

Agile-Omoluabi Leadership, Technology-Transfer, Government Willingness to Change, Engagement and Organizational Citizenship Behavior: Examining the Moderating-Mediating Role of Workplace Happiness in Nigeria's Healthcare System

Onamusi Abiodun Babatunde¹ and Olukolu Yetunde Magret²

¹Department of Management & Accounting, Lead City University, Ibadan, NIGERIA

²General Practitioner, Perth Medical Centre, Western Australia, AUSTRALIA

¹Corresponding Author: abiodunonamusi@gmail.com

Received: 15-11-2023

Revised: 30-11-2023

Accepted: 15-12-2023

ABSTRACT

On the backdrop of the aggressive move by the healthcare workers in Nigeria to foreign countries to ply their expertise, the country has suffered her worst brain-drain episode leading to been labelled among the 55 countries experiencing healthcare short in Africa. This is right and it call for an array of contextual issues including; leadership, technology transfer, government willingness to change, engagement, organisation citizen behaviour and workplace happiness to tackle this rather unfortunate incidence. A validated questionnaire was employed to gather data from 408 health-care practitioners including doctors, nurses, pharmacists, technologists and administrators in public-owned hospitals in Nigeria. A path analysis was used to examine the six-way direct, mediation, and moderation hypotheses. Results showed that agile-Omoluabi leadership, government willingness to change and technology transfer had positive and significant effect on engagement ($Adj R^2 = 0.685$, $p=0.000$, $Q^2=0.484$), workplace happiness stood as a positive and significant intervening variable mediating the interaction between agile-Omoluabi leadership and organisation citizen behaviour ($\beta=0.257$, $t= 2.033$, $p= 0.043$) as well as serving a moderator for the linkage between engagement and organisation citizen behaviour ($\beta =0.300$; $p< 0.000$, $Q^2 =0.365$). The findings of this study as practical implication for the ministry of health in Nigeria because it offers strategic information which confirms the twofold relevance of workplace happiness as critical to sustaining health-care practitioners' engagement and guaranty exhibiting citizen behaviour. Also reinforce the need for government at all levels to show readiness to transform, plan and implement a systematic process of technology transfer and show a leadership that care about the health-care practitioners and one that is dynamic. This if done, should address the brain drain and improve the lost glory of the health-care system in Nigeria.

Keywords-- Public-Health System, Agile-Omoluabi Leadership, Engagement, Technology Transfer, Government Willingness to Change, Workplace Happiness, Organisation Citizen Behaviour, Nigeria
Jel Code: I15, I18

I. INTRODUCTION

Health-care system is a critical sector that underline the success of all global economies because the sector helps the citizens to maintain good health, hence aiding the productive capacity of people within all economies. Healthy employees are more productive than unhealthy ones and the same applies to leadership given their level of responsibility within organisation. Moreover, when a pandemic breaks out, its eradication is often premised on how effective and efficient the health-care system is in a country (WHO, 2020; Onamusi et al, 2023). Curtailing the pandemic's consequences particularly for citizens infected and its successful management is considered critical to a health-care system that is well equipped in terms of machine, drugs, structure and in highly skilled and engaged health-care employees.

Events in many countries regarding the coronavirus pandemic shows that the world's population could have been wiped out if not for the activities of health-care employees in all countries (WHO, 2020). This narrative, provided support for the relevance of a developed health-care system and reinforces healthcare accessibility as a sustainable development goal. Despite the obvious benefit attributable to a country that possess health-care system that is effective, efficiency, and developed, the International Trade Administration (ITA) 2020 report of Nigeria's health-care system is appalling. The report posited that the country's health system is underdeveloped given obsolete facilities utilized and a

general lack of qualified medical practitioners evidenced by to a meager thirty-five thousand doctors compared to the country needing two hundred and thirty thousand doctors. World Health Organisation (2019) adduce the shortages as a direct consequence of massive migration of healthcare employees to environment where their services accord concomitant rewards.

To corroborate ITA (2020) report, the director of clinical services and training at Babcock university teaching hospital pointed out that the hospital in 2022 had lost 140 health-care practitioner (50 doctors and 90 nurses) to hospitals abroad for better opportunities. According to Oyedele, this problem of brain drain (commonly called 'Japa') is crippling the health system in Nigeria and that *Japa*-syndrome is attributed to leadership insincerity. The ripple effect of these issues, meant Nigeria not only loose its brilliant health-care practitioners to other developed and emerging economics, but loses at least \$1.5billion to medical tourism annually (Nigerian Medical Association (NMA), 2019). These statistics become worrisome when Nigeria's health-care system is compared with South Africa in the same continent that has the most sophisticated healthcare infrastructure. This begs the question, what is the value of Nigeria economy against that of South Africa that resulted in this level of disparity in term of access to worldclass health-care system?

More worrisome is that despite signing several MOUs by the Nigeria government in 2017 captured in the National Strategic Health Development Plan (NSHDP II) to improve the sector's service delivery and reposition its image, the status quo remained as access to efficient primary healthcare service become a mirage. Issues of untold negligence on the part of the medical practitioners that leads to unnecessary death of patients, non-payment of doctors' remuneration, persistent industrial action, general lack of trust on the part of citizens regarding the health-care system and the hospital continuous use of manual filing system for their patients truly reinforce the narrative that the sector is underdeveloped.

Operating in developing economic context known to possess high-level of institutional weakness, mean it is difficult to ensure that strategy formulation is diligently executed. If not, the MOU signed in 2017 regarding repositioning of the health-care system in Nigeria should have yielded significant rewards. However far from this is the truth. Between January 2020 and July 2023, Health-care practitioners have embarked on several industrial actions demanding the government to honor its agreement to better the sector. BBC report in 2020 corroborated by Eyegambia.org claimed that over four thousand (4000) Nigerian doctors are practicing in the United States, twenty-one thousand and six hundred and twenty-five (21,625) are registered in the United Kingdom while thousand are spread across Australia, Canada, United Arab

Emirate, Saudi Arabia, South Africa among others and the access to quality basic primary health-care is non-existent. All of these issues are compounded by the annual budgetary allocation to the sector by the federal government of Nigeria. According to Adebisi et al. (2020), the federal government had budgeted 7.23% in 2014, 6.85% in 2015, 5.83% in 2016, 5.11% in 2017, 5.79% in 2018, 4.22% in 2019, 4.38% in 2020, 4.18% in 2021, 4.7% in 2022, and 5.75% in 2023. These percentages betray the Abuja declaration of 2001 which benchmark a minimum allocation of 15% of the national budget to the health-care system (Uzochukwu et al., 2015). This development is worrisome and query the federal government genuineness about repositioning the sector because it had lost more than NGN 6.99 trillion in unallocated funds between 2014 and 2023 by the inability of the federal government to honor the 15% minimum allocation threshold. By this development, one can argue that the government is not concerned about the ripple effect of an inefficient health-care system in Nigeria because of the lack of trust the government have in the capabilities of Nigeria's health practitioners evident by the persistent medical trip oversea by government official and politicians in the country.

The consciousness for leaders to do the right thing is advocated by the Yoruba's *Omoluabi* orientation (Olanipekun, 2017; Onamusi et al., 2020), likewise the ability of organisations to succeed in turbulent environment is addressed by how agile they are (Akkaya & Tabak, 2020; Asikhia et al., 2022; Joiner, 2019; Onamusi, 2020; Onamusi, 2021). A blended approach of these two concepts, create agile-*Omoluabi* leadership which hold relevance for addressing issue of citizenship behavior of health-care personnel in Nigeria that are consistently renouncing there Nigeria citizenship. This is because while the agile leader can enhance the health-care system ability to navigate the external organisation challenges for the sake of adaption, the *Omoluabi* leader will ensure health-care practitioners are respected and given a work environment that can improve their workplace happiness, commitment to work and positive engagement feedbacks.

Technology-transfer regarding been up to date with contemporary health-care service provision also become necessary to addressing obsolete health technology, skills and manual filing system for patients in Nigeria. A planned technology transfer has the potential of developing the capability of health-practitioners and improve upon the infrastructure to delivery world-class health-care service. This is critical in settling the nerves of health care personnel and becomes key to enhancing their commitment to the nation's healthcare system against looking elsewhere. Also, organizational behavior scholars have consistently advocated employee engagement as a means to understand the employee and obtain their best value (Rao et al., 2020; Winasisa et al., 2021).

Organisational citizenship behavior offers immense contribution to the success of all organisation and scholars argue that engagement can enhance citizenship behavior (Amadi et al., 2017; Sahoo & Mohanty, 2019).

Another argument positioned by this study is that when health-care practitioner sees genuine government willingness to transform the health sector, it is highly likely that such reassurance will enhance positive engagement, citizenship behavior, reduce medical personnel migration to other country, enhance commitment to work and improve health-care service quality in Nigeria. These narratives sound conceptually logical and arguable on the basis of the relevance of each concept appropriateness however, Nigeria health-care system present a unique context and such discussion needs to be substantiated through an empirical study. Moreover, extant literature has independently considered agile leadership (Akkaya & Tabak, 2020; Asikhia et al., 2022; Joiner, 2019; Wolpers, 2019), *Omoluabi* leadership (Adebowale & Onayemi 2019; Olanipekun, 2017; Onamusi et al., 2020), technology transfer (Egwakhe et al., 2019; Pfluger & Tabuchi, 2019; Vlajcica et al., 2019), employee engagement (Rao et al., 2020; Winasisa et al., 2021), government willingness to change (Banjongprasert, 2017; Katsaros et al., 2020; Matthysen & Harris, 2018) and their influence on employee-work related outcomes and organisational performance in different research contexts.

Nevertheless, adopting a blended approach to leadership (agile-*Omoluabi* leadership) and their concomitant effect on organizational citizenship behavior remained unexplored. Moreover, how technology transfer, engagement and government's willingness to change interact to explain changes in organizational citizen behavior among health-care practitioner remained relatively unknown. These gaps in literature, limit the broad understanding on the relevance of agile-*Omoluabi* leadership, technology transfer, engagement and government's willingness to change within the context of empirical discussions. Hence, warranting the need for this study to address the void.

II. LITERATURE REVIEW

2.1 Theory and Hypotheses Development

This study's hypotheses draw from tenets of the Social Exchange Theory (SET) and positive psychology to offer theoretical explanation for the link between agile-*Omoluabi* leadership, technology transfer, government willingness to change, engagement, workplace happiness; and citizen behaviour. As Blau articulated it in 1964, SET provides a framework for understanding the dynamics at play in human relationships (Andriyanti & Supartha, 2021; Eriksson & Ferreira, 2021). The SET assumes three mechanisms at work: (1) the first treatment of a target by

an actor, (2) the target's responses to that action, and (3) the development of a relationship between the two parties. SET is predicated on the idea that when two people get more out of a relationship than they put in, they will develop a deep and abiding trust in one another over time (Blau, 1964). In addition, SET is predicated on the idea of vague commitments. Humans exhibit unspecified responsibilities whenever one party extends a helping hand to another with the hope of future compensation. In order to boost productivity, SET suggests that companies create an atmosphere where workers can share in the company's success (Blau, 1964; Xerri, 2013). A higher level of social interaction between coworkers boosts employee engagement, which in turn boosts both individual (workplace satisfaction and pro-social behaviour) and team output (Cropanzano & Mitchell, 2005).

Within the context of this study, the argument flowing from SET is that the healthcare practitioners in Nigeria have given a lot to the nation wellbeing by fighting gallantly to curb the rampaging effects of the Ebola virus, Lassa fever, and COVID-19 to mention a few with no due diligence from the government in terms of fulfilling their statutory obligations. Hence, if the healthcare practitioners do not actively and immediately experience an healthcare system driven by leadership that understand the need to adapt swiftly change without compromising standards, put in place a process that guarantees systematic transfer of technology and knowledge to better their service quality and delivery, see genuine commitment from the federal and State government to transform the health system to what is obtainable in developed economy in terms of earnings and equipment, only then will health practitioners reciprocate by been engaged with the Nigeria's health system and reasoning to ply their trade abroad will be minimized to a large extent.

To buttress this narrative, positive psychology perspective suggest that Healthcare practitioner engagement is defined as the mental state in which workers consistently exhibit three behaviours: they 'speak' positively about the organisation, their coworkers, and the products they work with; they have a 'intense desire' to be attached to the organisation; and they 'dedicate' extra time, energy, and personal resources towards the achievement of job and organisational goals (Kahn, 1990; Macey and Schneider, 2008; Schaufeli, 2013). This positive psychology perspective, offer the explanation as to how an engaged employee become happy and hold potentials for the employee in exhibiting citizen behaviour (Rai & Agarwal, 2017).

The relevance of SET and positive psychology perspective for this study stems from their combined ability to provide theoretical explanations for how agile-*Omoluabi* leadership, Technology transfer, Government willingness to change, can interact to enhance healthcare

practitioners' engagement, and how Workplace happiness can interact with these variables to enhance healthcare practitioner's citizen behaviour. The understanding that the healthcare practitioners are those saddled with the responsibility to ensure the nation have sufficiently healthy workforce by delivering value to those needing medical attention, warrant meeting their needs; financially, emotionally, with world-class equipment to work with- this according to SET guarantees favourable outcome in healthcare practitioner's engagement, workplace happiness, and exhibiting citizen behaviour. From the standpoint of positive psychology, these emotions should increase employees' prosocial attitudes and subsequent enthusiasm for their jobs (Setton, Bennett, & Liden, 1996). Like OCB, employees will only go above and beyond the call of duty if they feel part of a win-win partnership with their employer (Chou and Stauffer, 2016). This discussion offers the rationale to hypothesize that: agile-*Omoluabi* leadership, technology transfer, government willingness to change can significantly impact healthcare practitioner's engagement; workplace happiness have significant moderating effect on the interaction between agile-*Omoluabi* leadership and organisation citizen behaviour, and that the interactions between healthcare practitioner's engagement and their citizen behaviour is moderated by their workplace happiness.

2.2 Agile-Omoluabi Leadership, Technology Transfer, Willingness to Change, and Engagement

Balwant, Mohammed, and Singh (2020), within retail stores across ten shopping malls in Trinidad found that employee engagement was significantly explained by leadership. Balwant et al. (2020) stressed the value relevance of leadership to employee related outcomes and organisational performance found in extant literature. For instance, Onamusi (2020) opined that a leader's influence reaches every aspect of an organisation's architecture and possess the capability to enshrine policies and drive organisational strategies to optimum performance. This submission came to being when the scholar examined the moderating role of *Omoluabi* leadership within strategic response-firm survival linkage. Moreover, the value relevance of leadership to organisational performance and work-related outcome either as a first-order condition or a second-order condition has been positioned in prior studies within diverse research contexts such as small business (Dunne, Aaron, McDowell, Urban, & Geho, 2016; Lawal, Ajonbadi, & Otokiti, 2014), software development team (Garcia & Russo 2020), health science library (Uzohue, Yaya, & Akintayo, 2016), and public schools (Anyieni & Areri, 2016; Erniwati, Ramly, & Alam, 2020).

With the level of changes and complexities experienced in the global economies, managing a successful organisation, particularly with this level of dynamism in Nigeria health-care system, is preconditioned

on having a dual-blended approach to leadership found in agility perspective and *Omoluabi* leadership. This is given their capacity to adapt to change quickly while keeping cultural norms and values under check. This unique attribute of the agile-*Omoluabi* leadership becomes critical in engaging health-care practitioners in Nigeria. Leaders recognise that 19th-century management principles are inadequate for the complex problems of the 21st century, and managers become servant leaders, when there is leadership and guidance rather than command and control, when there is alignment across the organisation rather than the pursuit of local optimisation efforts or personal agendas, and when collaboration of all participants beyond hierarchies is the norm rather than the exception.

Wolpers (2019) bolstered the servant leader quality of an agile leader by emphasizing that such leaders put the needs of their employees first, share authority, and assist their colleagues in reaching their full potential. These features are what make agile leadership an effective method for dealing with ambiguity and uncertainty. Based on the Yoruba worldview, Onamusi (2020) argues that the character traits of an *Omoluabi* leader can boost productivity in the workplace. The scholar claims that "the *Omoluabi* leadership" describes the personality attribute of a leader who embodies the culture of hard work, transparency, accountability, respect for employees, possession of sound character, and wisdom in judgement, and who is capable of dealing with problems both inside and outside the organisation. To top it all off, "he or she consistently uses a socially approved expression in addressing employees, possesses excellent knowledge of the business, and communicates effectively with the capacity to keep everyone's interest within the organisation" (Onamusi 2020, p34). Scholars have noted the distinctive qualities of *Omoluabi* leadership and how they might positively affect behavioural outcomes in the workplace (Adebawale & Onayemi 2019; Oke 2016; Olanipekun 2017). Therefore, this study argues, on the basis of the relevance of agile leadership and *Omoluabi* leadership to organisational progress, that an agile leader will be able to navigate the external challenges of the organisation for the sake of adaptation, while an *Omoluabi* leader will guarantee that health-care practitioners are treated with dignity and given a workplace that can increase their dedication to their jobs and positive engagement feedbacks.

Developing countries can take advantage of the expansion opportunities presented by technology transfer to boost their labour productivity and efficiency (Egwakhe, Amos, & Nicodemus, 2019). This concept of technology transfer has been linked to the economic and industrial development of many nations (Barnes, Black, & Tekachanont, 2017). According to the definition of technology transfer provided by Adebayo, Olagunju,

Ogundipe, and Salman (2017), this is the process through which a company or individual hands down their technological know-how to a new entity. Current research has focused on the relationship between technology transfer and worker output (Tai, 2018; Thompson, 2019; Pfluger & Tabuchi, 2019; Vlajcica, Caputob, & Dabica, 2019; Malikane & Chitambara (2017; Possamai & Andreassi (2017; Pfluger and Tabuchi (2019)), with many studies claiming that technology transfer has a sizable impact on productivity.

However, the study argues for a possible linkage between technology transfer and healthcare practitioner's engagement. Employee engagement been a positive psychological state can be enhanced where the organisation provides a learning environment where employees have access to new knowledge. Such learning activities may include unlearning obsolete processes, upskilling and reskilling to develop the mental capability to deliver higher value to the organisation. In addition to learning activities focused on the employees, lies the organisations commitment to ensure it deploys up-to-date technology to drive the organisation routines. More importantly is ensuring that as against deploying expatriates to handle organisational challenges, sponsoring employees within the organisation to learn and acquire skills associated with expatriates potentially have the ability to make such employee feel confident in their abilities, have a sense of belonging and identity with the organisation. According to SET and positive psychology perspective, employee seeing the organisations actively enhancing technology transfer to develop their can knowledge, skill, and ability would result in an increase reciprocal contributory attitude and encourage employees to show more engagement with their works (Setton, Bennett and Liden, 1996).

In addition, readiness to change suggest the extent to which the federal government perceives that a change is needed in healthcare system in Nigeria and exhibits genuine commitment and political-will to make it happen. Healthcare practitioners are consistently leaving the nation's health system for foreign countries where their services command value and they are respected accordingly- this suggests a negative engagement outcome. Extant literature posits that readiness to change has significant relationship with work engagement (Matthysen & Harris, 2018). Azzuhri (2018) draw support for Matthysen & Harris, (2018) outcome by suggesting through their study that, readiness for change have a positive and significant effect on the relationship between transformational leadership and employee performance. Similarly, Kamar, Novitasari, Asbari, Winanti., and Goestjahjanti, (2019) examined how employee performance during the COVID-19 Pandemic is enhance and the study found that creating positive behaviour in

employees could be done by building readiness for change in employees, so that the changes could achieve success that is desired. Likewise previous studies posited that readiness for change explained significant variation in organisational performance (Banjongprasert, 2017; Katsaros et al., 2020). Similarly, Novitasari, Sasono, and Asbar (2020) posited that readiness for change mentality during COVID-19 pandemic have a positive and significant effect on work-family conflict and employee performance. These empirical findings across different context reinforce the value relevance of having mindset that is truly ready to bring positive change to an organisation. Therefore, this study hypothesizes that H_{1.3}: agile-Omoluabi leadership, government willingness to change, and technology transfer have positive and significant relative effect on engagement of health-care practitioners in Nigeria.

2.3 Engagement and Citizen Behaviour

Within Indian hotel context, Yadav and Morya (2019) found relevance for engaged employee. The scholars posited that employee engagement has positive and significant effect of organisational citizen behaviour. Similar to Yadav and Morya (2019), Shantz et al. (2013) within the context of consultancy and construction firm based in the UK established the linkage between an engaged employee and OCB. The scholar initially posited that the antecedent of engagement includes providing a work environment that offer the employee high-level autonomy, task variety, task significance and feedback. Moreover, that engaged employee exhibits organisational citizen behaviour and is less susceptible to exhibiting deviant behaviour. Shantz et al. (2013) submission upheld Mansoor et al (2012) which suggested that (task variety, task identity, task significance and task autonomy) Job Characteristic Model (JCM), and employee engagement produces positive impact on OCB. Unlike Shantz et al. (2013) and Balwant et al. (2020), Sahoo and Mohanty (2019) positioned the specific element of engagement that contribute significantly to OCB. According to the scholars, the dimensions of engagement which includes absorption, dedication and vigor were found to be more vociferous in predicting organizational citizenship behavior. The positive effect of engagement on OCB was equally supported by Amadi et al. (2017). The scholars had investigated the interaction between engagement and OCB within Maritime context in Nigeria found that employee engagement has a positive significant relationship with organizational citizenship behavior. Amadi et al.' (2017) submission was corroborated by Ullah et al. (2018) who despite the contextual difference found that engaged work exhibit positive OCB. Likewise, within local enterprises in Dhaka city, Bangladesh, Al Ahad and Khan (2020) upheld the submission of earlier scholars about the relevance of engagement in enhancing OCB. Also, Rurkkhum and

Bartlett (2012) results found support for positive relationships between employee engagement and every component of OCB which include; altruism, conscientiousness, sportsmanship, courtesy, and civic virtue within petrochemical and energy industry in Thailand. Hence, these empirical submission offers the basis to hypothesized that H₄: engagement has positive and significant effect on organisational citizen behaviour of health-care practitioners in Nigeria.

2.4 The Moderating Effect of Workplace Happiness

Underlining the tenets of SET and positive psychology is that positive employee behavioural outcomes is contingent on positive organisational input (resources, policies, relationship & structure). This is an abstract concept that suggests that when one person does something nice for another, the latter should repay the former in some way. In order to boost productivity, SET suggests that companies create an atmosphere where workers can share in the company's success (Blau, 1964; Xerri, 2013). A higher level of social interaction between coworkers boosts employee engagement, which in turn boosts both individual (workplace satisfaction and pro-social behaviour) and team output (Cropanzano & Mitchell, 2005). If you want your employees to be happy and productive, you need to create a workplace where everyone is treated fairly and where their basic material and psychological needs are addressed. Moreover, everyone in the organisation, regardless of rank, is entitled to the same benefits and treatment. From the standpoint of positive psychology, these types of emotions should lead to an increase in employees' prosocial attitudes and subsequent enthusiasm for their jobs (Setton, Bennett, & Liden, 1996). Like OCB, employees will not go above and beyond the call of duty if they do not feel like they are part of a win-win partnership with their employer (Chou and Stauffer, 2016). Based on this discussion, this study hypothesized (H₅) that employee engagement has a positive and significant effect on organisational citizenship behaviour among Nigerian health-care professionals.

2.5 Mediating Effect of Workplace Happiness on Agile-Omoluabi Leadership and Organisation Citizen Behaviour

Leaders influence on employee related outcomes such as organisation citizen behaviour has been examined in leadership and organisation behaviour literature. The narrative that leadership exact influence on every aspect of the organisation and that the quality of leadership operational in an organisation to a large extent define the system of work, acceptable behaviour, strategies, and employee behavioural outcomes such as commitment and positive citizen behaviour. This is because the leader's consciousness to do the right thing and show significant regards to employees (advocated by the Yoruba's *Omoluabi* orientation), likewise the ability of leadership to

exhibit agility attributes to contend with turbulent environment is expected to influence employee organisation citizen behaviour. This is because, while the agile leader can enhance the health-care system ability to navigate the external organisation challenges for the sake of adaption, the *Omoluabi* leader will ensure health-care practitioners are respected and provided a work environment that can improve positive perception of the health system in Nigeria.

In addition, this study also proposes the boundary condition that provide the explanation as to how agile-Omoluabi leadership influence organisation citizen behaviour. Having leadership in place is one thing, employee feeling of happiness at work is another thing entirely. Hence, if the employee is consistently happy at work such positive psychology will develop up to a point where such employee display ownership behaviour. The foundation of this argument is that subjective well-being (or happiness) is a valid and reliable indication of both personal and societal wellness (He et al., 2000). Hu et al. (2021) stressed that individuals' levels of satisfaction and contentment with life, and their social adaptability, are indicators of how happy they are. Hence, it is imperative that work environment create happy memories for employees. From a practical standpoint, Bellet et al. (2023) stressed that employees' emotional well-being at work is essential to their productivity and resilience in the face of challenges. What is more, when workers are happy in their jobs, they are more likely to go above and beyond the call of duty. It is argued in this study that agile-*Omoluabi* leadership is able to foster a positive work environment, which in turn inspires people to become invested in their jobs and act as good corporate citizens. It is fair therefore to argue that leaders, at their core, are responsible for making sure their staff are satisfied so that they can devote their expertise to the company, fulfill their contractual responsibilities to the business, and act like owners.

This narrative suggests that the proposed influence of agile-Omoluabi leadership on organisation citizen behaviour can be realized through happiness at workplace. The contingency theory of fit as-a-mediator align with this submission because the theory offered the premise to achieving a mediation. According to the interactionist perspective (as somethings called) when the interaction between a predictor variable (in this case agile-Omoluabi leadership) and an outcome variable (organisation citizen behaviour) is explained as a result of a third variable (workplace happiness) then a mediation has occurred. Given this discussion, this study hypothesizes that: H₆: workplace happiness has positive and significant mediating effect on the association between agile-Omoluabi leadership and organisation citizen behaviour of health-care practitioners in Nigeria.

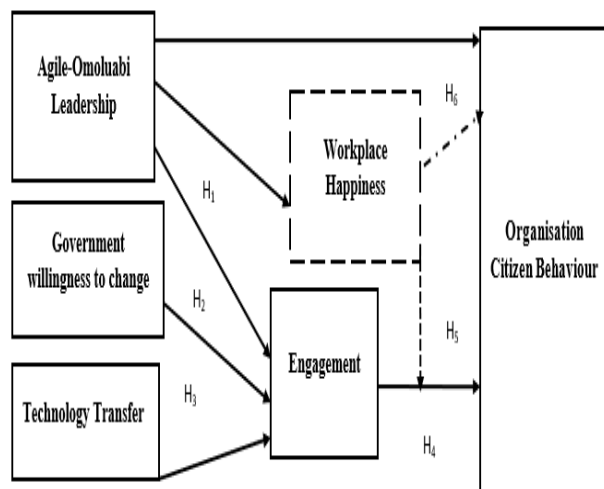


Figure 1: Conceptual Model: *Source:* Researcher's Model (2023)

Figure 1 presents the conceptual model which shows the relative effect of Agile-Omoluabi leadership, technology-transfer, government willingness to change on health-care practitioners' engagement, the moderating effect of workplace happiness, the effect of agile-Omoluabi leadership on organisation citizen behaviour, and the mediating effect of workplace happiness.

III. METHODS OF INQUIRY

3.1 The Study Context, Sampling, Instrument, Data Collection

In order to prove the connection between factors like "agile" Omoluabi leadership, "technology transfer," "government willingness to transform the Nigerian health system," "engagement," "organisational citizenship behaviour," and "workplace happiness," this study used a quantitative approach and a cross-sectional survey research design. An unlimited number of Nigerian healthcare provider groups were included in this study because they all operate in public hospitals run by the federal and state governments. A scientifically determined sample size of 384 was augmented by 10% (38), bringing the total to 422, to ensure that the response rate did not drop below the level considered statistically significant by Cochran (1963). Participants included 422 health professionals from the public health system in Nigeria, including as doctors, nurses, pharmacists, technologists, and administrators.

A structured questionnaire was used because it was deemed appropriate for collecting data rapidly on current events and because it was thought to be important in obtaining feedback based on the respondents' opinions (Onamusi, 2020). The modified survey had 47 questions. Eleven items on Agile-Omoluabi leadership came from

Asikhia et al. 2023 and Onamusi 2020; seven items on engagement were measured in accordance with Schaufeli (2013); seven items on workplace happiness were self-developed and align with the tenets of positive psychology; six items on technology transfer came from Nicodemus & Egkwake (2019); ten items on organisation citizen behaviour came from Ullah et al., (2021); and seven items on government readiness to change were sourced. All of the questionnaire items were adapted from a standardised scale used by the authors in previous studies on the same topic. The Likert-type scale was used for the response alternatives in this study's questionnaire, which runs from "strongly disagree" to "strongly agree." This study used Google forms and email to reach a wide sample of Nigerian healthcare providers; nonetheless, it required six months of persistent reminders to collect the final questionnaire responses. Due to the ease with which completed surveys could be exported to an Excel spreadsheet and then imported into an SPSS and SmartPLS data set for analysis, the Google form application provided a wealth of opportunities for in-depth statistical examination.

3.2 Data Analysis

Through the use of Partial Least Square-Structural Equation Modelling (PLS-SEM), the study determined how agile-Omoluabi leadership, government readiness to change, and technology transfer impacted engagement, how leadership impacted workplace happiness, and how workplace happiness moderated the relationship between engagement and organisation citizen behaviour among Nigerian health-care practitioners. PLS-SEM was implemented using the SmartPLS statistical software, version 4.0, to examine the research hypotheses. The study employed the bootstrapping method to assess the level of significance of the prediction, the blinding procedure to ascertain the predictive relevance of the structural model chosen, and the PLS-algorithm command that is suitable for predicting effect-relationship. Therefore, the outcome (predictive power) of the PLS-algorithm is not invalidated by the question of 'Goodness of model fit' or lack of model fit (Hair et al., 2013; Hair et al., 2017; Henseler & Sarstedt, 2013). In comparison to running multiple regression in SPSS, PLS-SEM (via SmartPLS) is a more advanced multivariate analytical technique that does all three (regression, factor analysis, and graphical representation of study interactions) with a single command (Hair, Black, Babin, & Anderson, 2018). When compared to the results of SPSS, the SmartPLS statistical platform provides more stringent and robust analysis. (Adeyemo, Adie, & Onamusi, 2022).

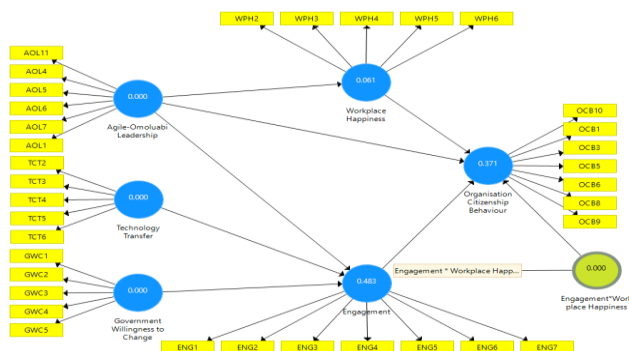


Figure 4: Predictive Relevance Model Q^2

Source: Researcher's Results SmartPLS V4.0 (2023)

Table 3: Summary of Findings for PLS-SEM analysis for Nigeria Health Sector

Path Coefficient	Original Sample(O)	Sample Mean(M)	STDEV	f^2	T-Statistics	P-Values
Agile-Omoluabi Leadership → Engagement	0.473	0.480	0.100	0.433	4.722	0.000
Government Willingness to change → Engagement	0.159	0.157	0.098	0.074	1.617	0.107
Technology Transfer → Engagement	0.372	0.366	0.120	0.259	3.098	0.002
Agile-Omoluabi Leadership → Workplace happiness	0.328	0.339	0.154	0.120	2.131	0.034
Engagement → Organisation Citizenship behavior	-0.038	-0.034	0.126	0.003	0.306	0.760
Engagement*Workplace happiness (Moderating Effect) → Organisation Citizenship behavior	0.300	0.274	0.138	0.185	2.173	0.030
Workplace happiness → Organisation Citizenship behavior	0.745	0.753	0.076	1.163	9.822	0.000
Participants						
Gender	Male	Female				
	37.8%	62.2%				
Length of Service in Years	0-5	6-10	11-15	16-20	20+	
	42.2%	15.6%	20%	4.4%	17.8%	
Specialization	Doctor	Nurse	Pharmacist	Technologist	Administrator	
	24.8%	11%	8.3%	1.8%	31.2%	
R-Square						
Model 1	R^2	Adj R^2				Q^2
Engagement	0.707	0.685				0.484
Model 2	0.107	0.086				0.061
Workplace Happiness	0.584	0.553				0.365
Model 3						
Organisation Citizenship behavior						

Dependent variables: Engagement, Organisation citizenship behavior, Workplace happiness. Independent variables: Agile-Omoluabi leadership, Technology transfer, Government willingness to change. Moderation variable: Workplace happiness*Engagement

Source: Researcher's Results SmartPLS V4.0 (2023)

Model One: Agile-Omoluabi leadership, Technology transfer, Government willingness to change and Engagement.

Model 1 in Table 3 presents the results of PLS-SEM analysis for the effect of Agile-Omoluabi leadership, Technology transfer, and Government willingness to change on engagement of health-care practitioners in Nigeria. The Adjusted R^2 was used to establish the predictive power of the study's model. From the results,

the adjusted coefficient of determination ($Adj R^2$) of 0.685 showed that Agile-Omoluabi leadership, Technology transfer, Government willingness to change predicted 68.5% of the changes experienced in engagement of health-care practitioners under study while the remaining 31.5% changes in engagement is attributable to external factors not considered in this study and the effect is statistically significant at 95% confidence interval and p value less than 0.05.

The path coefficient of each the predictor variables (Agile-Omoluabi leadership, Technology transfer, Government willingness to change) represents the coefficient of determination (β) which shows the relative effect of each predictor variables on engagement of health-care practitioners in Nigeria. 1.617. PLS-SEM results in Table 3 revealed that while Agile-Omoluabi leadership ($\beta = 0.473$, $t = 4.722$), Technology transfer ($\beta = 0.372$, $t = 3.098$) have positive and significant relative effect on engagement as their t-values were greater than 1.96. However, government willingness to change has insignificant relative effect on engagement ($\beta = 0.159$, $t = 1.617$).

Further analysis indicates that taking all other independent variables at zero, a unit change in Agile-Omoluabi leadership holds potential increase of 0.475 in engagement for the health-care practitioners in Nigeria given that all other factors are held constant. Similarly, the result shows that a unit change in Technology Transfer will lead to a 0.372 increase in engagement for the health-care practitioners in Nigeria given that all other factors are held constant. Overall, from the results, Agile-Omoluabi leadership had the highest relative effect on engagement with a coefficient of 0.475 and t value of $t = 4.722$ followed by technology transfer with a coefficient of 0.372 and t value of $t = 3.098$.

The PLS-SEM offers the opportunity to detect the effect size of the predictor variables on the outcome variable using the F-Square (f^2) statistic. Scholars provided threshold for f^2 Values of 0.02, 0.15, and 0.35, represents small, medium, and large effects respectively (Cohen, 1988, Adeyemo et al., 2022). According to results in Table 3, the effect-size of Agile-Omoluabi leadership, and Technology Transfer were 0.433 and 0.295 respectively. With reference to Cohen's f^2 criterion, it is safe to say that agile-Omoluabi leadership have large effect size on engagement while technology transfer have medium effect size on engagement of health-care practitioners in Nigeria. Further analysis was conducted to establish the predictive relevance of the model using Stone-Gleisser Q^2 value. Scholars posit that Q^2 values of 0.02, 0.15 and 0.35 represents small, medium, and large predictive relevance. Hair et al. (2017) corroborated by Asikhia et al. (2022) suggested that Q^2 above zero confirm that the structural model specified is relevance. According to Table 3, the Q^2

value for engagement of health-care practitioners in Nigeria is 0.484. Hence, Agile-Omoluabi leadership, Technology Transfer, and government willingness to change have large degree of predictive relevance with regards to engagement of health-care practitioners in Nigeria. And for this reason, the structural model specified is relevant and has sufficient predictive quality. On the strength of the PLS-SEM summarized results in Table 3 for model one ($Adj R^2 = 0.685$, $p = 0.000$, $Q^2 = 0.484$), this study can conclude that Agile-Omoluabi leadership, Technology Transfer, and government willingness to change significantly affects engagement of health-care practitioners in Nigeria.

Model Two: Mediating effect of Workplace happiness on the association between Agile-Omoluabi leadership and Organisation citizen behaviour

Model 2 in Table 3 presents the results of PLS-SEM analysis for the mediating effect of workplace happiness on the effect of Agile-Omoluabi leadership on organisation citizen behaviour of health-care practitioners in Nigeria. To establish the mediating effect in PLS-SEM, the study followed the preconditions prescribed by Baron and Kenny (1986). According the scholars a full mediation occurs when the direct interaction between an independent variable (Agile-Omoluabi leadership) and the dependent variable (organisation citizen behaviour) becomes insignificant at the introduction of a third variable (workplace happiness) considered a mediator. In addition to Baron and Kenny, PLS-SEM via the SmartPLS offers the result for the specific indirect effect examined. The specific indirect effects from 'Agile-Omoluabi leadership' → 'workplace happiness' → 'organisation citizen behaviour' must be statistically significant³. If the impact is a full mediation, then the direct impact of Agile-Omoluabi leadership on organisation citizen behaviour of health-care practitioners in Nigeria from the path analysis will be statistically insignificant. However, if the indirect effect and the direct effects are significant from the path analysis then a partial mediation is established.

Given the above precondition, the PLS-SEM result in Figure 2, 3, and 4 in Table 3 shows that the direct path (influence) from Agile-Omoluabi leadership to organisation citizen behaviour of health-care practitioners in Nigeria is statistically insignificant ($\beta = -0.216$, $t = 1.059$, $p = 0.290$). The path from Agile-Omoluabi leadership to workplace happiness is statistically significant ($\beta = 0.330$, $t = 2.120$, $p = 0.035$). Lastly, the path from workplace happiness to organisation citizen behaviour of health-care practitioners in Nigeria is statistically significant ($\beta = 0.779$, $t = 8.032$, $p = 0.000$). The implication of this result (in relation to the preconditions for the present of a mediation as postulated by scholars suggests that since the specific indirect effect (Agile-Omoluabi leadership → workplace happiness → organisation citizen behaviour) is significant

across all the paths (see Table 3), then the study provides evidence to establish a mediating impact³. More specifically, because the direct impact of Agile-Omoluabi leadership on organisation citizen behaviour is insignificant while specific indirect path 'Agile-Omoluabi leadership → workplace happiness → organisation citizen behaviour' is significant, hence a full mediating effect is established. In other words, the result posits that the impact Agile-Omoluabi leadership have on organisation citizen behaviour is as a result of workplace happiness.

In addition, the PLS-SEM provides the result of the specific indirect effect to reinforce the mediation analysis threshold positioned by Baron and Kenny 1986. According to Table 3, the result of the specific indirect effect shows a path analysis from 'Agile-Omoluabi leadership' → 'workplace happiness' → 'organisation citizen behaviour' ($\beta = 0.257$, $t = 2.033$, $p = 0.043$) proves that, as a whole, the indirect path is significant. On the strength of the specific indirect effect ($\beta = 0.257$, $t = 2.033$, $p = 0.043$) and Q^2 value (0.371), this study can conclude that workplace happiness significantly and fully mediates the interaction between Agile-Omoluabi leadership and organisation citizen behaviour of health-care practitioners in Nigeria.

Model Three: Engagement, Workplace Happiness and Organisation Citizen Behaviour

Model 3 in Table 3 presents the results of PLS-SEM analysis for the effect of engagement on organisation citizen behaviour and the moderating effect of workplace happiness on the association between engagement and organisation citizen behaviour of health-care practitioners in Nigeria. From the results, the coefficient of determination (R^2) of 0.584 showed that engagement explained 58.4% of the changes experienced in organisation citizen behaviour by health-care practitioners under study while the remaining 41.6 changes in organisation citizen behaviour is attributable to external factors not considered in this study and the effect is statistically insignificant at 95% confidence interval and p value less than 0.05. The path coefficient of engagement on organisation citizen behaviour of health-care practitioners in Nigeria is $\beta = -0.328$ and $t = 0.306$ but buttress the insignificant relative effect on organisation citizen behaviour.

Further analysis looked at the moderating effect of workplace happiness on the interaction between engagement and organisation citizen behaviour of health-care practitioners in Nigeria. To establish the moderating effect in a PLS-SEM warrants the creation of a new variable termed engagement*workplace happiness. This interaction term's influence is examined on the dependent variable (organisation citizen behaviour) and a significant moderating effect is established if the coefficient of interaction term has a p value less than 0.05. It is

noteworthy that in a moderation PLS-SEM analysis, emphasis is on the moderating path result and with less attention to Adj R^2 or the R^2 coefficient found in SPSS output for moderation analysis. From the result in Table 3, it is observed that the interaction term of engagement*workplace happiness has a path coefficient of determination value of 0.300. This suggest that the introduction of workplace happiness has enhance the effect engagement has on organisation citizen behaviour by 0.300 and this moderating effect is positive and statistically significant at p-value = 0.030. Although workplace happiness direct effect was not specifically hypothesized in this, nevertheless, it is important to noted that a unit change in workplace happiness increases organisation citizen behaviour of health-care practitioners in Nigeria by 0.745 and this is statistically significant given $t = 9.822$ and $p = 0.000$. This outcome of workplace happiness potentially holds the reason for why the variable was able to moderate the link between engagement and organisation citizen behaviour. In addition, the SmartPLS provided the Simple Slope Analysis (SSA) which provide additional evidence to reinforce the presence or absence of a moderating effect.

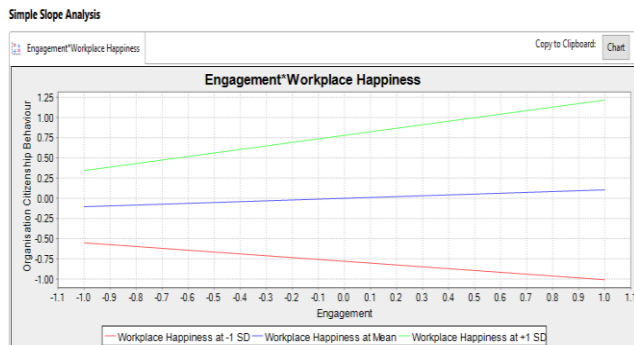


Figure 5: Simple Slope Analysis for the moderating effect of workplace happiness

Source: Simple Slope Analysis SmartPLS V4.0 (2023)

From figure 5 the red line shows low workplace happiness at one standard deviation below the mean, the blue line shows workplace happiness at mean which indicates regular effect without the moderation effect and the green shows high workplace happiness at one standard deviation above the mean and it reflects the moderation effect. Hence, the green line which is above the blue line suggest that high-level of workplace happiness is a contingent factor with the capacity to enhance the effect of engagement on organisation citizen behaviour of health-care practitioners in Nigeria. It is on the strength of the moderated analysis result in Table 3 ($\beta = 0.300$; $p < 0.000$, $Q^2 = 0.365$) and the Simple Slope Analysis obtained that this study conclude that workplace happiness has a

positive and significant moderating effect on the interaction between engagement and organisation citizen behaviour of health-care practitioners in Nigeria.

V. DISCUSSION, CONCLUSION, AND FUTURE STUDIES

Agile-Omoluabi leadership, technology transfer, government openness to change, and citizen participation were all areas studied. Happiness at work was also investigated as a potential moderator of the correlation between agile-Omoluabi leadership and organisational citizenship conduct. Health-care workers in Nigeria's public health system had engagement and organisational citizenship behaviours moderated by their level of happiness at work. All of the hypotheses that had been developed and had been supported by prior empirical research were verified by the results of the PLS-SEM study. To give just a few examples, studies have shown that leadership has a major impact on a variety of organisational performance and work-related outcomes (Balwant et al., 2020; Erniwati et al., 2020; Garcia & Macri, 2020; Uzohue et al., 2016).

Thompson (2019), Pfluger and Tabuchi (2019), and Vlajcica, Caputob, and Dabica (2019) all argue that technology transfer has a significant effect on labour productivity, which is a positive outcome of employee engagement, so our finding that it influences health workers' engagement is consistent with their findings. This argument is in line with the tenets of SET and positive psychology, which state that workers will be more invested in their jobs and have a more positive attitude towards their employers if they see evidence that their employers are actively fostering the transfer of technological knowledge, skill, and ability to them (Setton, Bennett, & Liden, 1996).

Furthermore, the findings concerning government willingness to change corroborate existing literature about its ability to encourage employee engagement (Azzuhri (2018); Matthysen & Harris, 2018) positive employee behaviour (Kamar et al., 2019), and organisational performance (Katsaros et al., 2020) in different research context. In addition, the findings regarding the link between engagement and OCB found empirical support. Scholars including Amadi et al. (2017), Sahoo and Mohanty (2019), Shantz et al. (2013), and Yadav and Morya (2019) despite contextual differences all claimed engaged employee exhibits, high of OCB. The twofold relevance of workplace happiness is the most interesting finding of this work this is because no studies have had the reason to test the interaction involving workplace happiness becoming a catalyst that can enhance the association between engagement and organisational citizen behaviour of health-care practitioners in Nigeria. More so,

how workplace happiness becomes a boundary-condition through which agile-*Omoluabi* leadership impact OCB within health care system in Nigeria. Therefore, these findings it buttressed the narrative that happiness at work become a critical underling success factor that guaranty the attainment of OCB for health care practitioners in Nigeria.

This study contributes to recent health-related literature about how a combination of internal and external factors can align to enhance OCB for healthcare practitioners in Nigeria. Extant literature abounds concerning the individual relevance of agile and *Omoluabi* leadership, technology transfer, willingness to change to various work-related outcomes; however, what triggers the positive interaction and how they combine to influence engagement remains unexplored. The study's finding contributes to scarce literature and provides answers to these unexplored questions. Likewise, the adoption of a blended leadership orientation agile-*Omoluabi* leadership in this study becomes the only study that explains its relevance in strategic management literature. The study also supported the SET and positive psychology perspective concerning how to engage employees and attain high level of OCB; hence offering support for the explanatory powers of both theories in explaining employee-related outcome.

The findings of this study present critical implications for management practice, especially for the federal and State government, federal ministry of health and Chief medical director in charge of federal and State medical centres in Nigeria, as it presents strategic information on several contextual factors that holds the potential to enhance healthcare practitioners hope in the State health system hence reducing the *Japa* syndrome. Healthcare practitioner's ratio to citizen in Nigeria is extremely worrisome and cannot continue in this manner. For example, there are 128000 thousand nurses as against over eight hundred thousand nurses needed in the country. Health care practitioners needs to be happy at work and this cannot be negotiated because its ripple effect on engagement and OCB cannot be over emphasized. So is leadership that is agile and one that truly cares, and the systematic process of technology transfer that enhance human capital development of health care practitioners. On the strength of the findings, this study recommend the need for a strategic road map; one that guaranty a leadership reorientation of the health sector administrator, the commitment to fulfilling the Abuja declaration of 15% budgetary allocation to the sector to fast track systematic technology transfer for all healthcare practitioners and ensure up-to-date medical facilities are available to healthcare practitioners to use; By doing these lies the evidence that government at federal and State level have genuine willing and conviction to change the fortune of the sector.

Having access to quality basic primary health-care is one of the many goals of economic sustainability. Citizens have a constitution right to life. At the moment this right to life via access to quality health-care is a mirage and under threat for the citizens hence this study is an awakening for government to live up to its social-welfare obligation to ensure that the citizens have access to quality health-care and to ensure that we reap the socio-economic gains of having our health-care practitioners stay in Nigeria. This study's originality stem from the fact that it is the first study that contextualized leadership from agility and *Omoluabi* perspective, likewise first to position the twofold relevance of workplace happiness as a moderator and mediator enhancing the relationship between engagement and organisation citizen behaviour, and also serving as the boundary condition explaining how agile-*Omoluabi* leaders influenced organisation citizen behaviour within public health system in Nigeria.

Despite the study's broad geographic scope, which would indicate a thorough approach to data collection, the results are restricted to the health care sector in Nigeria. Like many research, this one has limitations that must be acknowledged in the interest of moving the field forward. Due to the study's focus on public healthcare providers in Nigeria, the results should be extra carefully generalized. Because of the cross-sectional nature of the study, we are unable to establish a chain of causation linking any of the aforementioned contextual elements. Although the study offers promising avenues for the healthcare authority to lessen the effects of *Japa* syndrome and encourage OCB by means of agile-*Omoluabi* leadership, the transfer of technology, the government's openness to change, and engagement, these are factors that depend on the specifics of the Nigerian healthcare system and do not guarantee elimination of the syndrome.

The health care systems of other nations in Sub-Saharan Africa should be the subject of future research. Maybe a comparative analysis would make for a more engaging study, and it could help with extrapolating these results. If future research investigates using a longitudinal study design, it will aid in establishing absolute causality among the factors in this study. The variables studied in this study were also limited to that setting; however, more variables can be investigated in future research. Despite these caveats, the study's findings have important implications for healthcare management in Nigeria and highlight the importance of agile-*Omoluabi* leadership, technology transfer, government openness to change, engagement, and workplace happiness in fostering positive citizenship behaviour within the country's healthcare system.

ACKNOWLEDGMENTS

This is self-sponsored research and there are no issues of conflict of interest. We appreciate the faculty members in the Department of Management and Accounting Lead City University Ibadan for their contributions in the review of questionnaire design and the manuscripts after completion.

REFERENCES

- [1] Adebayo, O., Olagunju, K. O., Ogundipe, A., Salman, K. K. & Francis, P. (2017). Scaling up agricultural innovation for inclusive livelihood and productivity outcomes in Sub-saharan Africa: The case of Nigeria. *African Development Review*, 29(2), 121-134. <https://doi.org/10.1111/1467-8268.12267>.
- [2] Adebisi, Y. A., Umah, J. O., Olaoye, O. C., Alaran, A. J., Sina-Odunsi, A. B. & Lucero-Prisno III, D. E. (2020). Assessment of health budgetary allocation and expenditure toward achieving universal health coverage in Nigeria. *International Journal of Health and Life Sciences*, 6(2).
- [3] Adebowale, B. A. & Onayemi, F. (2019). Aristotle's human virtue and yorùbá worldview of Omoluabi: An ethical-cultural interpretation. *African Philosophical Inquiry*, 6, 27-44.
- [4] Adeyemo K. A., Adie C. & Onamusi, A. B. (2022). Implementation and enforcement of transfer pricing regulations should improve tax revenue growth in Nigeria. Is this true? Does institutional capacity have a role? *International Journal of Advanced Multidisciplinary Research and Studies*. 2(6), 623-631.
- [5] Akkaya, B. & Tabak, A. (2020). The link between organizational agility and leadership: A research in science parks. *Academy of Strategic Management Journal*, 19(1), 1-17.
- [6] Al Ahad, A. & Khan, M. R. (2020). Exploring the mediating effect of demographic attributes on the relationship between employee engagement and organizational citizenship behavior. *International Journal of Management and Sustainability*, 9(1), 11-23.
- [7] Amadi, B. Z., Jaja, S. A. & Ukoha, D. O. (2017). An empirical study on relationship between employee engagement and organizational citizenship behavior in maritime firms, Onne, Nigeria. *International Journal of Advanced Academic Research*, 3(2), 16-32.
- [8] Andriyanti, N. P. V. & Supartha, I. W. G. (2021). Effect of perceived organizational support on organizational citizenship behavior with job satisfaction as mediating variables. *American Journal of Humanities and Social Sciences Research (AJHSSR)*, 5(1), 46-55.
- [9] Anyieni, A. G. & Areri, D. K. (2016). Assessment of the factors influencing the implementation of strategic plans in secondary schools in Kenya. *Journal of Education and Practice*, 7(16), 1-8.
- [10] Asikhia, O. U., Adewole, Onamusi, A. B. & Makinde, O. G (2022). The affinity to execute strategy could drive firm profitability. Is this true? What role does an agile leader play? *Global Journal of Management and Business Research*, 22(5), 45-58.
- [11] Azzuhri, M. (2018). Techno-structural intervention and its effect on readiness for change in the Indonesian government-owned corporation. *International Journal of Public Sector Performance Management*, 4(4), 482-497.
- [12] Balwant, P. T., Mohammed, R. & Singh, R. (2020). Transformational leadership and employee engagement in Trinidad's service sector: The role of job resources. *International Journal of Emerging Markets*, 15(4), 691-715.
- [13] Banjongprasert, J. (2017). An assessment of change-readiness capabilities and service innovation readiness and innovation performance: Empirical evidence from MICE venues. *International Journal of Economics & Management*, 11.
- [14] Barnes, J., Black, A. & Tekachanont, K. (2017). Industrial policy, multinational strategy and domestic capability: A comparative analysis of the development of South Africa's and Thailand's Automotive Industries. *European Journal of Development Research*, 29(1), 37-53. <https://doi.org/10.1057/ejdr.2015.63>.
- [15] Baron, R. M. & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51(6), 1173.
- [16] Bellet, C. S., De Neve, J. E. & Ward, G. (2023). Does employee happiness have an impact on productivity?. *Management Science*.
- [17] Blau, P. M. (1964). Justice in social exchange. *Sociological Inquiry*, 34(2), 193-206.
- [18] Chou, S. Y. & Stauffer, J. M. (2016). A theoretical classification of helping behavior and helping motives. *Personnel Review*.

- [19] Cochran, W. G. (1963). *Sampling techniques*. (2nd ed.). New York: John Wiley and Sons, Inc.
- [20] Cohen, J. (1988). *Statistical power analysis for the behavioral sciences*. (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers.
- [21] Cropanzano, R. & Mitchell, M. S. (2005). Social exchange theory: An interdisciplinary review. *Journal of Management*, 31(6), 874-900.
- [22] Dunne, T. C., Aaron, J. R., McDowell, W. C., Urban, D. J. & Geho, P. R. (2016). The impact of leadership on small business innovativeness. *Journal of Business Research*, 69(11), 4876-4881.
- [23] Dunne, T. C., Aaron, J. R., McDowell, W. C., Urban, D. J. & Geho, P. R. (2016). The impact of leadership on small business innovativeness. *Journal of Business Research*, 69(11), 4876-4881.
- [24] Egwakhe, A. J., Amos, N. B. & Nicodemus, T. (2020). Can technology transfer stimulate labour productivity: Experience from Nigeria automobile sector. *International Journal of Business and Management*, 15(4), 1-10.
- [25] Eriksson, T. & Ferreira, C. (2021). Who pays it forward the most? Examining organizational citizenship behavior in the workplace. *Journal of Theoretical Social Psychology*, 5(3), 215-228.
- [26] Erniwati, S., Ramly, M. & Alam, R. (2020). Leadership style, organizational culture and job satisfaction at employee performance. *Point of View Research Management*, 1(3), 09-18.
- [27] Garcia, F. A. Z. & Russo, R. D. F. S. M. (2020). Leadership and performance of the software development team: Influence of the type of project management. *Revista Brasileira de Gestão de Negócios*, 21, 970-1005.
- [28] Hair Jr, J. F., Matthews, L. M., Matthews, R. L. & Sarstedt, M. (2017). PLS-SEM or CB-SEM: updated guidelines on which method to use. *International Journal of Multivariate Data Analysis*, 1(2), 107-123.
- [29] Hair, J. F., Harrison, D. & Risher, J. J. (2018). Marketing research in the 21st century: Opportunities and challenges. *Brazilian Journal of Marketing-BJMkt, Revista Brasileira de Marketing-ReMark, Special Issue*, 17.
- [30] Hair, J. F., Ringle, C. M. & Sarstedt, M. (2013). Partial least squares structural equation modeling: Rigorous applications, better results and higher acceptance. *Long Range Planning*, 46(1-2), 1-12.
- [31] He, F., Cao, R., Feng, Z., Guan, H. & Peng, J. (2013). The impacts of dispositional optimism and psychological resilience on the subjective well-being of burn patients: A structural equation modelling analysis. *PloS One*, 8(12), e82939.
- [32] Henseler, J. & Sarstedt, M. (2013). Goodness-of-fit indices for partial least squares path modeling. *Computational Statistics*, 28, 565-580.
- [33] Hu, J., Quan, L., Wu, Y., Zhu, J., Deng, M., Tang, S. & Zhang, W. (2021). Financial self-efficacy and general life satisfaction: the sequential mediating role of high standards tendency and investment satisfaction. *Frontiers in Psychology*, 12, 545508.
- [34] International Trade Administration. (2020). *In-country assessments of Nigeria Health sector*. Retrieved from International Trade Administration website: <https://www.trade.gov/country-commercial-guides/nigeria-healthcare>.
- [35] Joiner, B. (2019). Leadership agility for organizational agility. *Journal of Creating Value*, (special Issue), 1-11.
- [36] Kahn, W. A. (1990). Psychological conditions of personal engagement and disengagement at work. *Academy of Management Journal*, 33(4), 692-724.
- [37] Kamar, K., Novitasari, D., Asbari, M., Winanti, W. & Goestjahjanti, F. S. (2020). Enhancing employee performance during the covid-19 pandemic: The role of readiness for change mentality. *JDM (Jurnal Dinamika Manajemen)*, 11(2), 154-166.
- [38] Katsaros, K. K., Tsirikas, A. N. & Kosta, G. C. (2020). The impact of leadership on firm financial performance: the mediating role of employees' readiness to change. *Leadership & Organization Development Journal*, 41(3), 333-347.
- [39] Lawal, A. A., Ajonbadi, H. A. & Otokiti, B. O. (2014). Leadership and organisational performance in the Nigeria small and medium enterprises (SMEs). *American Journal of Business, Economics and Management*, 2(5), 121.
- [40] Macey, W. H. & Schneider, B. (2008). The meaning of employee engagement. *Industrial and Organizational Psychology*, 1(1), 3-30.
- [41] Malikane, C. & Chitambara, P. (2017). Foreign direct investment, productivity and the technology gap in African economies. *Journal of African Trade*, 4(1-2), 61-74.
- [42] Mansoor, N., Aslam, H. D., Javad, T., Ashraf, F. & Shabbir, F. (2012). Exploring organizational citizenship behavior and its critical link to employee engagement for effectual human resource management in organizations. *Mediterranean Journal of Social Sciences*, 3(1), 567-576.

- [43] Matthysen, M. & Harris, C. (2018). The relationship between readiness to change and work engagement: A case study in an accounting firm undergoing change. *SA Journal of Human Resource Management*, 16(1), 1-11.
- [44] Nigerian Medical Association. (2019). *In-country assessments of Nigeria Health sector*. Retrieved from Nigerian Medical Association website: <https://nationalnma.org/>.
- [45] Novitasari, D., Sasono, I. & Asbar, M. (2020). Work-family conflict and worker's performance during covid-19 pandemic: what is the role of readiness to change. *International Journal of Science and Management Studies (IJSMS)*.
- [46] Oke, O. P. (2016). Plea bargaining and the religious cum socio-cultural concept of Yoruba omoluabi in the Nigerian political landscape. *Ilorin Journal of Religious Studies*, 6(1), 31-46.
- [47] Olanipekun, O. V. (2017). Omoluabi: Re-thinking the concept of virtue in Yoruba culture and moral system. *Africology: The Journal of Pan African Studies*, 10(9), 217-231.
- [48] Onamusi A. B., Umokoro J., Ibironke O. E. & Babatope V. (2023). Twofold innovation behaviour and Omoluabi leadership: Surviving COVID-19 pandemic through unlearning effect. *Innovation* 71, 583-598.
- [49] Onamusi, A. B. (2021). Adaptive capability, social media agility, ambidextrous marketing capability, and business survival: a mediation analysis. *Marketing and Branding Research*, 8(1), 31.
- [50] Onamusi, A. B. (2020). Strategic response capability and firm competitiveness: how Omoluabi leadership makes a difference. *Business Excellence and Management*, 10(4), 23-37.
- [51] Onamusi, A. B. (2020). Entry mode strategy, customer engagement, and firm performance. *Journal of Business and Social Review in Emerging Economies*, 6(1), 99-112.
- [52] Onamusi, A. B. (2020). Knowledge acquisition capability, strategic response capability, and organizational performance: A mediation analysis. *Business Excellence and Management*, 10(3), 47-60.
- [53] Oyedele. (2022). Brain-drain: 140 Medical Personnel Resign in Babcock Teaching Hospital; Retrieved from: *ThisDay report September 2023*. <https://www.thisdaylive.com/index.php/2022/12/12/brain-drain-140-medical-personnel-resign-in-babcock-teaching-hospital>.
- [54] Pflüger, M. & Tabuchi, T. (2019). Comparative advantage, agglomeration economies and trade costs. *Journal of Urban Economics*, 109, 1-13.
- [55] Possamai, A. A., Hoeltgebaum, M., Andreassi, T. & Amal, M. (2017). What impacts the performance of technology organization? an entrepreneurial perspective. *Revista Ibero Americana de Estratégia*, 16(2), 51-65.
- [56] Rai, A. & Agarwal, U. A. (2017). Linking workplace bullying and work engagement: The mediating role of psychological contract violation. *South Asian Journal of Human Resources Management*, 4(1), 42-71.
- [57] Rao, S., Ferris, T. G., Hidrue, M. K., Lehrhoff, S. R., Lenz, S., Heffernan, J., ... & Del Carmen, M. G. (2020). Physician burnout, engagement and career satisfaction in a large academic medical practice. *Clinical Medicine & Research*, 18(1), 3-10.
- [58] Rurkkhum, S. & Bartlett, K. R. (2012). The relationship between employee engagement and organizational citizenship behaviour in Thailand. *Human Resource Development International*, 15(2), 157-174.
- [59] Sahoo, S. R. & Mohanty, S. (2019). Impact of employee engagement on organizational citizenship behavior. An overview. *Revista Espacios*, 40(06).
- [60] Schaufeli, W. B. (2013). What is engagement. *Employee Engagement in Theory and Practice*, 15(321), 9780203076965-10.
- [61] Setton, R. P., Bennett, N. & Liden, R. C. (1996). Social exchange in organizations: perceived organizational support. *Leader-Member Exchange*.
- [62] Shantz, A., Alfes, K., Truss, C. & Soane, E. (2013). The role of employee engagement in the relationship between job design and task performance, citizenship and deviant behaviours. *The International Journal of Human Resource Management*, 24(13), 2608-2627.
- [63] Tai, T. H. (2018). Exploring factors influencing technology transfer capabilities: Constructing a model through grounded theory. *Procedia- Social and Behavioral Science*, 56, 662-672.
- [64] Thompson, R. J. (2019). *What is strategic alliance? Business planning and strategy*. Reviewed by Elisa Shoenberger.
- [65] Ullah, S., Raza, B., Ali, W., Amjad, S. A. & Jadoon, A. K. (2021). Linking self-efficacy and organizational citizenship behavior: A moderated mediation model. *International Journal of Organizational Leadership*, 10(3), 233-247.

- [66] Uzochukwu, B. S., Ughasoro, M. D., Etiaba, E., Okwuosa, C., Envuladu, E. & Onwujekwe, O. E. (2015). Health care financing in Nigeria: Implications for achieving universal health coverage. *Nigerian Journal of Clinical Practice*, 18(4), 437-444.
- [67] Uzohue, C. E., Yaya, J. A. & Akintayo, O. A. (2016). A review of leadership theories, principles, styles and their relevance to management of health science libraries in Nigeria. *Journal of Educational Leadership and Policy*, 1(1), 17-26.
- [68] Vljajica, D., Caputob, M. & Dabica, C. M. (2019). Expatriates managers' cultural intelligence as promoter of knowledge transfer in multinational companies. *Journal of Business Research*, 94, 367-377.
- [69] Winasis, S., Djumarno, D., Riyanto, S. & Ariyanto, E. (2021). The effect of transformational leadership climate on employee engagement during digital transformation in Indonesian banking industry. *International Journal of Data and Network Science*, 5(2), 91-96.
- [70] Wolpers, S. (2019). *Agile leadership*. Retrieved from <https://www.scrum.org/stefan-wolpers>.
- [71] World Health Organization. (2020). *Nigeria-among-55-countries-battling-serious-health-workers-shortage*. Retrieved from The Cable website. <https://www.thecable.ng/nigeria-among-55-countries-battling-serious-health-workers-shortage-says-who>.
- [72] World Health Organization. (2020). *World could face multiple famines of biblical proportions due to COVID-19*. Retrieved from: <https://economictimes.indiatimes.com/news/international/world-news/world>.
- [73] Xerri, M. (2013). Workplace relationships and the innovative behaviour of nursing employees: A social exchange perspective. *Asia Pacific Journal of Human Resources*, 51(1), 103-123.
- [74] Yadav, S. & Morya, K. K. (2019). A study of employee engagement and its impact on organizational citizenship behavior in the hotel industry. *IUP Journal of Organizational Behavior*, 18(1).