

Fronteering for Quality Service Delivery in The Health Sector: The Role of Interpersonal Trust and Work Engagement

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Abstract

Scholars have established the antecedent role of interpersonal trust in enhancing quality of service delivery. But there is a dearth of knowledge regarding how work engagement explains the indirect relationship between interpersonal trust and quality service delivery. The current study sought to establish mediating role of work engagement on the relationship between interpersonal trust and quality service delivery among health-based non-government organizations (NGOs). The study adopted a cross-sectional survey design and data was collected from a sample of 410 employees of NGOs in Uganda using questionnaire. The study employed the structural equation modeling (SEM) technique using partial least square (PLS) to test the hypotheses. The findings indicate a significant mediation role of work engagement in the relationship between interpersonal trust and quality service delivery. The findings further reveal that interpersonal trust both directly and indirectly influences the quality-of-service delivery through work engagement. NGOs in developing countries need to concentrate on building interpersonal trust among employees which leads to work engagement thus delivery of quality services. The current study shapes direction for practicing managers. Specifically, the study postulates that managers should leverage social factors like interpersonal trust to enhance quality of service delivery. The study also provides evidence from NGOs in developing economies about the mediating role of work engagement in explaining the link between interpersonal trust and quality service delivery. The uniqueness with NGOs is a constraint of resources and more committed evaluation of intervention activities compared to other going concerns in the private for profit and public sector.

Key words: NGOs, Interpersonal trust, Work engagement, Quality service delivery

Introduction

Globally, quality service delivery is the primary objective of public, private and non-government organizations (Cabedo *et al.*, 2018). Within the health sector, for example, research by Hosseinpoor *et al.* (2015); Nkambwe and Dominic (2020) provide evidence to the fact that many economies continue to commit resources to attain quality services. To their dismay, many indicators of quality health service delivery have shown deterioration in service quality. Universally, the foresaid has particularly manifested itself in form of increased failure to access medical care by 74%, non-adherence to clinical guidelines by 19%, employee absenteeism from about 14% to 43%, reduction in daily employee

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productivity from about 17 patients to 05 patients and absence of medicines stands at a rate of 64% in public hospitals (WHO Report, 2018; Nkambwe & Dominic, 2020; Kakumba, 2021; Gatti *et al.*, 2021).

The case is not different in Sub-Saharan African countries like Uganda where the quality of health services continues to be a challenge especially with the prevalence of COVID19 (Muzyamba *et al.*, 2021). The government of Uganda has put in place various strategies to avert the above situation among which is the construction of referral hospitals, health centers IV, III, II and encouraging private players such as NGOs to involve in the provision of health services (Lutwama *et al.*, 2021; Uganda Bureau of Statistics, 2018). Despite the effort, much has not been achieved due to incessant poor quality service delivery among public hospitals and health centers that is estimated at 57% (Kakumba, 2021). This paper empirically contributes by testing whether work engagement mediates the influence of interpersonal trust on quality service delivery among health-based NGOs in Uganda. This study is vital in creating the appropriate set and configuration of interventions applicable in solving the service quality dilemma coined above and supports the attainment of Sustainable Development Goal number 3.

Existing literature by Konte and Ndubuisi (2021), Afsar *et al.* (2020), Johan (2021), Hasche *et al.* (2020), Habib *et al.* (2020) and Vanevenhoven (2013) indicate that interpersonal trust among workers has a significant bearing on the quality of service provision. Interpersonal trust shapes the way individuals approach work, builds a good working relationship among employees Hasche *et al.* (2020), the desire to attain the set goal and satisfy customer service expectation (Akrouf & La Rocca, 2019). It is further reported that the interpersonal trust between coworkers as well the level of work engagement individuals attach to their work have an influence on service delivery (Van Zyl *et al.*, 2021; Wang & Chen, 2020). The Social exchange theory suggests that individuals must establish work relationships in organisations to stimulate performance (Redmond, 2015). The interactions that develop between workers and their supervisors manifest a strong bond that influences an employee's magnitude of attachment to work. The continuous vertical interactions of supervisors and subordinates create a communication loop where feedback from supervisors is always passed over to subordinates (Hasche *et al.*, 2020). These established linkages imply that interpersonal trust developed between the two parties enhance work engagement and subsequently improve the quality-of-service delivery.

Whereas the mediating role of work engagement has been researched and documented in the business context (Fletcher, 2016), the available research has mainly focused on the mediation of work engagement on human resource practices and behavioral outcomes among UK service firms (Alfes *et al.*, 2013; Dysvik & Kuvaas, 2008) job resources and creativity of female school principals (Bakker & Xanthopoulou, 2013) linkages of job characteristics and job satisfaction (Rai & Maheshwari, 2021) emotional exhaustion and counter productive work behavior (Chen *et al.*, 2020). This related evidence is indicative but does not exactly explain the impact of the identified factors on the quality service delivery among health-based NGOs in Uganda. Thus, extant literature is insufficient in explaining the concept and practice among the employees of health-based NGOs, especially in a developing economy perspective.

This is further expounded by Kossowska and Laguna (2018), who argued that there is relatively little research on work engagement among NGO employees in developing countries in the health sector. Thus, this paper makes contribution in two ways. First, it is now apparent that work engagement mediates the relationship between interpersonal trust and quality service delivery in health-based NGOs especially in a developing country. Second, supervisors in NGOs need to put extra effort in improving the interpersonal trust among employees, which will make workers feel indebted to the organization so as to deliver quality services. The rest of the paper is structured as follows; section 3 presents a detailed methodology; section four presents results and a discussion of findings. This is followed by section five which presents conclusions, implications, limitations and areas for further research.

Literature Review

Theoretical Underpinning

The study is hinged on the Social Exchange Theory advanced by Blau (1964). The Social Exchange Theory (SET) postulates that human relationships and behaviors are based on subjective cost benefit analysis. Individuals change their behaviors in organisations since they expect something from those firms. The SET is based on three foundational rules namely; norms of exchange; resources exchanged and social exchange relationships (Cropanzano *et al.*, 2017). The rules and norms of exchange rotate around the reciprocity principles, which state that, if someone gives out something, he/she has to be reciprocated in kind. This means that the actions of one party leads to a response by another (Redmond, 2015). Along this line of thought, several researchers such as (Cropanzano *et al.*, 2017) have focused on the social relationships that exists within individual employees. Firms develop relationships with employees when they continuously take care of their needs (Eisenberger *et al.*, 1999). This makes employees believe that, they are valued and trusted by organisations and reciprocate by changing their attitudes (Aryee *et al.*, 2002) through providing quality services. Therefore, reciprocity produces good work relationships since it allows employees to trust, be committed and be engaged in their work (Redmond, 2015). This study's main focus is grounded in the above stance which makes SET a clear guide for this investigation.

Interpersonal Trust and Quality Service Delivery Among NGOs

Interpersonal trust involves the extent to which a party believes in, and is eager to act based on the words, actions and decisions of another individual (Metin Camgöz & Karapinar, 2016). It develops in an environment characterised with continuous interactions and belief that a party will fulfill certain obligations even without being monitored (Shazi *et al.*, 2015). This creates a bond among organisational members and crafts an environment where one person becomes vulnerable to the actions of another (Usman *et al.*, 2021). Employees who trust their supervisors get committed and dedicated to the organisation (Afsar *et al.*, 2020). This argument is in congruence with the findings of prior scholars such as Li and Hsu (2018) and Kistyanto *et al.* (2022) which revealed that interpersonal trust among individual organisational employees enhances the quality of service delivery. Basing on the reviewed literature, we hypothesize as follows:

H₁. Interpersonal trust influences quality service delivery.

Interpersonal Trust and Work Engagement

Work engagement has been characterised by the willingness of employees to work without coercion in regard to psychological and physical terms as well with desire and inner satisfaction (Minghui *et al.*, 2018). Employees in organisations interact regularly when performing their work (Chughtai & Buckley, 2008). The interactions expose employee's ability to others, which breeds interpersonal trust. The interpersonal trust that develops among various parties fuels work engagement among workers since such individuals are competent in what they do thus delivering quality services (Agustina *et al.*, 2020). Extant studies such as (Hansen *et al.*, 2014; Agustina *et al.*, 2020; Chanana & Sangeeta, 2021; Downey *et al.*, 2015; Victor & Hoole, 2017; Holland *et al.*, 2017; Engelbrecht *et al.*, 2017; Hassan & Ahmed, 2011; Engelbrecht *et al.*, 2014) found a positive and significant effect of interpersonal trust on work engagement. Relatedly, Chughtai and Buckley (2008) in their study based on a literature review on different levels of trust and work engagement concluded that when employees in an organisation trust each other, they get engaged in their work activities and achieve extraordinary outcomes. In this study, we test whether interpersonal trust affects work engagement by hypothesizing that:

H₂. Interpersonal trust influences work engagement.

Work Engagement and Quality Service Delivery

Schaufeli and Bakker (2004) articulated work engagement as a work-related positive state characterised by dedication, absorption and vigor. Absorption is characterised by being fully immersed in work, concentrating on an activity and even time can pass without notice whereas vigor is the level of energy and mental resilience while working and dedication is a situation where an employee is fully involved in a work activity even though there might be challenges. Work engagement creates a sense of energy and desire within employees to deliver quality services (Hakanen *et al.*, 2017). Employees who are engaged to their work spend valuable time working and enjoy what they do through delivering quality services. Sharma and Nambudiri (2020) from their study among 377 IT professionals in India found that work engagement is positively and significantly related to innovativeness. This is evidenced further by Asghar *et al.* (2020) who did a study among the fulltime restaurant servers working at round the clock service in restaurants in Pakistan. The findings revealed that work engagement has a clear and positive connection with service delivery. This was further exemplified by Sendawula *et al.* (2018) who asserted that work engagement among employees of the health sector dictate the quality of services delivered. Ohemeng *et al.* (2020) noted that an engaged work force in an organisation dictate the work output. We, therefore, hypothesize that:

H₃. Work engagement influences quality service delivery.

Mediating Effect of Work Engagement

Existent studies such as (Fulmer & Gelfand, 2012; Nienaber & Martins, 2016; Assem & Den Dulewicz, 2015; Olah *et al.*, 2017) have established a relationship between interpersonal trust and service delivery. This means the continuous interactions which take place in an organisation expose the competencies each individual possess. This creates

confidence in employees and develops full faith in their colleagues, which makes them devote their abilities and get engaged to organisational tasks (Chughtai and Buckley, 2008). Even though the supervisor has a role of generating profits for the organisation through the efforts of employees, supervisors need to keep a high level of integrity in all affairs ranging from communication to adherence to the promises made towards individuals in organisations (Mayer *et al.*, 1995). Habib *et al.* (2020) carried out a cross-sectional study among 283 nurses in Pakistan. The results established that interpersonal trust which takes place between workers affects service delivery. We, therefore, hypothesize that:

H₄. Work engagement mediates the relationship between interpersonal trust and quality service delivery.

Methodology

The Research Design, Population and Sample Size

This study adopted a cross-sectional research design. A cross-sectional design is an observational study that analyses data collected from a population or a representative subset, at a specific period (Mukyala *et al.*, 2017). From a population of 85000, a representative sample of 398 employees from health-based NGOs in Central region of Uganda was scientifically drawn using Yamane's formula for sample size determination (1973). However, to hedge for the non-response risk, 460 questionnaires were given out Sax *et al.* (2003) and 410 useable questionnaires were returned and used for data analysis.

Measurement of Variables

The study constructs were measured using already established instruments by prior scholars with some adaptations to suit health setting. Data for the study variables was collected using a questionnaire on a five point Likert scale ranging from 1-strongly disagree to 5-strongly agree. Interpersonal trust was conceptualised in terms of activities undertaken by individuals in the organisation to establish interactions and trustworthiness among employees (Lewicka, 2015). It was measured using benevolence, integrity and competence as borrowed from (Cook & Wall, 1980; Cummings & Bromiley, 1996). The sample questionnaire such as "I have full confidence in the skills of my workmates" was used. Work engagement was conceptualised in the manner individuals get attached to their work and feel part of it (Schaufeli & Bakker, 2010). It was measured using vigor, absorption and dedication (Schaufeli & Bakker, 2004). The sample questionnaire includes "I feel happy when I am working intensely". Quality service delivery was measured based on Parasuraman *et al.* (1988) using items of activities undertaken by individuals to offer a service. The construct was observed in terms of empathy, responsiveness, tangibility, reliability and assurance form (Parasuraman *et al.*, 1994; Zeithaml and Bitner, 2003). Questionnaire such as "beneficiaries of services feel safe during the service delivery process" was used. Such conceptualisation has been done in previous studies such as (Frost & Kumar, 2001; Al-ababneh *et al.*, 2018; Musaba *et al.*, 2014).

Reliability and Validity (Assessment of Measurement Model)

The reliability and validity of measures were tested through running a measurement model as recommended when using the partial least squares structural equation modeling (PLS-SEM) technique. A measurement model performed in PLS-SEM is equivalent to

performing a confirmatory factor analysis (Richter *et al.*, 2016). PLS-SEM was chosen in this study because of its robustness in establishing the validity and reliability of the measurement scales simultaneously (Hair *et al.*, 2017). The measurement model was performed in PLS path-modeling software (SmartPLS) to determine the reliability and validity of the measurement scales used in this study. To establish the reliability of our scales, we considered the outer loadings of the items associated with each construct. For composite reliability (CR), all the construct values were above 0.7 (interpersonal trust = 0.931, work engagement = 0.936, quality service delivery = 0.846) as indicated in Table 2, showing a sufficient degree of internal consistency among the measurement scales (Nunnally & Bernstein, 1994). When using PLS path models to establish the reliability of the scales, composite reliability is preferred as compared to Cronbach's alpha coefficients because they tend to underestimate the internal consistency of the latent variables (Henseler *et al.*, 2009).

Furthermore, we tested for convergent validity to assess the extent to which the measures of the same constructs were correlated. This was done using average variance extracted (AVE) values should be > 0.50 (Ali *et al.*, 2018). In the same perspective, the loadings between 0.5 and 0.7 remain acceptable for reliability if the CR and AVE values suffice the aforementioned threshold (Hair *et al.*, 2017). Results in Figure 1 and Table 1 indicate that these criteria were met confirming that the measures for each of the study variables were sufficiently correlated (See Table 2 and Figure 1).

Table 1. Summary of the measurement model

Construct	Items	Item loadings (>0.50)	CR(>0.70)	AVE (>0.50)
Interpersonal trust	IT3	0.808	0.931	0.694
	IT4	0.845		
	IT5	0.779		
	IT10	0.786		
	IT11	0.898		
	IT12	0.874		
Work Engagement	WE3	0.817	0.936	0.708
	WE4	0.817		
	WE5	0.833		
	WE13	0.843		
	WE14	0.891		
	WE15	0.847		
Quality service delivery	ST1	0.721	0.846	0.579
	ST2	0.728		
	ST3	0.790		
	ST4	0.800		

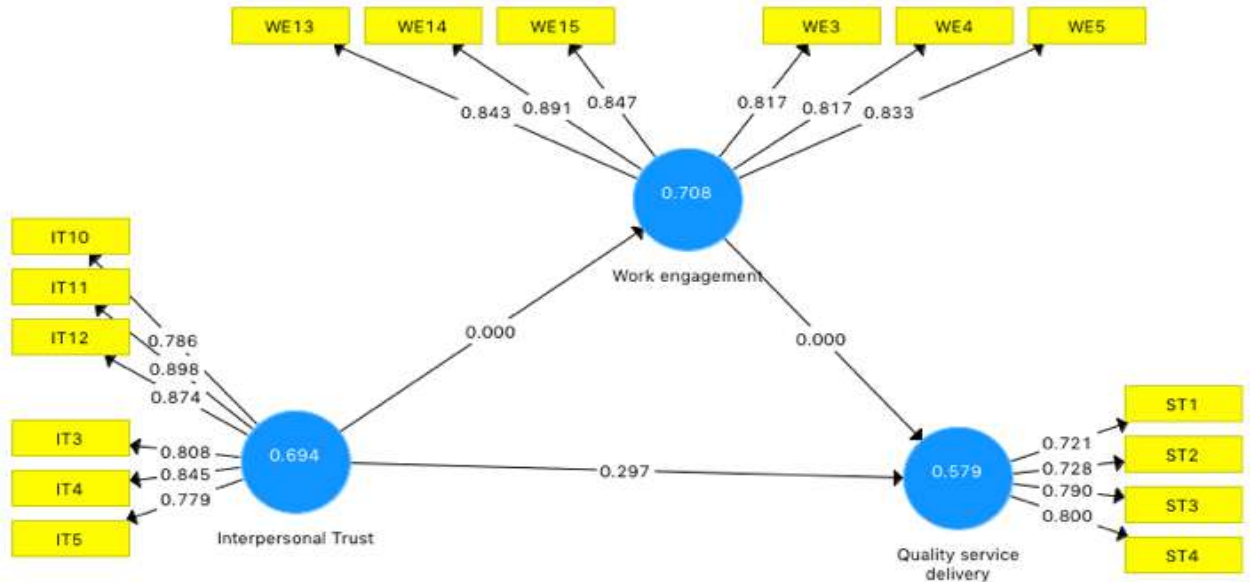


Figure 1: The measurement model for the study variables

Discriminant validity was tested to establish whether the study constructs were conceptually different from each other. The Fornell-Larcker criterion and heterotrait-monotrait (HTMT) ratio of correlations approaches were used (Voorhees *et al.*, 2016). Henseler *et al.*, (2015) suggest that acceptable HTMT values have to be lower than 0.85 or 0.9. The results in Table 2 manifest that our model met the HTMT discriminant validity criteria since all the correlation values satisfied the recommended threshold ($HTMT \leq 0.85$), showing that the variables were distinctively different from each other. Besides, as per Fornell and Larcker (1981), the results show that the square root of the AVE for each construct is greater than its correlation with all other constructs thus signifying discriminant validity.

Table 2: Discriminant validity (HTMT)

Construct	Interpersonal trust	Quality service delivery	Work Engagement
Interpersonal trust			
Quality service delivery	0.444		
Work Engagement	0.842	0.525	

Table 3: Discriminant validity (Fornell- Larcker)

Construct	Interpersonal trust	Quality service delivery	Work Engagement
Interpersonal trust	0.833		
Quality service delivery	0.380	0.761	

Work Engagement	0.774	0.448	0.842
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Results and Discussion

Descriptive Statistics

The descriptive statistics for the independent and dependent variables are in Table 5. The descriptive statistics show the level of perception on both dependent and independent variables of the study. Consequently, the statistics on quality service delivery (dependent variable) indicate that the mean of 1.87 out of a maximum of 5 suggesting that on average, the level of quality service delivery among health-based NGOs is low at 36%. However, the minimum score of 1.60 and a maximum of 2.04 out of 5 suggest that smaller variations exist in the level of quality service delivery among health-based NGOs in Uganda. The mediating variable (work engagement) results indicate a mean score of 1.66 out of a maximum of 5. For interpersonal trust (independent variable), the results indicate a mean score of 1.55, which is very close to the median of 1.53 on a scale of 1 – 5 points suggesting that close to 50% of the respondents recognized that there is quality service delivery amongst their NGOs. Results in Table 4 also signify that the observed mean values highly represented the data since the standard deviation values are smaller compared to the mean values (Field, 2009). See Table 4.

Table 4: Descriptive Statistics of Constructs

	N	Minimum	Maximum	Mean	SD	Median
Interpersonal trust	410	1.26	1.77	1.55	0.112	1.53
Work engagement	410	1.34	1.86	1.66	0.107	1.63
Quality service delivery	410	1.60	2.04	1.87	0.104	1.86

Hypothesis Testing Results (structural model estimation)

The PLS-SEM technique is adopted for testing the specified hypotheses. PLS-SEM is an appropriate technique in establishing the strength and direction of the relationship amongst the study variables than correlation coefficients in structural models (Henseler *et al.*, 2009). The PLS-SEM technique also prevents estimation biases that are common in regression analysis (Henseler *et al.*, 2009). A bootstrapping procedure was conducted in SmartPLS software with a resample of 500 to determine the strength and direction of the relationships. The mediation effect of work engagement in the relationship between interpersonal trust and quality service delivery was established through the use of a bias-corrected bootstrap confidence interval as recommended by Hayes and Scharkow (2013). The structural model results in Table 5 indicate the strength and direction of the relationships as well as the mediation effect of work engagement. We went ahead to establish the predictive potential of exogenous variables on the endogenous variables as indicated in Figure 2.

Table 5: Summary of the structural model

Relationships	Std. Beta	t-values	Confidence interval (95%) Bias corrected	p-values	Decision	R ²
H1 IT>>QSD	0.083	1.300	(-0.024, 0.177)	0.098	Not supported	20.3

H2	IT>>WK	0.77	25.614	(0.720, 0.820)	0.000	Supported
H3	WK>>QSD	0.38	6.364	(0.288, 0.477)	0.000	Supported
H4	IT>>WK>>QS D	0.29	6.008	(0.221, 0.373)	0.000	Supported
		4	7			

Note(s):***p< 0.001

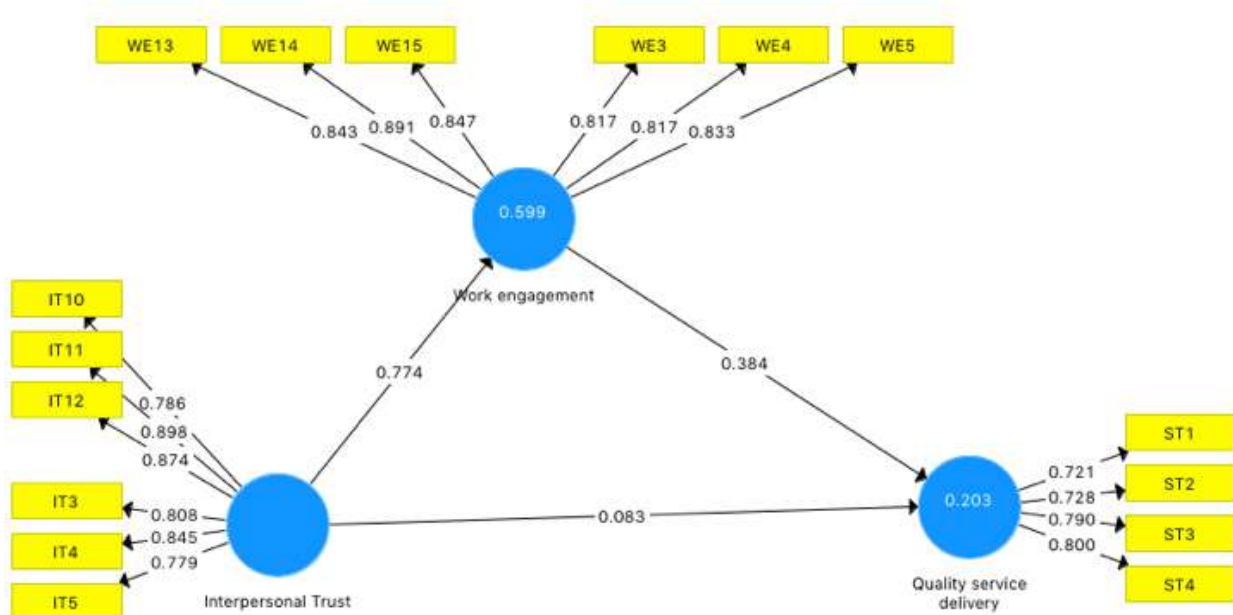


Figure 2. Partial least squares indicating the predictive potential of independent variables on dependent variables.

Note(s): R²= 20.3

Figure 2 and Table 6 indicate the results extracted using the SmartPLS statistical package. The findings indicate that interpersonal trust is not related to quality service delivery ($\beta = 0.083, t = 1.300, p > 0.05$). This means that a positive change in interpersonal trust does not lead to a positive change in quality service delivery among NGOs. Therefore, Hypothesis 1 is not supported. Hypothesis 2 which states that interpersonal trust is positively and significantly related to work engagement is supported ($\beta = 0.774, t = 25.614, p < 0.05$). This signifies that a positive change in interpersonal trust leads to a positive change in work engagement among employees of health-based NGOs. H3 was supported ($\beta = 0.384, t = 6.364, p < 0.05$) and this implied that a positive change in work engagement among employees of health-based NGOs leads to a positive change in the quality-of-service delivery. H4, which stated that work engagement mediates a relationship between interpersonal trust and quality service delivery is supported based on the results of the bias-corrected bootstrap confidence interval (0.221, 0.373) (Hayes and Scharkow, 2013; Zhao *et al.*, 2010). To this end, the effect of interpersonal trust on quality service delivery in totality go through work engagement since the direct relationship between interpersonal

trust and quality service delivery is insignificant ($\beta = 0.083$, $t = 1.300$, $p > 0.05$) (Zhao *et al.*, 2010). The study established that the independent variable (interpersonal trust) through the mediation effect of work engagement predict about 20.3% of the variance in NGO's quality health service delivery ($R^2 = 0.203$) as indicated in Figure 2 and Table 5. This means that the rest of the variance can be explained by other factors that are beyond this study.

Discussion

The primary contribution of this study sought to reveal whether work engagement was an important explanatory variable in the relationship between interpersonal trust and quality service delivery among health-based NGOs. The study examined the influence of interpersonal trust in predicting quality health service delivery. The relationship between interpersonal trust and quality service delivery was not supported. This means that a change in interpersonal trust does not translate into improved quality health service delivery. Thus, interpersonal trust that develops among employees as a result of continuous interaction cannot drive the quality of health service delivery to customers. It also signifies that much freedom given to subordinates by their supervisors to innovate various approaches of delivering services to clients at times such new methods do not work out thereby inconveniencing the quality of services delivered. Relatedly, employees may put much trust in their coworkers but end up being disappointed. This can be portrayed through dishonoring the promises managers agree upon with workers. The findings are inconsistent with Altuntas and Baykal (2010) but supported by Guinot and Chiva (2019) who ascertained that the insignificant effect of interpersonal trust on service delivery could be as a result of inappropriate strategies and behaviors displayed by individuals in the face of coworkers.

The findings established a positive and significant association between interpersonal trust and work engagement. This signifies that the interpersonal trust that exists in an organization in form of vertical or horizontal trust has an impact on work engagement among employees. Such findings concur with Bellamkonda *et al.* (2021) and Chughtai and Buckley (2008) who argued that higher levels of interpersonal trust among employees enhances work engagement among workers. This occurs as a result of continuous interactions among employees at different levels. This was further exemplified by Agustina *et al.* (2020) who asserted that when teachers are given freedom to interact freely on a daily basis, this cultivates in to trust among themselves and makes them to get engaged to their work tasks. This means that the more employees feel free with their supervisors, the more interpersonal trust develops among them which leads to work engagement (Victor & Hoole, 2017). The results of the study concur with the theory as interactions take place among coworkers brings up work engagement and hence quality service delivery. Concerning H3, the hypothesis was supported which means that a positive change in work engagement is associated with quality service delivery. The findings suggest that employees who are engaged with their work are willing to go an extra mile to achieve their work targets (Christian *et al.*, 2011). This is so because engaged employees always want to satisfy their clientele base. This is supported by Sharma and Nambudiri (2020) who revealed that personal characteristics such as being highly absorbed with work, energetic, striving for creative accomplishments and perseverant in attaining challenging goals make

employees more engaged and confident to generate and use new ideas to demonstrate higher level of innovative work behavior. This is further expounded by van Zyl *et al.* (2021) who asserted that the performance and innovativeness of employees in an organization depend on their level of work engagement.

Additionally, the findings indicate a positive and significant mediation role of work engagement in the relationship between interpersonal trust and quality service delivery hence supporting H4. The results indicate that the direct path through the relationship between interpersonal trust and quality service delivery is not significant and does not cause any direct change in quality service delivery among NGOs. This implies that the impact of interpersonal trust had to reduce because the effect of the independent variable goes through the mediating variable. Thus, work engagement wholly acts as a channel in the association between interpersonal trust and quality service delivery among Health based NGOs in Uganda. This is consistent with Habib *et al.* (2020) who suggest that, the leadership system in organisations that foster interpersonal trust between supervisors and subordinates creates a good work environment, instills confidence into employees and positively energize them to get engaged to their work tasks which improves quality service delivery. This is further expounded by Bellamkonda *et al.* (2021) who argue that supervisors in organisations possess higher level of interpersonal trust which breeds work engagement among employees hence improved quality service delivery.

Conclusions

The study examines the mediating role of work engagement in the relationship between interpersonal trust and quality service delivery among health-based NGOs in a developing country Uganda. In so doing, the study used the SET to provide the overarching framework from which to better understand the role of employees in quality service delivery in the NGO sector. As such, the results indicate that interpersonal trust alone does not directly affect quality service delivery but when work engagement is introduced into the model, interpersonal trust becomes significant in influencing quality service delivery among NGOs. Therefore, in this study, interpersonal trust influences quality service delivery through work engagement. From the theoretical point of view, this study reveals that work engagement plays a significant mediating role in the relationship between interpersonal trust and quality service delivery. Since work engagement reflects the absorption, vigor and dedication employees offer to their work activities as a result of organisations fulfilling their aspirations and providing conducive work environments, workers' morale improve which leads to the delivery of quality services. The results of the study revealed that health-based NGOs provide attractive work conditions that lure employees to marshal their efforts towards the achievement of organisational objectives. The fact that NGOs need a workforce that is engaged, they do whatever in their means to attain it because when employees are motivated and engaged in their work, clients receive quality services.

From the practical perspective, the findings of this study imply that NGOs need to explore the different kinds of interactions, which take place in organisations to stimulate interpersonal trust. Such interactions develop trust between supervisors and subordinates. In order to stimulate trust, supervisors in NGOs in developing countries need to stick to their promises as this stimulates employee trust. This can be done through continuously

fulfilling promises to employees and always keeping a positive attitude towards quality service delivery. It is also essential for health-based NGOs to create a conducive environment for both supervisors and employees that can freely give them the freedom to interact on a continuous basis. This can be achieved through providing ample time to staff for both break and lunch and also through brainstorming sessions where various ideas can be generated. We also discuss here the study limitations alongside the directions for further research. This study only focused on quality service delivery among health-based NGOs in Uganda and it is highly possible that the results may not be generalised to other sectors. This calls for further studies on quality service delivery among other NGOs that offer other development and social services other than health. Similarly, the study predictor variables only explain 20.3% of the variance in quality service delivery. Further studies can be conducted to establish other predictors of quality service delivery among health-based NGOs.

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