

INFLUENCE OF LEADERSHIP STYLES ON QUALITY HEALTH SERVICE DELIVERY AT MNAZI MMOJA HOSPITAL ZANZIBAR

Abstract

The aim of the study was to assess the influence of transformational, transactional and democratic leadership styles on quality health service delivery at Mnazi Mmoja Hospital, Zanzibar. Bearing the importance of quality health service there is no doubt that leadership style could be integral in offering quality health service. Despite the efforts done to improve health service delivery, Zanzibar has not optimally achieved quality health service delivery. The study used transformational, transactional and democratic leadership styles to assess their influence on quality health service delivery. Cross-sectional research design which involved quantitative research approach was used. The quantitative analysis included mean, standard deviation and multiple linear regressions. A sample size of 317 was determined using stratified Sampling method. Multifactor Leadership Questionnaire, (MLQ) was used to collect data. The results found that transformational, transactional and democratic leadership styles impacted quality of health service delivery with 37.3%, 25.7% and 21.8% respectively. The study recommended the management of Mnazi Mmoja to put effort in practicing all aspects of transformational, transactional and democratic leadership styles in order to enhance delivery of quality health services.

Key words: Leadership, Transformational leadership, Transactional Leadership, Democratic leadership, Quality health service delivery.

1.0 Introduction

The delivery of quality health services rests on the effectiveness of the leadership style practiced in the organization offering health services (Mpambije, 2017). The interaction of leaders and the strategies or the leadership style practiced in the organization is very crucial in delivering quality health services (Said et.al., 2020). Leadership style is paramount to bring in success or failure in service delivery in any organization. The main role of a leader is to encourage his/her followers to accomplish a common goal (Chakupewa and Stephen, 2016).

It is upon the leader to choose the leadership style that maximally encourage followers fully and pull them towards what the leader wants to be done. More importantly, a leader makes sure that there is adequacy of the right people at the right place. That is considered important in improving the performance of the organization. Internationally, there has been a series of policy papers asserting the importance of improving public services through development of leadership skills (Regina et.al., 2018). According to Masabo, (2015), health service organizations rely on leadership styles to offer quality health services. Hospital leaders have to respond to new

technology, new organizational goals and new challenges. Further, Kimutai and Kemboi (2017) assert that, effective leadership styles respond to the dynamism of the health service field by making employees focus on offering quality health. This dynamism may include rearranging their workforce, motivation strategies, recruiting the right people, setting an example, pulling the workforce towards the goals of the organization and making a good working environment. Sagaren, et.al., (2018) observed that leadership styles in organizations has affected the ability of workforce to achieve the organizational goals.

In the current evolving health service environment, hospitals all over the world need managers to chose the appropriate leadership style which favours the application of technical, professional expertise and pull the employees towards a common goal (Danae et.al., 2017). In Tanzania leadership in hospitals is relatively varied. According to Njau, et.al., (2016), the issue of effective leadership is relatively practiced although faces challenge of finance. However, according to Leon and Ali (2018) and Mpambije (2017) in Zanzibar the leadership style in public hospitals and especially MnaziMmoja seem not be manifested well. For instance the issue of motivation of health workers seems to be disturbing hence health workers moving to other hospitals especially in Tanzania Mainland (Human Resource Office Ministry of Health (2019).

An analysis by Leon and Ali, (2018) at MnaziMmoja exposed heath service delays, poor human resource policy, lack of ‘gold standard’ available thus no quantified workload for staff, large number of health orderlies performing tasks for which they are not qualified, poor planning, poor managers-staff relations and general complaint among both patients and some of the staff that it is not quite clear what patients are in fact paying for. According to Regina et.al., (2018) all these issues are attributed large to leadership incompetence. At the same time Leon and Ali, (2018) study at MnaziMmoja found three major leadership styles were used which are: transformational, transactional and democratic leadership style. However, there other leadership styles which include: Laissez-Faire, Autocratic, Affiliative, Pacesetting, Coaching, Charismatic, Bureaucratic, Visionary etc. Therefore the study investigated the three leadership styles (transformational, transactional and democratic leadership style) which Leon and Ali, (2018) found to be used at MnaziMoja Therefore, this study was designed to verify whether leadership the leadership styles influenced quality health service delivery at MnaziMoja Hospital Zanzibar.

1.1 Statement of the Problem

Addressing the leadership style to use in health organizations in order to offer quality service delivery is an evolving and constitutes the current and future goal of all societies (Leon and Ali, 2018). Each leaders builds up a style in dealing with activities of an organization. Health organizations need to ensure technical and professional expertise, build capacity, and organizational culture in order to achieve their goals for example quality health service. The trend of achieving quality health service delivery is opined by Kimutai and Kemboi, (2017) that, it rests on leadership style in practice at the health organization. Public hospitals in Zanzibar are facing challenges which hinder quality service delivery such challenges include; poor access of drugs, demoralized health workers, deficit of health professional, disorganized health facilities and lack of proper health programme budgets and expenditure etc (Leon and Ali, 2018). Further, a study by Fulcher et.al., (2020) revealed that, the employee turnover at MnaziMmoja was 5.7%,

unfriendly working conditions was 39% and poor administration was 16%. Numerous studies have been done such as those of AlaDeen et.al., (2014) on nature of leadership and challenges faced by leaders on offering quality of services in Saudi Arabia and Said et al., (2020) on challenges in health service delivery under public-private partnership in Tanzania. However, those studies concentrated challenges in offering quality health care. This current study was designed to assess the influence of leadership styles on quality health service delivery at Mnazi Mmoja Hospital, Zanzibar.

1.3 Objective

To assess the influence of transformational, transactional and democratic leadership styles on quality health service delivery at MnaziMmoja Hospital

1.4 Hypothesis

H_{1o}: There is no significant influence of transformational, transactional and democratic leadership styles on quality health service delivery at MnaziMmoja Hospital.

H_{1a}: There is significant influence of transformational, transactional and democratic leadership styles on quality health service delivery at MnaziMmoja Hospital.

1.5 Literature Review

1.5.1 Theoretical Literature review

It is upon the leader to choose the leadership style that maximally encourage followers fully and pull them towards what the leader wants to be done. In this perspective assessing leadership style on quality health service delivery the study theoretical foundation based on three theories which are: the Path-goal leadership theory (House 1996), the Transformational leadership theory (Burns 1978) and Transactional leadership theory (Weber 1947: Bass 1981). The Path-goal leadership theory explains how leader's behavior is contingent to the satisfaction, motivation and performance of their employees. The theory strongly emphasizes on the leader's effectiveness for creating higher levels of productivity and morale. The theory became essential to the study it is considered an effective model of leadership for the provision of services.

The Transformational leadership theory explains how leaders and their followers raise one another to higher levels of morality and motivation of performing their duties. In the line of this study the theory was used to help examine how leaders and followers at MnaziMoja engage with one another to enhance morality and motivation of workers in health service delivery. A proficient transformational leader aims to put in line the needs and aspirations of followers with the desired goals of the organization. In doing so, a transformational leader is able to foster the follower's commitments towards the organization and encourages them to surpass their expected performance (AlaDeen et.al., 2014).

The Transactional leadership theory explains how a leader person takes the initiative in making contact with others for the purpose of an exchange of valued things thus improving performance

of employees. This theory form a basis of the study as it helped on examining MnaziMoja management focus on leading towards acceptance of innovation by means of rewards

1.5.2 Empirical Literature Review

Danae et.al. (2017) which focused on assessing whether there is an association between effective leadership and health service quality. The study used desktop research while the current study used quantitative approach. Again this study did not focus direct to the influence of leadership styles on health service delivery. On the other hand the current study used cross-sectional research design with quantitative approach unlike the previous one which used desktop research approach. Sagaren et.al., (2018) focusing on a comprehensive understanding of the challenges, complexities and constraints facing public health service in KwaZulu-Natal (KZN). The study was on challenges while the current study is leadership styles. On the other hand the current study used quantitative methods. The previous study used mixed-method research approach. Further the study was done in South Africa which has different working culture as compared with Zanzibar.

Regina et.al., (2018) investigated establishing common leadership practices and their influence on providers and service delivery in selected hospitals in Lusaka province, Zambia. The study had a shortcoming since it focused on establishing a common leadership practice. The current study focus was influence of leadership styles on health service delivery. The previous study was done in Zambia and was a qualitative research while the current study was done in Zanzibar and is quantitative. AlaDee et.al. (2014) investigated the nature of leadership and challenges faced by leaders on offering quality of services in healthcare in Saudi Arabia. The study focus was nature of leadership and challenges. The study could not answer the research question of the current study they deviated from what the previous study investigated.

Chakupewa and Stephen, (2016) focused on management and leadership Practices in the context of decentralization influence performance of community health fund. The study was different from the current one as it focused on leadership practices in the context of decentralization. The current study investigated leadership styles effects on health service delivery. Said et.al., (2020) focused on challenges in health service delivery under public-private partnership in Tanzania. The study was on challenges of health service delivery experienced in public- private partnership. The current study focused on leadership styles and quality health service delivery in pure public hospital. As described the empirical literature review exposed gaps on information on the influence of leadership style on quality health service delivery at MnaziMoja Hospital Zanzibar. The study was designed in order to provide information on the gaps found on the existing literature.

1.6 Methodology

The study used a cross-sectional research design which involved quantitative approach because the design attempts to establish cause-effect relationships among the variables (Kothari 2004). A quantitative research approach was used in order to determine the influence and relationship of the variables as advocated by Mugenda and Mugenda, (2003). The study population comprised of the total employees at MnaziMmoja which are 1843 (Human Resource Department Mnazi

Mmoja, 2021). This population includes 10 Top level managers, 8 Middle level, 83 head of section managers and general employee 1742. Therefore, the total population was taken as 1843 employees. The sample size was 317 and was determined using Using the Krejcie & Morgan (1970) Table. Stratified Sampling was used. The strata characteristics were management level and being a general employee of MnaziMmoja. The reason for choosing stratified sampling is because the stratified sample is known to be more representative of the population compared to a random sample as advocated by Kothari, (2004). The study employed a questionnaire to collect the data and the reason of using this method was because of its low cost, respondent have adequate time to well thought out answers, large samples can be made by use of it and thus the results can be made more dependable and reliable (Amin, 2005).

1.7 Data Analysis

Data from the questionnaires was checked for completeness. There after the data from questionnaire was analyzed using SPSS Statistics version 20. Analysis done was: Mean, Standard deviation and multiple linear regressions.

1.8 Study Findings

1.8.1 Demographic Characteristics

The study examined different respondents' characteristics which included, gender, age of the respondent and level of education. These characteristics provided the demographic descriptions of the study sample. This characteristics were analyzed to inform the study on how they could influence or affect various understanding of the topic under investigation as outlined by Suanders and Thornhill, (2007). The analysis of the demographic characteristics is shown in Table 4.1.

Table 4.1 Demographic characteristics

Characteristic	Description	Frequency	Percent
Gender	Male	140	58.3
	Female	100	41.7
	Total	240	100.0
Age in Years	20-30	20	8.3
	31-40	80	33.3
	41-50	80	33.3
	51-60	40	16.8
	61 and above	20	8.3

Characteristic	Description	Frequency	Percent
Gender	Male	140	58.3
	Female	100	41.7
	Total	240	100
Level of Education	Secondary Level	5	2.1
	Diploma Level	90	37.5
	University Degree	120	50
	Post Graduate	25	10.4
	Total	240	100

Source: Researcher (2021)

The study investigated gender of respondents. This was done to analyze how many women and men were included in the study. The Table 4.1 shows the summary of the results. Table 4.1 shows that, one hundred forty respondents representing 58.3% of the respondents were men and one hundred respondents representing 41.7% were women. This gender issue was important to the researcher since Kothari (2004) indicated gender was a factor in the leadership issues due to perception there are specific leadership issues associated with either gender. Kothari, (2004) observes that the finding in any research with gender parity is necessary for generalization of the results. Amin (2005) opined that a study with gender parity with not more than 20% difference is conducive to representative results. Mugenda and Mugenda, (2003) also confirms with the avowal that so long as the not either gender is less than 30% of the total then it is acceptable to give generalizable results. Table 4.1 shows the finding and as can be seen women and male gender was well represented thus, the results are generalizable.

Age of respondents was also analyzed such that the study can gauge the age of the respondents. This was done to assess whether all the age brackets were captured. Data from Table 4.1 indicates that, respondents were of ages 20-30 were 20 respondents representing 8.3%, ages 31- 40 were 80 respondents representing 33.3%, 41-50 were 80 representing 33.3%, 51-60 were 40 representing 16.8%, while 61 and above years were 20 respondents representing 8.3%. The implication of this data was that all ages were represented in the study. Amin, (2005) observe that for results to be generalized all ages must be taken into consideration. This means that in this study assessed the influence of leadership styles on quality health service delivery at MnaziMmoja Hospital all ages were represented. Further, a study by McCleskey, (2014) on situational, transformational, transactional leadership and leadership development affirmed that age bracket of the respondent was a factor and

maintained all ages in the research pointing leadership might be felt different by different ages.

Level of education of respondents was considered in order to make sure that the respondent's capacity to answer the questions and quality of the response from the questionnaire. The study found that all the respondents had at least an education level, the least level being secondary education with 2.1% of the respondents, this group on further inquiry included cleaners and guards. Those with diploma level were 37.5%, University degree level was 50% and those who had postgraduate level were 10.4%. Gay, (2005) noted that education level was important in research because it may reflect the understanding of the respondents of the issue at hand. Saunders and Thornhill, (2007) also recommended that education level is important if the investigation is going to use primary data where questionnaire are to be used. Andersen, (2018) in his study on servant leadership and transformational leadership: From comparisons to farewells, investigated the education level of the respondents and gave the reason for that as to understand the capacity of the respondents to give quality answers. In this current study the data implied that the respondents were able to understand the topic under investigation. This data led to the assumption that clear answers were indicated on the questionnaires.

1.8.2 The influence of transformational leadership style on quality health service delivery at MnaziMmoja Hospital

Table 4.2 Response on aspects of transformational leadership style and how affect quality health service delivery

Statement	Mean	Standard Deviation
Managers build trust on employees	2.64	0.87
Managers acts with integrity	2.91	0.86
Managers encourages others	2.84	0.65
Managers encourage innovative thinking	2.41	1.19
Leader coache and develop people	3.11	0.83

Source: Researcher (2021).

Table 4.2 shows that, the statement on the aspects transformational leadership style and how influenced quality health service delivery; Managers build trust on employees had a mean of score of 2.64, Managers acts with integrity had a mean score of 2.93, Managers encourages others had a mean score of 2.84, Managers encourage innovative thinking had a mean score of 2.41 while Leaders coaches and develops people had a mean score of 3.11. All the aspects were interpreted as moderately affecting quality health service delivery since the aspects had mean score ranging 2.51 - 3.25.

1.8.3 Effect of Transactional Leadership style on quality health service delivery at MnaziMmoja Hospital

Table 4.3 Response on aspects of transactional leadership style and how affect quality health service delivery

Statement	Mean	Standard Deviation
Managers rewards achievements by employees	1.72	0.85
Leaders monitor for deviations, mistakes, and errors and then take immediate corrective action.	1.78	0.68
Leaders do not promote inflexibility	4.0	1.18
Leaders encourage rules and doing things correctly.	3.91	1.02
Leaders reveals inefficiency	1.8	0.74

Table 4.3 shows that, the statement on the aspects transactional leadership style and how influenced quality health service delivery; Managers rewards achievements by employees had a mean of score of 1.72, Leaders monitor for deviations, mistakes, and errors and then take immediate corrective action had a mean score of 1.78, Leaders do not promote inflexibility had a mean score of 4.0, Leaders encourage rules and doing things correctly had a mean score of 3.91 while Leaders reveals inefficiency had a mean score of 1.8. The mean scores of Managers rewards achievements by employees, Leaders monitor for deviations, mistakes, and errors and then take immediate corrective action were and Leaders reveals inefficiency had mean scores of 1.72, 1.78, and 1.8 respectively. These means depicted to a low extent which was interpreted as high affecting quality health service delivery in MnaziMmoja since they were poorly practiced by leaders and managers. The mean scores of Leaders do not promote inflexibility and Leaders encourage rules and doing things correctly were 4.0 (to a great extent, and 3.91 (to a very great extent). This was interpreted as to very low and low respectively affecting quality health service delivery as the respondents portrayed that leaders and managers practiced to great extent these specific aspect of transactional leadership style. A research by Burns, (2007) while analyzing transactional leadership style found similar results especially on managers rewarding achievements by employees and gave the reason in public organization budget is not factored and hence rewarding employees due to achievement becomes difficult.

1.8.4 The influence of democratic leadership style on quality health service delivery at MnaziMmoja Hospital

Table 4.4: Response on aspects of democratic style and how affect quality health service delivery

Statement	Mean	Standard Deviation
Managers involve employees before making final decision.	2.70	0.56
Managers encourage active participation of employees in decision making	2.83	0.64
Managers are concerned a lot with staff welfare	3.10	0.68
Employees complains are taken seriously and solution are sought	3.21	0.97
Managers organize training on key issues affecting service delivery.	3.74	1.01

Table 4.4 tabulated the mean scores of aspects of democratic style. The findings show that aspects; Managers involve employees before making final decision had mean score of 2.70, This depicting moderate extent interpreted as having moderate effect to quality health service delivery. Managers encourage active participation of employees in decision making had mean score of 2.83, depicting moderate extent interpreted as having moderate effect to quality health service delivery. Managers are concerned a lot with staff welfare had mean score of 3.10, depicting moderate extent and interpreted as having moderate effect to quality health service delivery. Employees complains are taken seriously and solution are sought had mean score of 3.21, depicting moderate extent and interpreted as having moderate effect to quality health service delivery. Managers organize training on key issues affecting service delivery 3.74, depicting great extent and interpreted as having low effect to quality health service delivery at MnaziMmoja since it was ticked to a very great extent meaning leaders and managers practiced this aspect to great extent hence it is not a threat to quality health service delivery.

1.8.5 Multiple Linear Regression Analysis

Multiple linear regression analysis was done to assess the influence of the predictor variables on the dependent variable. Table 4.5 shows the results.

Table 4.5: Regression coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
1 (Constant)	1.985	.095		20.894	.000
Transformational Leadership Style.	.373	.040	.470	9.325	.011
Transactional Leadership Style.	.257	.077	.237	3.337	.000
Democratic Leadership Style.	.218	.059	.253	3.694	.000

a. Dependent Variable: Quality Health Service Delivery.

The regression equation was: $Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \varepsilon$

Therefore:-

$$y = \beta_0 + \beta_1x_1 + \beta_2x_2 + \beta_3x_3$$

$$y = 1.985 + 0.373x_1 + 0.257x_2 + 0.218x_3$$

$$\text{Sig values} = \beta_0(0.01), \beta_1(0.01), \beta_2(0.01), \beta_3(0.01),$$

Table 4.5 shows that; for every 100% change in transformational leadership style there is a 37.3% significant change in quality health service delivery. In conclusion 100% change in transformational leadership would influence quality health service delivery by 37.3%. Thus, the researcher rejected the null hypothesis; H_0 : There is no significant influence of transformational leadership style on quality health service delivery at MnaziMmoja Hospital and accepted the H_a : There is significant influence of transformational leadership style on quality health service delivery at MnaziMmoja Hospital. When the influence of the other independent variables is assumed to be constant, a 100% change in transactional leadership style leads to a 25.7% significant change in quality health service delivery. Thus, the researcher rejected the null hypothesis; H_0 : There is no significant effect of Transactional Leadership style on quality health service delivery at MnaziMmoja Hospital and accepted the H_a : There is significant effect of Transactional Leadership style on quality health service delivery at MnaziMmoja Hospital. When the influence of the other independent variables is assumed to be constant, 100% change in democratic leadership style leads to a 21.8% significant increase in quality health service delivery. Thus, the researcher rejected the null hypothesis; H_0 : There is no influence of democratic leadership style on quality health service delivery at MnaziMmoja Hospital and accepted the H_a : There is influence of democratic leadership style on quality health service delivery at MnaziMmoja Hospital.

1.8.6 Discussion

The results on the influence aspects of transformational leadership style on quality health service delivery showed that all the aspects were interpreted as moderately affecting quality health service delivery since the aspects had mean score ranging 2.51 - 3.25. The results are in line with the results of Burns, (2007) who found out that in organizations that moderately practiced transformational leadership style the quality of the service offered by such organization was moderate. However, Shafique & Loo-See, (2018) argued that leaders and managers may be unwilling to use transformational leadership style due to its disadvantages that transformational leadership style can develop negative outcomes, requires continual communication to followers and requires constant and consistent feedback.

Effects of transactional leadership style on quality health service delivery at MnaziMmoja, the study found that some of the aspects such Managers rewards achievements by employees, Leaders monitor for deviations, mistakes and errors and then take immediate corrective action and Leaders reveals inefficiency were not practiced to a meaningful extent at the hospital. The results are consistent with those of Said et. al.,(2020) who found that most leaders and managers do not reveal inefficiencies in their organizations and neither do they monitor mistakes frequently. Transactional leadership style does not allow for inflexibility with employees.

The influence of democratic leadership style on quality health service delivery at MnaziMmoja Hospital the results showed that managers organized training on key issues affecting service delivery as it had a mean score of 3.74, depicting great extent and interpreted as having low effect to quality health service delivery at MnaziMmoja since it was ticked to a very great extent meaning leaders and managers practiced this aspect to great extent hence it is not a threat to quality health service delivery. Thus, the result gives clear indication that aspects of democratic

leadership style is related to quality health service delivery as if it was not ticked by the respondents to a great extent then it could be affecting quality health service delivery at MnaziMmoja. Some other aspects of democratic leadership style such as Managers involve employees before making final decision are practiced moderately thus affecting quality health service delivery. The results are similar to Sagaren et.al., (2018) in his study of examining leadership as a strategy to enhance health service delivery in regional hospitals in South Africa found out that some aspects of democratic leadership style such involving employee in decision making were not practiced fully. The authors Sagaren et.al., (2018) gave a reason such aspects are not widely practiced due to democratic leadership style has a disadvantage which leads to procrastination and it takes time to reach a consensus.

The linear regression analysis findings shows that, transformational leadership style, transactional leadership style and democratic leadership style impacts quality service delivery with 37.3%, 25.7% and 21.8% respectively. The findings were similar to those of Regina et.al. (2018) who found that establishing leadership practices involving transactional, democratic and transformational influenced quality service delivery. On the other hand a study by Kimutai and Kemboi, (2017) found that the percentage of impact of transformational leadership style, transactional leadership style and democratic leadership style on quality service delivery was 6.8%, 8% and 7.5% respectively. This results differed with the results in the magnitude of the percentage impact to quality health service delivery and the reason associated with that difference was because the study of Regina et.al. (2018) educational institution while this study considered health service institution where the impacts of the leadership style may be felt differently.

1.9 Conclusion

The study concluded that aspects of transformational leadership style analyzed were moderately used at Mnazi-mmoja and hence affected quality of health service delivery moderately. The linear regression analysis concluded that transformational leadership style impacted quality service delivery with 37.3%. The aspects of transactional leadership style which included:- Managers reward achievements by employees, Leaders monitor for deviations, mistakes, and errors and then take immediate corrective action and Leaders reveals inefficiency were found to be poorly practiced by leaders and hence highly affecting quality health service delivery in MnaziMmoja. The linear regression analysis concluded that transactional leadership style impacted quality service delivery with 25.7%. On democratic leadership style the study concluded that most of the aspects of democratic leadership style were practiced moderately and hence affected quality health service delivery moderately. The linear regression analysis concluded that democratic leadership style impacted quality service delivery with 21.8%. The conclusions were similar to the conclusion made by Said et.al.,(2020) who concluded that transformational, transactional and democratic leadership style impacted quality service delivery. However, the conclusion on percentage effect on quality health service delivery was different with conclusion made by Kimutai and Kemboi, (2017) who found that percentage of effects of transformational leadership style; transactional leadership style and democratic leadership style on quality service delivery had lower percentages of 6.8%, 8% and 7.5% respectively.

1.10 Recommendations

The study had the following recommendations;

- i. Since aspects of transformational leadership style analyzed were moderately used at MnaziMmoja and hence affected quality of health service delivery moderately, the study recommended managers at MnaziMmoja to put effort in practicing the aspects in order to reduce their effect on delivering quality health service.
- ii. The aspects of transactional leadership style; Managers rewards achievements by employees, Leaders monitor for deviations, mistakes, and errors and then take immediate corrective action and Leaders reveals inefficiency had mean scores of 1.72, 1.78, and 1.8 respectively. The study recommended the management to advocate the use of these aspects to improve their mean scores and thus reduce their effect on offering quality health service delivery.
- iii. Since most of the aspects of democratic leadership style were practiced moderately at MnaziMmoja and hence affected quality health service delivery moderately, the study recommended increased use of the aspect of democratic leadership style to lessen their effects on offering quality health service delivery.

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