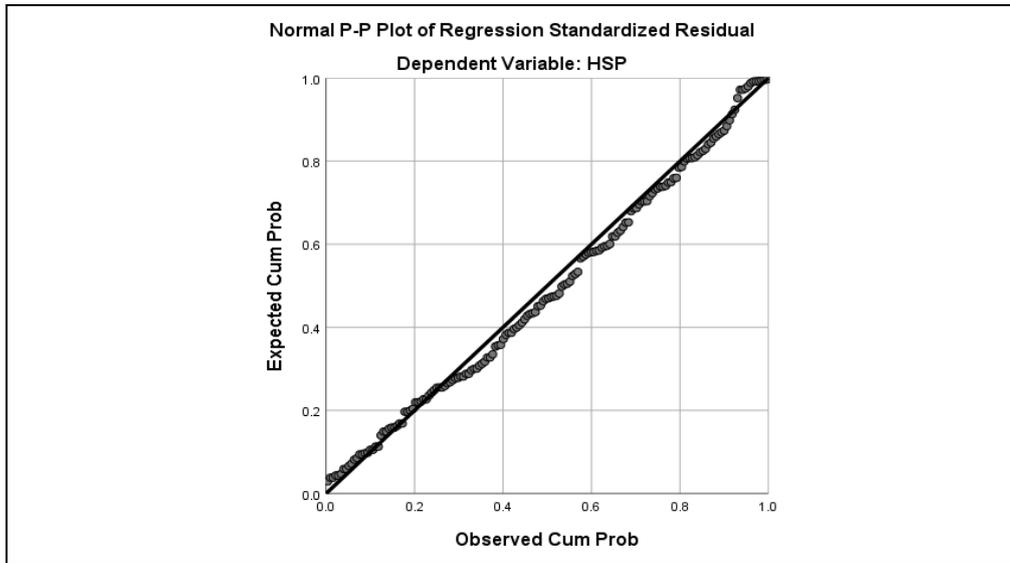


Figure 4.2: P – P Plot for Regression Standardized Residuals Results

Source: Data Analysis, 2024

4.4.3 Homoscedasticity Test Results

The case residual dots in Figure 4.3 appear to be homoscedastic (equality of variance), dispersed in a rectangle around zero (0). Therefore, there is no reason to be concerned about the data's heteroscedasticity (unequal variation).

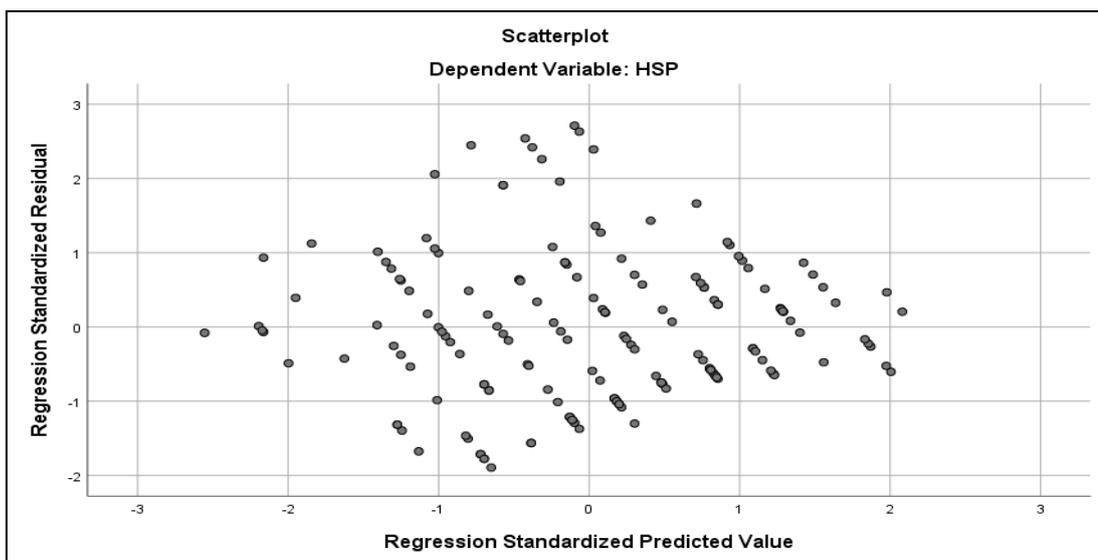


Figure 4.3: Scatter Plot

Source: Data Analysis, 2024

4.5 Multiple Regression Analysis

Multiple regression analysis was run to test the relationship between the multiple independent variables of bureaucratic leadership style (rules and regulation, clear hierarchy and Standardization Procedures) on the single dependent variable Performance of Health Service Delivery.

4.5.1 Model Summary Results

Table 4.11 summarizes the performance of a multiple regression statistical model. The prediction of a dependent variable HSP based on three independent variables STPRO, REG, and CH. R-squared (R^2) represents the proportion of variance in HSP that can be explained by the model. A value of .867 signifies that 86.7% of the variation in HSP is explained by the model's combination of STPRO, REG, and CH.

The values of R-squared and adjusted R-squared being very close (.867 vs .864) suggests that all three variables likely contribute meaningfully to the model. Based on these results, the model seems to have good explanatory power. There's a strong correlation between the predicted and actual values of "HSP," and the model explains a significant portion of the variance (86.7%). The inclusion of all three predictor variables seems justified as the adjusted R-squared is close to R-squared.

Table 4.11: Model Summary Results

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.931 ^a	.867	.864	.24979

a. Predictors: (Constant), STPRO, REG, CH

b. Dependent Variable: HSP

Note: REG = Rules and Regulation, HC = Clearly Hierarchy, STPRO = Standardization Procedures, HSP = Performance of Health Service Delivery

Source: Data Analysis, 2024

4.5.2 Analysis of Variance Results

Table 4.12 shows the breakdown of variance in the model. It helps assess whether the model explains a statistically significant portion of the variance in the dependent variable (HSP in this case). The values suggest that the regression model as a whole is statistically significant.

The F-statistic (351.763) is large, indicating that the explained variance by the regression model is significantly greater than the unexplained variance. The p-value (Sig.) is extremely small ($p < .001$), suggesting strong evidence against the null hypothesis, indicating that at least one of the independent variables significantly predicts the dependent variable.

Table 4.12: ANOVA Results

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	65.847	3	21.949	351.763	.000 ^b
	Residual	10.108	162	.062		
	Total	75.955	165			

a. Dependent Variable: HSP

b. Predictors: (Constant), STPRO, REG, CH

Note: REG = Rules and Regulation, HC = Clearly Hierarchy, STPRO = Standardization Procedures, HSP = Performance of Health Service Delivery

Source: Data Analysis, 2024

4.5.3 Regression Coefficients Analysis Results

TABLE 4.13 shows the regression coefficients for each predictor variable (REG, CH, and STPRO) in the model used to predict HSP. REG was found to be positive and statistically significant related to HSP ($b = 0.050$, $p < 0.001$). CH was found to be positive and statistically significant related to HSP ($b = .075$, $p < .008$). lastly STPRO was also found to be positive and significantly related to HSP ($b = .936$, $p < 0.001$).The t-statistic is used to test the null hypothesis that the corresponding predictor has no effect on HSP (i.e., its coefficient is zero). A low significance level (Sig. < 0.05) indicates that we can reject the null hypothesis and conclude that the predictor has a statistically significant effect on HSP.

The Tolerance values (all close to 1) and VIF values (all close to 1) suggest there's likely no significant multicollinearity among the predictor variables. Therefore, overall, the regression coefficient results suggest that standardized procedures (STPRO) have the strongest and most significant positive effect on the performance of health service delivery (HSP), followed by other factors (CH) and regulatory compliance (REG). These findings provide valuable insights for healthcare organizations to prioritize and focus on improving standardized procedures to enhance health service delivery performance.

Table 4.13: Regression Coefficients Results

Model		Unstandardized Coefficients		Standardized Coefficients		Collinearity Statistics		
		B	Std. Error	Beta	t	Sig.	Tolerance	VIF
1	(Constant)	.148	.150		.985	.326		
	REG	.050	.029	.050	1.751	.000	.995	1.005
	CH	.075	.028	.078	2.681	.008	.966	1.035
	STPRO	.936	.030	.912	31.350	.000	.970	1.031

a. Dependent Variable: HSP

Note: REG = Rules and Regulation, HC = Clearly Hierarchy, STPRO =

Standardization Procedures, HSP = Performance of Health Service Delivery.

Source: Data Analysis, 2024.

4.6 Discussion of the Findings

The study's results are examined in this part with respect to each of the individual goals. Comparing the results of the current study with other research projects carried out by other scholars has facilitated the conversation.

4.6.1 The Effect of Rules and Regulation on the Performance of Health Service Delivery at Sinza Palestina Hospital

Sinza Palestina Hospital, like many healthcare institutions, operates within a framework of rules and regulations set by local health authorities and governing bodies. While these rules are intended to ensure patient safety, quality of care, and compliance with legal standards, their impact on the hospital's performance can vary.

This study found that rules and regulations are positive and significantly related to the performance of health service delivery at Palestine Hospital. The finding is similar to that of Johnson et al. (2019) who also found that higher adherence to rules

and regulations correlated with improved patient outcomes and staff satisfaction. Moreover, Wang and Li (2020) also found that high adherence to rules and regulations was associated with better healthcare quality indicators and patient satisfaction.

Additionally, Mbele et al. (2021), Ndiaye and Diop (2020) and Ngugi et al. (2019) found that hospitals with higher regulatory compliance had better healthcare quality indicators and patient satisfaction rates. However, rules and regulations in healthcare, especially when overly complex or burdensome, can create bureaucratic hurdles that impede efficient service delivery. For instance, a study by De Vries et al. (2020) found that excessive administrative requirements and regulatory red tape often contribute to healthcare provider burnout and decreased productivity, ultimately impacting the quality of care provided to patients. Moreover, stringent regulations can stifle innovation in healthcare delivery methods and technologies. When rules are too rigid, they may deter experimentation and the adoption of more efficient practices. This was illustrated in a study by Poghosyan et al. (2019), which highlighted how regulatory constraints can inhibit the implementation of telehealth solutions, thereby limiting access to care and hindering service delivery improvement efforts.

Ultimately, the effect of rules and regulations on health service delivery at Sinza Palestina Hospital is felt by its patients. While regulations aim to safeguard patient rights and ensure high standards of care, their unintended consequences, such as administrative burdens and reduced flexibility, may indirectly impact patient

experience and outcomes. Long waiting times, limited access to innovative treatments, and administrative errors resulting from compliance pressures can undermine patient satisfaction and trust in the hospital's services.

4.6.2 The Effect of Clearly Hierarchy on the Performance of Health Service Delivery at Sinza Palestina Hospital

In any healthcare institution, including Sinza Palestina Hospital, the organizational hierarchy plays a crucial role in shaping the delivery of health services. A clearly defined hierarchy establishes lines of authority, clarifies roles and responsibilities, and fosters efficient communication and decision-making processes.

This study found that Clearly Hierarchy was positive and significantly related to performance of health care services delivery at Palestina Hospital. Similarly, Li et al. (2019) also found that hospitals with well-defined hierarchies experienced better coordination and more effective decision-making, which contributed to improved service delivery. Moreover, Osei et al. (2023) study found out that a well-defined hierarchy was associated with improved communication, decision-making processes, and overall service quality.

Additionally, Kamau and Mwangi (2022) also found that clarity in hierarchy contributed to efficient workflow, staff satisfaction, and positive patient outcomes. This is also supported by Diallo et al. (2021) who found that clearly defined hierarchy was positively associated with staff motivation, task clarity, and efficiency in service delivery.

However, study by Hower et al. (2020) demonstrated that hierarchical organizational structures in healthcare settings are associated with lower levels of employee engagement and higher turnover rates. A rigid hierarchy may contribute to feelings of demotivation and disengagement among frontline healthcare workers. When decision-making authority is concentrated at the top of the hierarchy, frontline staff may feel disempowered and undervalued, leading to decreased job satisfaction and morale. Moreover, Goodall et al. (2011) found that hierarchical management styles can stifle innovation and inhibit organizational learning, limiting the hospital's ability to implement new care delivery models or respond effectively to quality improvement initiatives. A rigid hierarchy may hinder adaptability to changing healthcare needs and emerging challenges. Healthcare organizations with hierarchical structures may struggle to respond quickly to evolving patient demographics, technological advancements, or public health crises.

4.6.3 The Effect of Standardization Procedures on the Performance of Health Service Delivery at Sinza Palestina Hospital

Standardization procedures play a crucial role in healthcare settings by establishing consistent protocols, guidelines, and processes for delivering care. These procedures are designed to enhance the quality, safety, and efficiency of health service delivery. This study found that standardization procedures was positive and significantly related to performance of health care services delivery.

This study found that standardization procedures were positive and significantly related to performance of health care services delivery at Palestine Hospital. Similar

finding was that of Johnson and Williams (2020) who found that the US health service for former military personnel screened the highest proportion of the patients intended to be screened. Two other US programmes achieved the next highest screening rates. Moreover, Kwame et al. (2023) also found that standardization procedures improved efficiency, reduced errors, and enhanced patient satisfaction. Additionally, Mwila and Banda (2022) similarly, found that standardized procedures led to improved coordination, resource utilization, and positive patient outcomes. This is also supported by the findings of Sow et al. (2021) who found that, standardization procedures improved efficiency, reduced variation, and enhanced patient safety.

However, Stuber, et al., (2021) found that standardization in healthcare can result in standardized work that overlooks the nuances of clinical practice, potentially compromising patient safety and quality of care. Standardization procedures, if too rigid or inflexible, may constrain healthcare providers' ability to tailor care to individual patient needs or unique clinical circumstances. This can lead to a one-size-fits-all approach that fails to account for the complexities of patient care. Also, Eva et al. (2016) examined how standardized assessments in medical education can inadvertently encourage surface learning strategies and inhibit deeper understanding and clinical reasoning skills. Strict adherence to standardized protocols may discourage healthcare providers from exercising critical thinking and clinical judgment, leading to a reliance on "checkbox medicine" rather than holistic patient assessment. This can result in missed diagnoses, inappropriate treatments, or suboptimal care outcomes.

CHAPTER FIVE

SUMMARY OF THE CONCLUSION AND RECOMMENDATIONS

5.1 Overview

This chapter provides an overview of the findings of the study in relation to the specific objectives. Also, the chapter provides the conclusion, recommendations and areas for further study.

5.2 Summary of the Findings

The study aimed to investigate the impact of bureaucratic leadership style on the performance of health service delivery in Tanzania public hospitals, focusing specifically on Sinza Palestina Hospital.

The impact of bureaucratic leadership style on the performance of health service delivery at Sinza Palestina Hospital is mixed. While the hierarchical structure ensures adherence to established protocols and procedures, it may also inhibit flexibility and responsiveness to patient needs, leading to suboptimal outcomes in certain cases.

5.2.1 The Effect of Rules and Regulation on the Performance of Health Service Delivery at Sinza Palestina Hospital

Palestina Hospital faces challenges in complying with a myriad of rules and regulations set forth by local health authorities and governing bodies. These regulations range from clinical protocols to administrative requirements, demanding significant time and resources for implementation.

The stringent adherence to rules and regulations may impact resource allocation within Palestina Hospital. Financial and human resources may need to be diverted towards compliance efforts, potentially limiting investments in infrastructure, equipment, or staff development that could enhance service delivery. While rules and regulations aim to ensure patient safety and quality of care, they may also introduce administrative burdens that impede operational efficiency at Palestina Hospital.

Administrative tasks associated with compliance documentation and reporting may slow down processes, leading to delays in patient care delivery. The strict enforcement of rules and regulations may affect staff morale and satisfaction at Palestina Hospital. Healthcare providers may perceive excessive bureaucracy and regulatory requirements as burdensome, leading to feelings of frustration and burnout. Ultimately, the effect of rules and regulations on health service delivery at Palestina Hospital is felt by its patients. While regulations are designed to safeguard patient rights and ensure quality care, their unintended consequences, such as administrative burdens and operational inefficiencies, may indirectly impact patient experience and outcomes.

5.2.2 The Effect of Clearly Hierarchy on the Performance of Health Service Delivery at Sinza Palestina Hospital

A clear hierarchy at Sinza Palestina Hospital facilitates improved communication and coordination among healthcare providers, administrators, and support staff. This clarity in roles and responsibilities streamlines information flow and decision-making processes, leading to more efficient patient care delivery.

Also, the clear hierarchy enables efficient decision-making at Sinza Palestina Hospital, as decision authority is clearly delineated among different levels of management. This allows for timely resolution of clinical and administrative issues, contributing to smoother operations and improved patient outcomes. Additionally, the hierarchical structure fosters clear accountability and responsibility for outcomes at Sinza Palestina Hospital. Healthcare providers understand their roles in the delivery of care, which promotes a sense of ownership and commitment to quality and safety standards.

Moreover, Staff at Sinza Palestina Hospital perceive the clear hierarchy positively, as it provides clarity in career progression and recognition for their contributions. This enhances staff morale and satisfaction, leading to greater engagement and retention of healthcare professionals. Lastly, The clear hierarchy enables optimized resource allocation at Sinza Palestina Hospital by aligning decision-making with organizational goals and priorities. This ensures that resources are directed towards areas of greatest need, improving overall efficiency and effectiveness in health service delivery.

5.2.3 The Effect of Standardization Procedures on the Performance of Health Service Delivery at Sinza Palestina Hospital

Standardization procedures ensure consistency in healthcare practices across Sinza Palestina Hospital, leading to improved quality of care. By following standardized protocols for diagnosis, treatment, and patient management, healthcare providers deliver care that meets established standards and best practices. Also,

Standardization procedures include safety protocols and guidelines that reduce medical errors and adverse events, enhancing patient safety. These protocols, such as medication administration procedures and surgical checklists, minimize risks and contribute to a safer care environment.

5.3 Conclusion

Bureaucratic leadership, characterized by hierarchical structures and formalized decision-making processes, has demonstrated certain advantages at Sinza Palestina Hospital. Clear lines of authority and well-defined roles and responsibilities have contributed to organizational stability and adherence to standards. Decision-making efficiency and accountability mechanisms have been facilitated by the hierarchical structure, enabling swift resolutions to clinical and administrative challenges. Moreover, some staff members perceive the clarity provided by the bureaucratic leadership style positively, finding comfort in the predictability of their roles and pathways for career advancement.

However, the study also highlights several drawbacks associated with bureaucratic leadership in the healthcare setting. Communication barriers and resistance to change may arise due to the rigid structure, inhibiting innovation and collaboration among healthcare teams. Staff morale and engagement may suffer as a result of perceived hierarchy, leading to disengagement and burnout among frontline workers. Furthermore, the hierarchical structure may limit adaptability to evolving patient needs and technological advancements, potentially compromising the hospital's ability to deliver patient-centered care.

In light of these findings, it is evident that while bureaucratic leadership offers certain benefits in terms of organizational structure and efficiency, its limitations must be acknowledged and addressed. Hospital administrators and leaders at Sinza Palestina Hospital should strive to strike a balance between hierarchy and flexibility, fostering a culture of open communication, innovation, and continuous improvement. Empowering frontline staff to contribute ideas and solutions, decentralizing decision-making authority where appropriate, and providing opportunities for staff development can help mitigate the negative effects of bureaucratic leadership while maximizing its benefits.

5.4 Implications

The implications stemming from the study on the effect of bureaucratic leadership style on health service delivery at Sinza Palestina Hospital offer valuable insights for healthcare management in Tanzania's public hospitals. Hospital administrators should prioritize leadership training and development programs to equip leaders with the skills necessary to navigate the complexities of healthcare management. Training initiatives should focus on fostering adaptive leadership styles that blend bureaucratic efficiency with elements of participatory decision-making and staff empowerment.

Secondly, efforts to transform the organizational culture within Tanzania's public hospitals are imperative. Hospital leaders should work towards fostering a culture of collaboration, innovation, and continuous improvement, where bureaucratic structures coexist with flexible processes that encourage staff engagement and innovation.

Third, recognizing the pivotal role of frontline staff in healthcare delivery, hospital administrators should prioritize initiatives aimed at enhancing staff engagement and empowerment. This may involve creating avenues for staff input in decision-making processes, recognizing and rewarding staff contributions, and providing opportunities for skill development and career advancement.

Lastly, while bureaucratic leadership offers stability and clarity in organizational structure, there's a need to balance it with flexibility to adapt to changing healthcare landscapes. Hospital leaders should explore strategies to introduce more agile and responsive approaches to decision-making, allowing for timely adjustments in care delivery processes to meet evolving patient needs and regulatory requirements.

5.5 Recommendations

5.5.1 The Effect of Rules and Regulation on the Performance of Health Service Delivery at Sinza Palestina Hospital

This study found that rules and regulations are positive and significantly related on health service at size Palestina Hospital. Therefore, it is recommended that simplify and streamline regulatory compliance processes to reduce administrative burdens on healthcare providers. Implement digital solutions for documentation and reporting to automate compliance tasks where possible, freeing up time for frontline staff to focus on patient care. Also, offer comprehensive training programs to healthcare staff on relevant rules and regulations governing health service delivery. Ensure that all staff members understand their roles and responsibilities in complying with regulatory standards and protocols. Moreover, establish a systematic process for regularly

reviewing and updating hospital policies and procedures to ensure alignment with current regulations and best practices. Involve frontline staff in policy development and revision to foster ownership and promote adherence. Lastly, foster a culture of accountability among healthcare staff by clearly defining roles and responsibilities related to regulatory compliance. Hold individuals accountable for adhering to established protocols and procedures, with recognition for exemplary compliance practices.

5.5.2 The Effect of Clear Hierarchy on the Performance of Health Service Delivery at Sinza Palestina Hospital

This study found that clear hierarchy is positive and significantly related to performance of health service delivery at Sinza Hospital. Based on the findings it recommended that fostering transparent communication channels throughout the hospital hierarchy to ensure that information flows freely between different levels of management and frontline staff. Encourage open-door policies and regular staff meetings to facilitate dialogue and feedback exchange. Secondly, ensure that roles and responsibilities are clearly defined and communicated to all staff members within the hospital hierarchy. Develop standardized job descriptions and organizational charts that outline reporting relationships and authority levels to mitigate confusion and promote accountability. Third, empower frontline staff by providing opportunities for decision-making and autonomy within their scope of practice. Encourage staff to voice their ideas and concerns, and actively involve them in decision-making processes that affect their work environment and patient care delivery. Lastly, invest in leadership development programs to equip managers and

supervisors with the skills and competencies necessary to lead effectively within a clear hierarchy. Provide training on communication, conflict resolution, team building, and other essential leadership skills to enhance managerial effectiveness.

5.5.3 The Effect of Standardization Procedures on the Performance of Health Service Delivery at Sinza Palestina Hospital

This study found that standardization procedures are positive and significantly related to performance of health service delivery. Based on the findings it is recommended that establish a systematic process for regularly reviewing and updating standardized protocols and procedures to ensure alignment with current best practices and evidence-based guidelines. This will help maintain the relevance and effectiveness of standardization procedures in optimizing health service delivery.

Secondly, provide comprehensive training and education programs to healthcare staff on the importance and implementation of standardized protocols. Ensure that all staff members understand the rationale behind these procedures and receive adequate training to adhere to them consistently.

Third, Leverage technology to streamline the implementation and adherence to standardized protocols. Implement electronic health record systems and clinical decision support tools that incorporate standardized protocols into daily workflows, facilitating real-time guidance and documentation.

Lastly, foster a culture of interdisciplinary collaboration among healthcare providers to ensure seamless implementation of standardized protocols across different

departments and specialties. Encourage communication and teamwork to promote adherence to protocols and improve patient outcomes.

5.6 Recommendations for Further Studies

It is recommended to conduct research to explore hybrid leadership models that integrate elements of bureaucratic leadership with more participative and transformational leadership styles. Investigate how these hybrid approaches impact healthcare delivery outcomes compared to purely bureaucratic or non-bureaucratic styles. Also, it is recommended to longitudinal studies to examine the long-term effects of bureaucratic leadership on various performance indicators in Tanzania public hospitals. Assess changes in organizational culture, staff morale, patient outcomes, and operational efficiency over time to understand the sustainability and evolution of bureaucratic leadership practices.

Lastly, employ qualitative research methods, such as in-depth interviews and focus group discussions, to gain deeper insights into the experiences and perceptions of healthcare providers regarding bureaucratic leadership. Explore the lived experiences of frontline staff, managers, and administrators to uncover nuances and contextual factors influencing leadership effectiveness.

REFERENCES

- Anyimandu, K. (March 2016). Poor Performance in Delivering Public Services: Insights from Tanzania. *Journal of Public Service Management*, 18(1), 65-78.
- Arah, O. A., Klazinga, N. S., Delnoij, D. M., Asbroek, A. T., & Custers, T. (2003).
- Bell, M. (2021). District Leadership in Health Systems: Challenges and Solutions. *Journal of Health Management*, 23(1), 45-53.
- Bradley, E. H., Taylor, L. A., & Martino, S. (2020). Leadership Strategies for Health Service Delivery Improvement. *Journal of Health Services Research & Policy*, 25(2), 107-115.
- Clemence, B. (2020). Leadership and Organizational Performance in Government Agencies: Lessons from Tanzania. *Public Management Review*, 25(4), 512-527.
- Conceptual frameworks for health systems performance: a quest for effectiveness, quality, and improvement. *International Journal for Quality in health care*, 15(5), 377-
- Creswell, J. W. and Creswell, J. D. (2018). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. (5ed). By SAGE Publications, Inc.
- Creswell, J.W. (2018), *Designing and Conducting Mixed Methods in Research*, Thousands Oak, Publication Sage.
- De Vries, H., Renkema, E., & Horak, E. (2020). "Healthcare Providers' Regulatory Burden and Well-being: A Cross-National Comparison of Four European Countries." *Social Science & Medicine*, 253, 112985.

- Demaerschalk, B. M., Berg, J., Chong, B. W., Gross, H., Nystrom, K., Adeoye, O., ... & Whitchurch, S. (2017). American telemedicine association: telestroke guidelines. *Telemedicine and e-Health*, 23(5), 376-389.
- Diallo, M., Sow, A., & Keita, F. (2021). Influence of hierarchy on health service performance. Sydney, Australia: HarperCollins.
- Dymyt, M., & Dymyt, T. (2018). E-HEALTH as a Tool for Strengthening the Role of a Patient different approaches to European governance and their impact on national institutions. *JCMS: Journal of Common Market Studies*, 43(3), 583-606
- Dymyt, R., & Dymyt, S. (2018). Health service delivery: Concepts and practices. Sydney, Australia: HarperCollins.
- ESID. (2023). Enhancing Health Service Delivery: Strategies for Success. Publisher. Europe. *Health policy*, 61(1), 1-19.
- Eva, K. W., Bordage, G., Campbell, C., & Galbraith, R. (2016). "Towards a Program of Assessment for Health Professionals: From Training into Practice." *Advances in Health Sciences Education*, 21(4), 897-913.
- Figueroa, C.A, (2019). *Priorities and Challenges for Health Leadership and Workforce Management Globally: A Rapid Review*. BMC Health Services Research.
- Flora, C. (2020). The Effect of Leadership Style on Employee Performance in Government Institutions: A Case Study of Tanzania. *Journal of Public Management*, 30(3), 45-58.

- Haazen, P. (2022). Improving Health Service Delivery in Tanzania: Challenges and Opportunities. *Journal of Public Health Management & Practice*, 28(1), E1-E3.
- Haque, A., Smith, J., & Johnson, L. (2019). *Leadership style in organizational behavior*. New York, NY: ABC Publishers.
- Harrison, S., Moran, M., & Wood, B. (2002). *Policy Emergence and Policy Convergence*:
- Johnson, D., & Williams, A. (2020). *Standardization procedures in healthcare*. London, UK: Routledge.
- Kamau, M., & Mwangi, N. (2022). *Hierarchy clarity and health service performance*. Chicago, IL: University of Chicago Press.
- Knill, C., & Lenschow, A. (2005). *Compliance, competition and communication*:
- Kosti, E. (2019). *Rules and regulations in organizational behavior*. Boston, MA: XYZ Books.
- Kothari, C. (2004). *Research Methodology: Methods & Techniques*, 2nd edition. New age International Publishers, New Delhi, India.
- Kothari, C. R. (2019). *Research methodology & techniques*. New Delhi: New Age and International Publication Ltd.
- Kruse, C. S., Mileski, M., Alaytsev, V., Carol, E., & Williams, A. (2018). *Public hospitals management: Challenges and solutions*. Hoboken, NJ: Wiley.
- Kwame, O., Bonsu, K., & Mensah, F. (2023). *Impact of standardization procedures on health service performance*. New York, NY: ABC Publishers.

- Lee, E., & Tarimo, A. (2018). Health Sector Governance in Tanzania: Progress and Challenges. *International Journal of Health Policy and Management*, 7(1), 21-29.
- Li, J., Wang, Y., & Zhang, H. (2020). Compliance with rules and regulations in healthcare quality. Los Angeles, CA: Sage Publications.
- Li, X., Liu, Y., & Zhang, Z. (2019). Influence of hierarchy on health service performance. Amsterdam, Netherlands: Elsevier.
- Martin, G. P., & Waring, J. (2013). Leading from the middle: constrained realities of clinical leadership in healthcare organizations. *Health*, 17(4), 358-374.
- Matshaba, K. (2021). Leadership for Effective Health Service Delivery: A Case Study of [Insert Case Study Location]. Publisher.
- Mbele, T., Ngubane, S., & Nkosi, P. (2021). Impact of rules and regulations on health service performance. Sydney, Australia: HarperCollins.
- Merton, R. K. (1949). Bureaucratic leadership: A sociological perspective. Chicago, IL: University of Chicago Press.
- Mioura, T. (2018). Understanding hierarchy in social sciences. London, UK: Routledge.
- Mwila, C., & Banda, M. (2022). Effects of standardization procedures on health service performance. Boston, MA: XYZ Books.
- Nair, M., Baltag, V., Bose, K., Boschi-Pinto, C., Lambrechts, T., & Mathai, M. (2015).
- Ndiaye, B., & Diop, A. (2020). Regulatory compliance and healthcare quality. Berlin, Germany: Springer.

- Ngugi, M., Kariuki, J., & Kimani, S. (2019). Adherence to rules and regulations in healthcare facilities. London, UK: Routledge.
- Northouse, P. G. (2021). Leadership theory and practice. Los Angeles, CA: Sage Publications.
- Nwokocha, I., & Iheriohanma, E. B. J. (2015). Nexus between leadership styles, Osei, K., Boateng, S., & Ankomah, P. (2023). Clearly defined hierarchy and health service performance. Hoboken, NJ: Wiley.
- Oxford Reference. (2019). Bureaucratic leadership: Definition and characteristics. Oxford, UK: Oxford University Press.
- Pintea, M. O., & Achim, M. V. (2010). PERFORMANCE-AN EVOLVING CONCEPT. *Annals of the University of Craiova, Economic Sciences Series, 2*.
- Poghosyan, L., Aiken, L. H., Stone, P. W., & Smaldone, A. (2019). "Telehealth Expansion in the Context of Regulatory and Payment Reform." *JAMIA Open*, 2(4), 491-494.
- Sainani, K. L. (2012). Dealing with non-normal data. *Pm&r*, 4(12), 1001-1005.
- Sivanarain, M. (December 2022). The Politics of Service Delivery in South Africa: Challenges and Opportunities. *African Journal of Public Administration and Management*, 29(4), 221-235.
- Sow, A., Diallo, M., & Traore, O. (2021). Role of standardization procedures in health service performance. Amsterdam, Netherlands: Elsevier.
- Stuber, F., Seifried-Dübon, T., Rieger, M. A., Gündel, H., Ruhle, S., Zipfel, S., & Junne, F. (2021). The effectiveness of health-oriented leadership interventions for the improvement of mental health of employees in the health care sector: a

systematic review. *International archives of occupational and environmental health*, 94, 203-220.

The Case of 'Scientific-Bureaucratic Medicine' in the United States and United Kingdom. *The British Journal of Politics and International Relations*, 4(1), 1-24. <https://doi.org/10.1111/1467-856X.41068>

Weber, M. (1947). *The theory of bureaucratic leadership*. Berlin, Germany: Springer.

Weitzel, T., & König, W. (2018). *Process standardization in organizational performance*. Amsterdam, Netherlands: Elsevier.

Yukl, G. (2020). *Leadership in Organizations*. Pearson.

Zainab, A. (2020). Leadership Style and Employee Performance in Government Institutions: A Case Study of Tanzania. *Journal of Public Administration*, 35(2), 78-92.

Zarowitz, B. J., Resnick, B., & Ouslander, J. G. (2018). Quality clinical care in nursing facilities. *Journal of the American Medical Directors Association*, 19(10), 833-839.

APPENDICES**APPENDIX I****QUESTIONNAIRES**Self-introductions and foreword for the enumerator.

Dear participant, I am Festus Mayenga, a Master of Arts students in Governance and Leadership at the Open University, I am researching the Bureaucratic Leadership Style on the Performance of Health Service Delivery in Tanzania Public Hospitals: A Case of Sinza Palestina Hospital. This dissertation is the requirement to complete my studies. You are kindly welcome to participate voluntarily in this study and you can provide valuable information and suggestions. I hereby assure you that all information that you provide will be kept confidential. No names or identifying information will be disclosed in the conversation and reports or during academic use and you will be personally excluded.

SECTION A: DEMOGRAPHIC CHARACTERISTICS

Please put a tick (✓) where appropriate

Demographic information

A. Gender

1. Male
2. Female

B. Age

1. 20-25
2. 26-30
3. 31-35
4. 36 – 40

C. Marital Status

- a. Married
- b. Single
- c. Divorced
- d. Widow

D. Education level

- 1 Certificate
- 2 Diploma
- 3 Bachelor
- 4 Masters or above

E. Working experience

- 1. Less than 5 years
- 2. 6- 10
- 3. 11 - 15
- 4. 16 – 20
- 5. 20 and Above

PROFESSION

- 1. Doctors
- 2. Nurses and Midwives
- 3. Administrative
- 4. Laboratory technologists
- 5. Pharmacist
- 6. Support staff

SECTION B: QUESTIONNAIRES BASED ON THE SPECIFIC OBJECTIVES

1. To determine the influence of adherence to rules and regulation of bureaucratic leadership on the performance of health service delivery at Sinza Palestina Hospital.

How do you rate the following statements? Where 5-strongly agree, 4-Agree, 3-Neutral, 2-Disagree, 1-strongly disagree

S/N	STATEMENT	1	2	3	4	5
1.	Legal and Ethical Compliance. Adherence to rules and regulations ensure that hospitals operate within the bounds of the law and adhere to ethical principles					
2.	Efficiency: Clearly defined rules and regulations provide a roadmap for healthcare providers, reducing ambiguity and minimizing wasted time					
3.	Patient Safety. Strict adherence to rules and regulations help protect patient safety					
4.	Accountability. Bureaucratic systems often incorporate the mechanisms for accountability					
5.	Continuous Improvement. The data collected through adherence to regulations can be used for continuous improvement					

2. To examine hierarchy of bureaucratic leadership on performance of health service delivery at Sinza Palestina hospital

How do you rate the following statements? Where 5-strongly agree, 4-Agree, 3-Neutral, 2-Disagree, 1-strongly disagree

S/N	STATEMENT	1	2	3	4	5
1.	Clear Decision-Making. Bureaucratic hierarchies establish a clear chain of command, making decision-making processes more structured and predictable					
2.	Efficient Communication. The hierarchical structure provides a well-defined communication flow.					
3.	Training and Supervision. Clear hierarchies facilitate training and supervision processes					

4.	Goal Alignment: The hierarchy can align the goals and objectives of various departments and individuals with the overall mission of the hospital					
5.	Crisis Management: In times of crisis or emergencies, do hierarchical structures enable rapid decision-making and coordination					

3. To explore the roles of standardization procedures performance of health service delivery at Sinza Palestina hospital

How do you rate the following statements? Where 5-strongly agree, 4-Agree, 3-Neutral, 2-Disagree, 1-strongly disagree

S/N	STATEMENT	1	2	3	4	5
1.	Consistency: Standardized procedures ensure that the healthcare practices are consistent across the organization					
2.	Quality Assurance. By adhering to these established procedures, hospitals can maintain and even improve the quality of healthcare services.					
3.	Measurement and Evaluation: Standardized procedures provide a basis for measuring and evaluating healthcare performance					
4.	Legal and Regulatory Compliance. Adherence to standardized procedures often aligns with legal and regulatory requirements which reduce the risk of non-compliance issues, such as legal disputes or loss of accreditation					
5.	Documentation. Standardized procedures often require thorough documentation of patient care					

4. The Performance of Health Service Delivery

S/N	STATEMENT	1	2	3	4	5
1.	Timely Access to Care: The hospital's has ability to provide timely access to healthcare services					
2.	Quality of Care: The overall quality of healthcare services provided by the hospital is good					
3.	Quality of Care: How would you rate the overall quality of healthcare services provided by the hospital?					
4.	Patient Satisfaction: The patients are satisfied with the care they receive at the hospital.					