

How Dimensions of Participatory Decision Making Influence Employee Performance in the Health Sector: A Developing Economy Perspective

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ABSTRACT

Participatory decision-making (PDM) in an organisation is critical to employees' performance. Stemming from goal-setting theory, this research examines the dimensions of participatory decision-making and employee performance in the health sector from a developing economy's perspective. The study employed an explanatory research design rooted in a positivist philosophical orientation and 460 employees were selected using a stratified random sampling technique. Primary data was collected using a validated questionnaire and analysed using Partial Least Square-Structural Equation Modeling. Overall, the study revealed that participatory decision-making significantly relates to the performance of health workers. Specifically, both the depth and scope of participatory decision-making are significantly related to employee performance in the health sector. However, there was a non-significant relationship between forms of participatory decision-making and health workers' performance. The study concluded that the depth and scope of participatory decision-making are very necessary for enhancing employee performance in the health sector. The findings alerted the management of health facilities to encourage participatory decision-making among nurses at the various health facilities. Management should consider the level at which employees are engaged in the decision-making process.

KEYWORDS

Emerging economics; Employees; Goal setting; Health sector; Participatory decision-making

1. Introduction

Participatory decision-making remained one of the strategies that organisation can use to motivate employees to contribute their best for organisational growth (Abu-Arab et al., 2023; Behravesht et al., 2021; Groen et al., 2017), organisational commitment (Huang et al., 2019), empowerment (Esther, 2023), and organisational citizenship behaviours (Amoakoh et al., 2019; Youssef & Luthans, 2007). Additionally, organisations can gain from PDM through increased performance as PDM enhances communication, decision-making, and teamwork at the organisational level as well as service quality (Scott-Ladd et al., 2006). Employees who feel empowered via involvement are also more receptive to organisational reform initiatives (Seijts & Roberts, 2011). According to Torlak et al. (2022), participatory decision-making is a decentralised method of workplace governance that challenges

bureaucratic organisational structures and enables employees to participate in organisational decisions at the strategic, tactical and operational levels. Employees feel happier and more comfortable implementing decisions they were part of the process of coming out with them (Torlak et al., 2022). PDM will improve organisational shared responsibility, diversity of ideas, expertise, and experiences, productivity, and effectiveness in the decision-making process (Bree, 2017).

Participatory decision-making is also an important concept for the health sector of developing economies, especially for nurses in the health sector who play an important role in healthcare delivery and several services they provide to their communities. In addition to providing many patients with direct care, nurses also encourage healthy habits and raise public awareness of health issues. Nurses command considerable respect and autonomy work more closely with doctors and other healthcare professionals and build relationships with patients. Nurses spend more time with patients, educate patients, and monitor the health of patients. This interaction and roles performed by nurses equip them with very rich and varied experiences. Thus, PDM for nurses could ensure that their expertise is tapped and considered for important decisions on health delivery. PDM for nurses could motivate them to be able to perform their roles better for better health delivery at the various health facilities in developing economies.

The experiences of developing economies in recent times are that there is a limited number of medical doctors for the teeming patient population coupled with the mass exodus of medical professionals for greener pastures in developed economies. The mass exodus of medical staff to developed countries has created a vacuum and a higher patient-medical-professional ratio. The services of nurses are even more important for rural communities where medical doctors are not found. The situation is even more complex with the increase in population without the commensurate increase in available nurses. These important roles have equipped these nurses with an unparalleled experience that will be very instrumental for further or better future healthcare delivery. These rich experiences can be very useful when these nurses are allowed to participate in decision-making at their health facilities. The involvement and engagement of these nurses in PDM will also spur them to give their best to support patients and other medical professionals who work closely with them.

Existing studies on participatory decision-making and job performance (e.g., Behravesht et al., 2021; Torlak et al., 2022) have established and confirmed that participatory decision-making among workers leads to better job performance. The limitation of these studies, however, was that they were limited to the education sector, developed countries, and job satisfaction. These studies did not consider nurses and developing economies like Ghana among others. Thus, there is a dearth of research on participatory decision-making and employee performance among nurses from the developing economy perspective. Meanwhile, existing studies on participatory decision-making from developing economies (Abu-Arab et al., 2023; Abdulai & Shafiwu, 2014; Amugsi et al., 2016; Asah-Opoku et al., 2023; Drah, 2011; Offei-Aboagye, 2000) were on participatory decision-making in the banking sector, education sector, local governance, and household decision making. This means that these previous studies never considered nurses' involvement or participation in decision-making that affects healthcare delivery in developing economies. The existing literature also failed to prove how dimensions of PDM such as forms, scope, and depth can influence the performance of nurses at various health facilities. This, therefore, creates a lacuna in the existing literature that must be filled. For this reason, this study sought to examine the dimensions of participatory decision-making and employee performance in the health sector from a developing economy perspective through the lens of goal setting theory. The remaining sections of the paper address the literature review, methodology, results, and discussion as well as the implications and recommendations.

2. Literature review

2.1 Goal setting theory

Locke originally proposed the goal-setting theory (GST) as a motivational hypothesis for enhancing workplace efficiency in 1968 (Locke, 1968). The GST proposed by Edwin Locke serves as the foundation for this investigation and plays specific and significant roles (Baretta et al., 2019). This is because organisations and health institutions exist to achieve goals, and the attainment of such goals will largely be influenced by job performance of employees or workers (Baretta et al., 2019). According to the GST, people and workers are driven to work toward achieving predetermined goals or objectives that they have set for themselves or are a part of (Baretta et al., 2019; Hamari et al., 2018). Setting goals enables a person to channel their efforts toward the intended objective by focusing on goal-related acts and ignoring irrelevant ones (Hamari et al., 2018). People are more aware of what is required and work harder to achieve the objectives when they are a part of the entire process (Baretta et al., 2019). Participatory decision-making and employee performance are related to the theory and are therefore underpinned by this theory (Baretta et al., 2019). GST explains why people are driven to work toward the objectives they jointly establish. GST is similar to management by objectives (MBO) in that when goals are confirmed, performance is reviewed, and opportunities for improvement are raised (Hamari et al., 2018).

Valverde-Moreno et al. (2020) observed that the two important aspects of goal-setting are *goal complexity and goal specificity* since they have the most effects on behaviour (Hamari et al., 2018). Goal specificity is the extent to which a goal is plainly expressed and detailed, whereas goal difficulty is the degree of difficulty that a person experiences in reaching his or her goals (Bezuijen et al., 2009; Locke & Latham, 2020). People will put in the most effort to achieve the highest or most difficult goals, according to Locke and Latham (2020). In addition, setting precise objectives is always more effective than simply encouraging others to try their best (Locke & Latham, 2020; McEwan et al., 2016). The four main components of the goal-setting theory found in the literature are self-efficacy, goal commitment, feedback, and situational restrictions (Bipp & Kleingeld, 2011; Gyepi-Garbrah et al., 2023). First and foremost, self-efficacy represents one's belief in one's ability to complete a task, and this may have an impact on one's commitment to and effort in implementing goals (Bipp & Kleingeld, 2011; Locke & Latham, 2002). Goal commitment, which could strengthen the link between ambitious objectives and performance, is the will to complete a task (Locke & Latham, 2020). Situational restrictions may decrease the goal-performance relation and reduce performance, even while feedback availability may have an impact on goal performance (Bipp & Kleingeld, 2011; Locke & Latham, 2002). As a result, situational limits may raise questions regarding goal efficacy.

The management application of this theory is that job duties and roles should be created such that employees have access to job autonomy. Doing so will boost employees' commitment, morale, and degree of satisfaction as they work toward achieving predetermined goals or objectives. The implication of this theory for this study is that health institutions (irrespective of whether they are privately or publicly) could only attain the purpose for which they were established based on the performance of workers including nurses who are mostly in the majority in the health facilities. Meanwhile, it has been backed by the goal-setting theory that employees' performance to attain a goal is precipitated by their participation in decisions that lead to the attainment of these goals. Thus, the participation of nurses at the various private and public health facilities will enhance the health facilities to attain their goals better than ever.

2.2 Conceptual review, hypothesis development and employee performance

According to Sofijanovna and Chatleska (2013), employee participation in decision-making is a tactic that entails giving employees the freedom to work toward enhancing both their personal and the company's performance. Another way to define employee participation is the active involvement of

employees in an organization's attempts to fulfill its mission and preserve its core values by bringing their own ideas, abilities, and initiative to problem-solving and decision-making (Westhuizen, 2010). PDM encompassed various dimensions, including forms, depth, and breadth, which might have varying effects on personnel.

2.2.1 Depth of PDM and employee performance

The first dimension of PDM considered in this study is the depth of PDM (Carmeli et al., 2009; Correia et al., 2023). Participatory decision-making can have several levels in terms of depth (Carmeli et al., 2009; Correia et al., 2023). The depth of PDM could be fake, partial, and full participation (Correia et al., 2023; Dedding et al., 2023). Managers could use data compilation strategies to handle any concerns while encouraging staff to choose the course of action that interests them in fake participation. A second possibility is partial participation when the management body bears the majority of responsibility, but the employees are still involved in the decision-making process. The final option is complete involvement, in which managers and employees each have equal control (Dral et al., 2023). This means that management of health facilities in developing economies could be practicing fake, partial, or full employee participation in decision-making in relation to the attainment of the goals of the hospital. This study takes the view that the level of depth of PDM of nurses at health facilities could lead to different output or performance among nurses. Meanwhile, it is difficult to find in the existing literature the extent to which the depth of PDM influences the performance of health workers in developing economies (Dral et al., 2023). Thus, the study hypothesized that:

H1: Depth of participatory decision-making (Depth) has a statistically significant relationship with employee performance (Perform) in the health sector of a developing economy.

2.2.2 Forms of PDM and employee performance

The second dimension of PDM for this study is the form of PDM. The categorisation of the form of participatory decision-making is whether the participation is taking either a direct or indirect form (Dedding et al., 2023). The involvement of employee representatives in decision-making processes is known as indirect employee participation. When it comes to workplace consultation, delegation of responsibilities, and responsibility for decision-making, "opportunities, which management provides, or initiatives to which they lend their support" are considered forms of direct participation (EWCS, 2015). Management can decide only to engage the leadership of the various unions of nurses at the various health facilities just to show that the form of participation is best described as indirect employee participation. On the other hand, if the management of health facilities goes beyond just the involvement of union leaders of workers and engages and consults the entire workforce, then that could lead to direct participatory decision-making. The most expensive and complex form of participatory decision-making is the direct form which management might not gladly accept due to the cost and time involved. Meanwhile, this form also pays for the cost and time invested in terms of greater impact in the forms of performance among workers and attainment of organisational goals (Koskimaa et al., 2024; Solorio et al., 2023). The perspectives of this dimension from developing economies are missing in literature hence this study hypothesized that:

H2: Forms of participatory decision-making (Forms) have a statistically significant relationship with employee performance (Perform) in the health sector of a developing economy.

2.2.3 Scope of PDM and employee performance

The third dimension of PDM considered in this study is the scope of PDM. Employee participation in terms of scope can be categorised as operational or strategic (Blyton & Turnbull, 2004). Operational participation has to do with work and task-related issues. The missions and objectives of the company are tied to strategic participation (Knudsen et al., 2011). Thus, apart from the depth of the participation of nurses in decisions at the hospital, it is also important to pay attention to the level at which the participation occurs since nurses could have a different level of motivation and morale to contribute

their best depending on whether their inputs are needed at the strategic or operational levels (Solorio et al., 2023). Decisions at the strategic level are not just long-term but also determine the overall direction of the organisation or health facilities. The highest commitment of management to participatory decision-making is therefore seen when workers/nurses are involved in decision-making at the strategic level (Nimwesiga, 2023). This means that the level at which decisions are taken (operational or strategic) defines management commitment to the entire participatory decision-making process as well as the performance of nurses at the health facilities (Koskimaa et al., 2024). Meanwhile, there is a dearth of literature on how the scope of PDM really influences nurses' performance in a developing economy. It is for this reason that it is hypothesized for this study that:

H3: The scope of participatory decision-making (Scope) has a statistically significant relationship with employee performance (Perform) in the health sector of a developing economy.

2.2.4 General PDM and employee performance

The general PDM in this study relates to the composite variable consisting of the depth, forms, and scope earlier discussed. This has been a common area of research compared to the dimensions considered earlier (Elele & Fields, 2010; Koskimaa et al., 2024; Odei-Lartey et al., 2020; Oyedele et al., 2023; Solorio et al., 2023). Incorporating employee input into decision-making has become a recognised managerial strategy for enhancing organisational performance through the pursuit of goals that benefit both employers and employees (Elele & Fields, 2010). Employee participation in the development of the mission statement, the formation of rules and procedures, the computation of pay and benefits, and the advancement of staff members makes this feasible (Odei-Lartey et al., 2020). Employee engagement in decision-making is one of the essential elements of employee voice, which several management researchers have identified as an emerging management concept (Oyedele et al., 2023). It has been argued that participating in decision-making influences employee motivation, improves morale, and enhances employee performance which ultimately leads to organisational performance. Despite extensive research on general PDM and employee performance, much has not been done in the health sector from a developing economy hence this study hypothesized that:

H4: General participatory decision-making (PDM) has a statistically significant relationship with employee performance (perform) in the health sector of a developing economy.

Based on the literature review and theoretical review the study carved a conceptual framework that guided this study and it is presented in Figure 1.

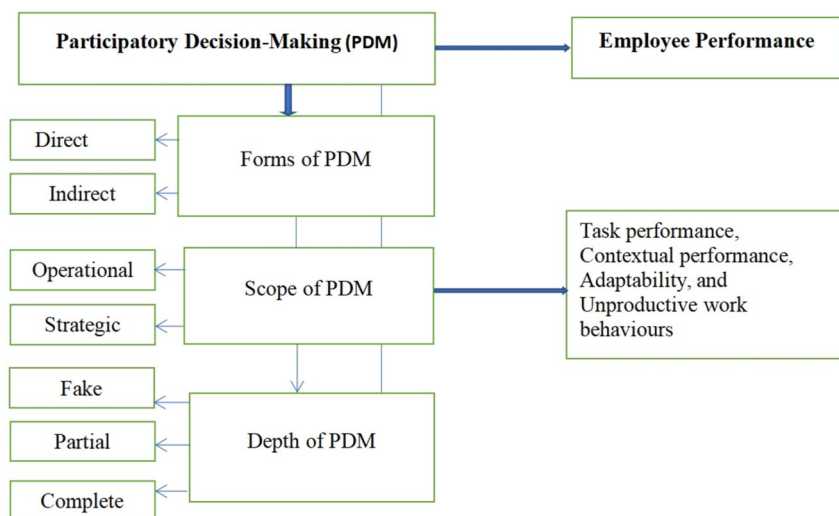


Figure 1 Conceptual framework for the study

Source: Author's own construct

3. Research methods

The study was guided by the positivist philosophical position and the quantitative approach. Specifically, the study adopted the explanatory design because the study was interested in how dimensions of PDM influence employee performance in the health sector (Segbenya, Oppong, & Nyieku, 2021; Segbenya, & Berisie, 2020; Segbenya & Ansah, 2020; Segbenya et al. 2019; Segbenya, et al, 2018). Both simple random sampling techniques and stratified sampling techniques were adopted to ensure that all respondents had equal chances of being selected as well as catering to the various strata in the population such as the public and private status of health facilities and regional and district location of hospitals. The data collection was done with a questionnaire converted into Google form and circulated among health workers at both public and private health facilities in Ghana. A total of 460 nurses out of the expected number of 653 responded to the questionnaire were used for the analysis. The questionnaire was divided into two parts with the first focusing on the biodata of respondents and the second part soliciting information in relation to the four hypotheses guiding the study. The questionnaire was measured on a four-point Likert scale because the instrument did not want to use “undecided” as an option for its respondents since that would affect the quality of results obtained. A pre-test conducted on the questionnaire with thirty responses excluded from the main analysis proved that the instrument was good to be used for the main data collection based on the results presented in Table 1. The results in Table 1 revealed that all variables in the study achieved the minimum threshold of 0.70 Cronbach’s alpha, according to Segbenya et al. (2024).

Table 1 Pre-test results of the study

S/N	Variable	Cronbach Alpha	No Of Items
1	PDM	.743	6
2	Forms of PDM	.712	4
3	Scope of PDM	.796	4
4	Depth of PDM	.780	4
5	Employee performance	.743	10

Source: Field survey (2023)

Prior to administration, the questionnaire was also validated by experts. Respondents were consulted before data collection, and ethical concerns about privacy, informed consent, anonymity, and the option to withdraw even after the procedure had started were all addressed. PLS-Structural Equation Modeling was used to analyse the data, and descriptive statistics were used to examine the respondents' demographics.

4. Results and findings of the study

The presentation of the results begins with the demographic data of respondents. As presented in Table 2, the results revealed that most of the respondents were female nurses (77.4%) and were between 21-30 years old (48.3%) and had worked at various health facilities for 1-5 years (46.1%). This means that most of the nurses considered in this study agree with the general notion that more females are in the nursing profession or the service industry. The age and working experience of these nurses also revealed that they are very young and though will be very energetic and productive, they might lack in-depth working experience.

Several initial analyses were conducted as a way to ascertain the veracity of the PLS-SEM used for the study and the first of them was the construct reliability and validity. The performance of the individual items forming the variables of the study is presented in Figure 2. The threshold of the acceptance and rejection of an item was based on the suggestion of a minimum threshold of 0.60. The values reported in Figure 2 were all above the minimum threshold established for this study suggesting that all the items were good at predicting their respective variables of the study.

Table 2 Demographic characteristics

Variable	No	%
Gender distribution		
Male	104	22.6
Female	356	77.4
Total	460	100.0
Age distribution		
21- 30 years	222	48.3
31- 40 years	207	45.0
41- 50 years	23	5.0
51 years and above	8	1.7
Total	460	100.0
Tenure distribution		
1-5 years	212	46.1
6-10 years	169	36.7
11 years and above	79	17.2
Total	460	100.0
Rank distribution		
SN/SNO/PNO	265	57.6
EN/PCHN/CHN	87	18.9
Others	108	23.5
Total	460	100.0

Source: Field survey (2023)

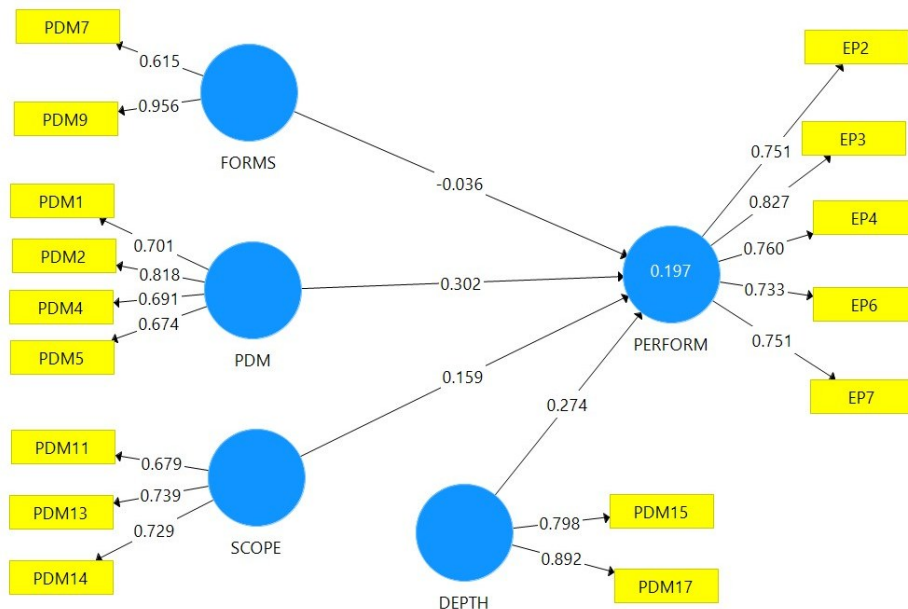


Figure 2 EFA algorithm

Source: Field survey (2023)

4.1 Construct reliability and validity

The results for the construct validity and reliability are therefore presented in Table 3. The results interpretation was guided by the existing threshold established by Segbenya and Anokye (2023) of 0.70 for the first three indicators or indices (Cronbach's Alpha, rho_A, and Composite Reliability). The

results presented in Table 3 revealed that values obtained (for depth, forms, performance, PDM) were between 0.700 and 0.823 for the Cronbach's Alpha; 0.728 and 0.885 for the rho_A indicator, and lastly 0.759 and 0.876 for the Composite Reliability. Though the variable "Scope" recorded values below the minimum threshold under the first two indices, it was not deleted because it obtained acceptable values under the last two indices which were superior and acceptable, hence its inclusion in the analysis. Values obtained for the last indicator -Average Variance Extracted (AVE) were also compared to a threshold of 0.50 established by Segbenya and Minadzi (2023). Values obtained for the AVE as presented in Table 3 were between 0.513 and 0.716 which were within the acceptable threshold. The results presented in Table 3 revealed that all the thresholds for the four indices were met for the construct validity and reliability test.

Table 3 Construct reliability and validity

	Cronbach's Alpha	rho_A	Composite Reliability	Average Variance Extracted (AVE)
Depth	0.710	0.744	0.834	0.716
Forms	0.726	0.885	0.777	0.646
Scope	0.652	0.661	0.759	0.513
Perform	0.823	0.828	0.876	0.585
PDM	0.700	0.728	0.813	0.523

Source: Field survey (2023)

4.2 Discriminant validity

The second initial analysis conducted was to check for the discriminant validity using the Fornell-Larcker criterion and the results are presented in Table 4. The criterion used was based on the suggestion of Donkor and Segbenya (2023) of a maximum value of 0.850 to 0.900. The results presented in Table 4 using the Fornell-Larcker criterion were between 0.035 and 0.846 which were all below the maximum threshold established for the study. The results mean that the PLS-SEM used for this study achieved a discriminant validity status.

Table 4 Discriminant validity (Fornell-Larcker criterion)

	DEPTH	FORMS	PDM	PERFORM	SCOPE
Depth	0.846				
Forms	0.383	0.804			
Pdm	0.095	0.035	0.723		
Perform	0.308	0.151	0.261	0.765	
Scope	0.478	0.448	0.086	0.248	0.716

Source: Field survey (2023)

4.3 Collinearity statistics (Inner VIF)

The most recent preliminary investigation used the inner VIF to test for multicollinearity, and Hair et al. (2017) and Segbenya et al. (2023) recommended a maximum threshold of 3.30 for the interpretation of the data. Based on the results shown in Table 5, it was found that all reported values fell below the maximum criterion, ranging from 1.021 to 1.460. The findings showed that there was no multicollinearity in the PLS-SEM model that was employed, and that each variable in the study had a unique measurement.

4.4 Testing for hypotheses

The results for the hypotheses tested in the study are presented in Table 6. The results suggest that three of the four hypotheses were accepted because they attained statistical significance while one hypothesis was rejected due to non-statistical significance. Specifically, the depth of participatory decision-making (Depth) is significantly related to employee performance (Performance) at ($\beta = 0.274$, $t = 5.205$, $P=0.000$) for the first hypothesis. The third hypothesis also recorded a significant relationship

Table 5 Inner VIF values for collinearity statistics (VIF)

	DEPTH	FORMS	PDM	PERFORM	SCOPE
Depth				1.368	
Forms				1.325	
Pdm				1.021	
Perform					
Scope				1.460	

Source: Field survey (2023)

between the scope of participatory decision-making (Scope) and employee performance (Perform) at ($\beta = 0.159, t = 3.195, P=0.001$). The last hypothesis of statistical significance to this study was hypothesis four which established that participatory decision making (PDM) and employee performance (Perform) at ($\beta = 0.302, t = 6.367, P=0.000$). The only hypothesis that attained a non-statistical significance was between the Scope of participatory decision-making (Scope) and employee performance (Perform) at ($\beta = 0.036, t = 0.652, P=0.515$) for the second hypothesis of the study.

Table 6 Path coefficients

Hypotheses	Original Sample	Sample Mean	Standard Deviation	T Statistics	P Values	Confidence intervals	
						2.5%	97.5%
1. Depth -> Perform	0.274	0.270	0.053	5.205	0.000	0.166	0.360
2. Forms -> Perform	0.036	0.025	0.055	0.652	0.515	0.128	0.078
3. Scope -> Perform	0.159	0.164	0.050	3.195	0.001	0.057	0.257
4. PDM -> Perform	0.302	0.310	0.047	6.367	0.000	0.223	0.400

Source: Field survey (2023)

The significance path relationship presented in Table 6 was further supported by the graphical presentation of the results in Figure 3. The graphical presentation of the results in Figure 3 revealed that there were both significant and non-significant relationships between forms, scope, depth of participatory decision making and employee performance among nurses in the healthcare sector.

In addition to examining the individual contributions of the study's variables, which are indicated by

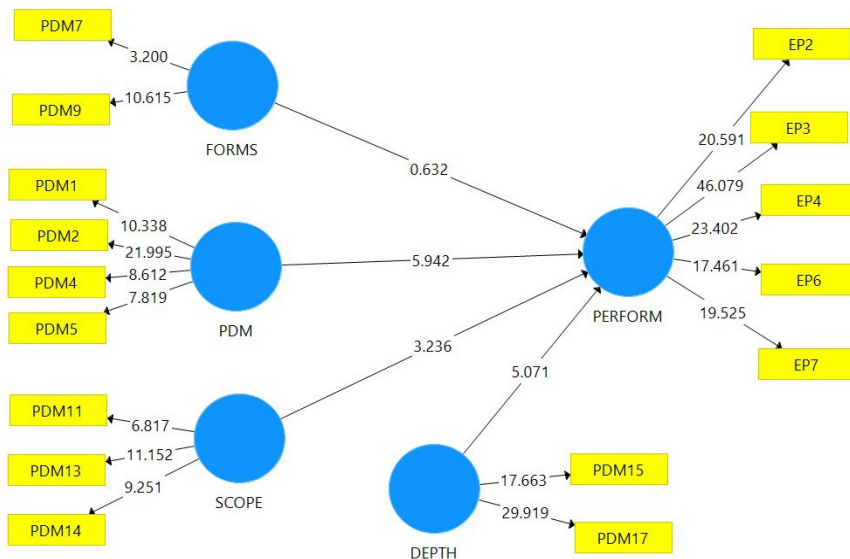


Figure 3 Bootstrapping results
Source: Field survey (2023)

beta variables in Table 6, the study also examined the total contribution of the PLS-SEM model, which was employed to explain the variance in employee performance. The findings are displayed in Table 7. The findings showed that the PLS-SEM could account for roughly 20% of the variation in worker performance. Table 7 also displays the effect size of the significance path relations indicated by F-square. The effect size was found to be between modest and medium, according to the results.

Table 7 R-Square and F-Square

R- Square	R Square				R Square Adjusted
PERFORM	0.197				0.190
f- Square	DEPTH	FORMS	PDM	PERFORM	SCOPE
Depth				0.068	
Forms				0.001	
Pdm				0.112	
Perform					
Scope				0.022	

Source: Field survey (2023)

5. Discussion of the results

The findings for hypothesis one show that the depth of PDM is significantly related to employee performance in the health sector, which means that any percentage increase in ensuring health workers' engagement in decision-making will lead to a commensurate increase in their performance in the health sector. This means that the shallow involvement of employees in decision-making will result in lowering the performance of health workers. The depth of PDM in this study was studied from the perspective that if the management of hospitals consults nurses during decision-making, suggestions made by nurses at the various hospitals are used for management, and the participation of nurses in decision-making is not partial, then the performance of these health workers will increase proportionately. Thus, if the form of PDM practiced at the health facilities is fake or partial then it will result in lowering health workers' performance at the various health facilities. The performance of nurses in this context relates to how they assist medical doctors and other medical staff in addressing the health needs of patients at various health facilities. The results though agree with the findings of Carmeli et al., (2009) and Correia et al., (2023) that the role of employee involvement in decision-making is very important for employee performance, this study has added to the knowledge that the depth of employee engagement significantly contributed to employee performance.

The second hypothesis of the study that there was a non-significant relationship between forms of PDM and health workers' performance at the various health workers means that forms of PDM were not adequate in predicting health workers' performance in a developing economy. These results also suggest that health workers' performance at the various health facilities was not adequately predicted by forms of PDM. Forms of PDM studied or considered in this study examined both direct and indirect forms of participatory decision-making. This is regardless of whether leaders of health workers or the generality/individual health workers were involved in the decision-making at the workplace. This finding of the study is a contribution to knowledge since it does not exist in the available literature because the existing studies only examine PDM and employee performance without considering the forms of PDM and performance.

The third hypothesis also established that there was a significant relationship between the scope of PDM and the performance of health workers in both the private and public sectors of a developing economy. The results revealed that any percentage increase in the scope of PDM will result in the same percentage increase in the performance of health workers. The better the scope of PDM, the higher or better nurses are able to contribute to attending to the health needs of their patients at the various health facilities. The scope of PDM in this study examined whether the input of nurses is sought at the

operational or strategic level by the management of various health facilities. Thus, the scope of PDM that leads to greater performance relates to the contribution of nurses at the strategic level rather than the operational level since decisions at the strategic level influence what pertains at the operational level. Though the findings of the study were corroborated by that of Koskimaa et al. (2024) and Solorio et al. (2023) that PDM relates to employee performance, this study adds to the knowledge that the scope of PDM at the strategic level contributes to employee performance at the health sector in a developing economy.

The findings of the study for the last hypothesis (hypothesis four) established that PDM significantly relates to the performance of health workers at the various health facilities in a developing economy. The results mean that generally, participatory decision-making (apart from its dimensions such as scope, forms, and depth) leads to better performance of nurses. That is, the absence of PDM or involvement of nurses in the decision-making at the health facilities will severely curtail the performance of nurses. This is because nurses will not feel happy to implement decisions that affect them but for which their inputs were not sought. PDM influences the motivation of employees and the lack of it also leads to demotivation among nurses. The results also mean that the more nurses can talk freely with their superiors, be involved in unit/section decisions, be empowered to make contributions and get involved in setting work goals, the higher the employee performance in the health sector. Though the results agree with the findings of Koskimaa et al., (2024) that PDM leads to employee performance, this study contributed to knowledge by revealing that PDM also leads to nurses' performance in the health sector. Thus, the contribution of this study in terms of the last hypothesis has been the sectoral contributions.

6. Implications for theory and practice

The findings of this study have several implications for theory and practice. The theoretical implication of the findings of this study for the goal theory that guided this study was that the position that the opportunity for nurses to be involved in PDM increases their motivation, self-efficacy, communication, and job satisfaction and more importantly their performance in terms of attending to patients. The contribution of the findings of this study to the goal-setting theory was that dimensions of PDM also determine the efficacy of PDM in influencing the performance of nurses. For example, this study confirmed that the depth and scope of PDM are very necessary for enhancing employee performance in the health sector.

The practical implications of the findings of this study are also diverse. That is the involvement of nurses in decision-making (PDM) is very important for enhancing their performance in both the public and private sectors. The findings imply that the management of health facilities must find a way to involve nurses in decisions that directly affect them to motivate them for higher performance. The second practical implication of the findings of the study is that management's attempt to engage nurses in decision-making must consider the level at which decisions are made. This is because there will be higher performance of nurses if their inputs are sought for strategic decisions rather than operational decisions. The last practical implication of the findings of this study is that the management of health facilities in developing economies needs to consider the depth of participatory decision-making for nurses at various health facilities. Nurses' performance can only increase if the depth or PDM is complete. However, the performance of nurses will dip if PDM is fake or partial.

7. Conclusion and recommendations

The study examined the dimension of participatory decision-making and employee performance in the health sector of a developing economy and the study can conclude that the depth and scope of PDM and participatory decision-making generally, and significantly relate to employee performance in the health sector in a developing economy. The results mean that as much as PDM contributes to employee performance in the health sector, the dimensions of the PDM are equally important to consider. Not all

of the dimensions of PDM are relevant to nurses' performance. Thus, the relevant dimensions are the scope and depth of PDM. There was, however, a non-significant relationship between forms of PDM and the performance of nurses in the health sector. This means that employee performance in the health sector does not directly share its potency with nurses' performance. Probably, indirect relationships mediated by other factors not considered in this study enhance the predictive power of forms of PDM and nurses' performance in the public and private sectors of a developing economy.

The conclusions above warrant specific actions by the management of health facilities and other senior medication staff in management positions at the various health facilities to take specific actions to ensure that nurses' performance is enhanced. It is therefore recommended that the management of health facilities in developing economies should encourage participatory decision-making among nurses at the various health facilities in their economies. This can be done by ensuring that supervisors involve nurses in the department/unit/section in decision making, nurses are trusted to use good judgment in decision making and nurses are encouraged to get involved in setting work goals as well as supervisors rewarding nurses for good ideas and suggestions offered. It is also recommended that the management of health facilities should consider dimensions of participatory decision-making. Importance should be attached scope and depth of PDM rather than the forms of PDM. For the relevance of scope and depth, management of health facilities should seek inputs from nurses at both the strategic, tactical, and operational levels at the health facilities. Also, management at the health facilities should avoid partial or fake participatory decision-making and rather adopt complete participatory decision-making for nurses to enhance their work performance and the quality of care provided for patients at the various health facilities.

8. Limitations and suggestions for further studies

This study was limited to nurses in both the public and private sectors of a developing economy and did not consider other health workers or medical staff. Further studies could consider PDM among other health workers or a comparative study among all health workers in both developed and developing economies. The study also was limited to PDM and nurses' performance. Further studies could consider other variables that influence nurses' performance or health workers' performance other than or in addition to PDM.

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Availability of data and materials

The datasets for this study are available from the corresponding author on reasonable request.

Competing interest

The authors of this paper have no competing interests.

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Informed consent

This study made use of a Google form questionnaire (the approved questionnaire was converted into a Google form questionnaire) forwarded to respondents individually and these respondents had the freedom to either participate in the study by responding to the Google questionnaire or not since the handset/mobile phone was their own property.

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APPENDIX A: QUESTIONNAIRE FOR NURSES

QUESTIONNAIRE ON PARTICIPATORY DECISION-MAKING AND JOB PERFORMANCE AMONG NURSES IN SOME SELECTED PRIVATE AND PUBLIC HOSPITALS IN THE VOLTA REGION

Dear Respondent,

This questionnaire is intended to solicit information on the "**Participatory Decision-Making and Job Performance among Nurses in some Selected Private and Public Hospitals in the Volta Region**" It would be very much appreciated if you could provide your candid impression about each item as to how it relates to you. Every piece of information you provide will be kept strictly confidential and will be used solely for academic purposes and to help improve organisational citizenship behaviour and leadership style in Ghanaian Workplaces. Thank you in anticipation for your co-operation. **You may contact for further clarification, please.**

Are you willing to participate in this study?

1. Yes [] 2. No []

PART A: DEMOGRAPHIC CHARACTERISTICS

Instruction: Please tick your category:

1. Gender: 1. Male [] 2. Female []

2. Age range:

1. 20 -30 years [] 2. 31-40years [] 3. 41-50 years [] 4. 51years and above []

3. How long have you been working in your in this College of Education?
 1. 1- 5 Year [] 2. 6-10 Year [] 3. 11 years and above []
4. Please indicate your rank
5. Please indicate the name of the hospital you work.....
6. Status of Hospital at which your work as a nurse.
 1. Public [] 2. Private []

PART B : PARTICIPATORY DECISION-MAKING FOR NURSES AT THE HOSPITAL

Instruction: Indicate your level of agreement with the following statements on participatory decision-making for nurses/ workers at your hospital by ticking the appropriate column against the statement below where *SD= Strongly Disagree*, *D= Disagree*, *A= Agree* and *SA = Strongly Agree*

s/n	Items	SD	D	A	SA
	Participatory Decision making				
PDM1	I talk freely with my superior.				
PDM2	My boss involves employees in the department/unit/section in decision making.				
PDM3	Workers are empowered to make contributions and suggestions concerning organisational welfare at this hospital.				
PDM4	Workers are trusted to use good judgment in decision making.				
PDM5	In my hospital, staff are encouraged to get involved in setting work goals.				
PDM6	My boss rewards good ideas and suggestions offered by employees.				
	Forms of PDM				
PDM7	The management of my hospital only allow union leaders to participate in decision making.				
PDM8	The management of my hospital consult the generality of nurses at the hospital to participate in decision making.				
PDM9	Only few nurses are consulted by management during decision making at hospital.				
PDM10	Individuals in this job are allowed to make decisions.				
	Scope of PDM				
PDM11	Decision-making at the hospital involving workers relates to only their job (operational decisions)				
PDM12	Decision-making at the hospital involving workers relates to the overall direction of the hospital (strategic level decision)				
PDM13	Decision making at the hospital involving workers relates to less important matters				
PDM14	Management takes all the important decisions at the highest level without consulting workers				
	Depth of PDM				
PDM15	Management of the hospital only pretend to consult nurses during decision making				
PDM16	Suggestion made by workers/nurses at the hospital are used by management of the hospital				
PDM17	The level of participation of workers/nurses in decision at the hospital is only partial				
PDM18	Employee/nurses participation in decision making at the hospital is very				

PART C: EMPLOYEE PERFORMANCE

Instruction: Indicate your level of agreement with the following statements on employee performance at your workplace by ticking the appropriate column against the statement below where **SD= strongly Disagree, D= Disagree, A= agree and SA = strongly agree**

EP	Employee Performance	SD	D	A	SA
EP1	The way my boss treat me influences my work performance.				
EP2	I put extra effort if my boss empowered me to get involved in setting work goals.				
EP3	I will go extra mile to achieve organisational objective if I am trusted to make contributions and suggestions.				
EP4	If my organisation recognises my effort, I will put in my best performance.				
EP5	I am able to complete my task on time.				
EP6	I feel motivated to achieve targets I participated in setting with supervisor.				
EP7	I perform beter on target I participated in setting with supervisor.				
EP8	I am able to perform to satisfy my clientel better if I my boss involves me in decision making.				
EP9	I come to work late because my views are not sought or considered for decision making.				
EP10	Targets and goals are not achieved because views of nurse/workers are not sought or considered for decision making in this hospital.				

THANK YOU AND GOD BLESS YOU FOR YOUR TIME