Reinforcing Work-Life Balance in Strategic Public Health Institutions in Ethiopia through Transformational Leadership

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ABSTRACT

The intimate linkage between work life balance and leadership has been firmly established in a number of studies which could potentially reinforce each other towards a rapid development of a country's healthcare industry, especially in developing economies. We investigated whether professionals in selected Ethiopian hospitals were influenced in one way or the other by the kind of leadership and its resultant impact on work-life balance in response to further studies in the extant literature. Data for the research was procured through an online survey involving 900 clinical and non clinical staff recruited from selected hospitals in the different parts of Ethiopia. Our study has noted strong correlation between leadership and work-life balance among the staff. Specifically we noted that transformational leadership elements represented in the multifactor leadership scale such as idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation, individualized consideration demonstrated strong statistical correlation with work life balance. On the other hand, the positive correlations between the transactional leadership factors (contingent reward, management-by-exception) and laissez-faire were not significant. This suggests that in some way their influence on the work-life balance is minimal and this is consistent with evidence in current literature. We equally observed that the influence on work life balance were stronger among female than male respondents while clinical staff demonstrated significantly higher work-life balance than non-clinical staff in the presence of the transformational leadership
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INTRODUCTION

In the last decade, the notion of organizational citizenship, high productivity, work engagement, employee retention, employee loyalty, corporate social responsibility, motivated workforce etc have become indispensible elements in contemporary strategic human resource management (Yousef, 2017). The worker's passion to perform beyond work boundaries in an atmosphere of complete, sincere and devoted service to the organization is shown by this behavior. Organization's formal method of performance appraisal cannot suffice for the rewards deserved by this behavior (Mengistu, & Lituchy, 2017). Emerging evidence in the field of strategic human resource management strongly suggest a positive and significant relationship between employers and workers "work life balance (WLB) practices and organizational citizenship behavior (Al Momani, 2017). Beyond, other strand of contemporary literature have posited on the significance of work life balance (WLB) practices on productivity levels and further suggest significant effect on retention of employees, reduction in the rate

of absenteeism and other similar organization enhancement factors. For example, Miller (2017) asserts that better work life balance (WLB) practices have the potential to give workers advantage of a vigorous and rewarding lifestyle such as those expected among healthcare workforce in developing countries like Ethiopia which is constantly in need of revitalized employees owing to the challenges that assail their systems. Typical of most healthcare systems, in the sub-Saharan African region, the Ethiopian healthcare system is faced with shortage of professional at all levels of healthcare delivery and especially in the rural areas of the country. According to Jahani et al (2017) strategic human resource development has been a key component in the successive health services development programs in Ethiopia. To address the critical shortage and mal-distribution of doctors, in addition to the existing medical schools a new medical school that uses innovative approach has been opened in St. Paul's Hospital's Millennium Medical School. A new integrated curriculum that enhances the clinical skill and social accountability of medical doctors has also been developed. While the benefits of these new ventures are still expected in the distant future, it is suggested that extra measures to support the current stock of healthcare professionals through effective work life balance practices can stimulate greater work engagement and professionalism (Lean Keng & AlQudah, 2017). While efforts have been made to interrogate work life balance in the healthcare sector, due to its peculiarities, the focus has largely been on the effect of work life balance without much discussion on the potential causes of work life balance. It has been suggested transformational leadership holds a significant answer to the stimulating effective work life balance among professionals in general and healthcare employees in particular. The present study explores the effect of transformational leadership on work life balance in the context of Ethiopian healthcare sector. The study seeks to explore the extent to which various elements of leadership (idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation, individualized consideration, contingent reward, management-by-exception (active) and laissez-faire strategies) significantly influences work life balance among nurses, medical doctors and other healthcare professionals directly involved in health service delivery (Thompson, 2017). The study will further explore possible differences in the effect of these factors idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation, individualized consideration, contingent reward, management-by-exception (active) and laissez-faire

strategies) on the different clinical and non-clinical officers of the sector.

LITERATURE REVIEW

Historically, work and personal life with family have been taken as two separate regions in workers' life. But with the increase of women employees after World War II and especially from early 70's, the separate status of work and family started getting overlapped (Lewis 2003). After development in human resources, social scientists like Clark (2000) emphasized the interdependency and mutual influence of work and life. In business perspective, this issue has gained importance in 1980's with the progress of human resource divisions in companies, and getting included in firms' human resource policies. New terms of Work Life Balance (WLB) and Quality Work Life (QWL) have been introduced in business literature in 1990's. Presently, the issue of WLB is considered for males and females at all levels of employment, with or without family engagements (Lewis 2003). Clark (2000) elaborated the term WLB as the satisfactory performance at work and participation in home affairs with minimum possible conflict of roles. Also, Reed et al (2006) interprets WLB as a comprehensive integration of worker's office and home life. According to Hill et al (2001), work life balance is the equilibrium of emotional, sequential, and behavioural requirements of both personal and professional life. The interdependency of work and life affects the satisfaction of job and personal life (Adams and King 1996). It is observed by Barnes (2017) that the Importance of work–life balance for job satisfaction and wellbeing among health-care employees is well-recognized. Evidence shows that transformational leadership style is linked to psychological wellbeing. It is possible that transformational leadership is also associated with employees' perceptions of work–life conflict, thereby influencing their job satisfaction and wellbeing. The leader of a group of people has the ability to sway everyone's emotions and therefore affect performance. Emotions tend to be very infectious to all those around. When leaders drive emotions positively, they bring out everyone's best. This effect is called resonance. Creating resonance through positive emotions e.g. enthusiasm, passion, excitement, fun, provides the foundation for people to become 'star performers' and flourish within the group, organisation or community. When leaders drive emotions negatively, they undermine the emotional foundations that let people shine. This effect is called dissonance. Negative emotions such as anger, anxiety, frustration, disappointment,

sadness, hurt, actually hijack people's attention from the task at hand and has a negative impact on performance. Though typically a psychological field of study many have wondered how Freud's psychoanalytic can be applied to the field of management. While some effort has been made in the past to understand the role of the unconscious as a source of imagination and creativity in scientific, economic, political and artistic spheres, the outturn has been conflicting among different researchers (Freud, 2015).

This notwithstanding, the observations from the world of work and organizations shows that unconscious stimulus is a regular feature of daily organizational behaviors. While unconscious ideas, desires and emotions are largely associated with sensuality and sexuality, they significantly stimulate other factors that are seen organizations such as envy, ambition, failure, fear, rejection etc. Sometimes, these unconscious tendencies abstract to consciousness in an abstruse or distorted way that requires interpretation (Marcuse, 2015). For example in many instances, employees unconscious representation such as fantasies manifest themselves as wishes and desires as though they are already achieved. These fantasies help to understand individual behavior including the dreams of consumers and employees, the ambition of leaders, the emergence of entrepreneurs in the organization etc. These must be harnessed, guided, optimized and professionalized for organizational use to attain the four-fold objective of survival, growth, profitability and social responsibility (Funder,2015). The transformational/transactional distinction in leadership styles was first coined by Downton (1975). In his view transaction leadership style is that leadership style where by the punishment and rewards are deployed to get the attention of the employee. Through the implementation of rigours do's and don'ts the leader is able to get the employees to work in the way he want. This is largely because appropriate behaviour is solicited by the fact that employees are motivated by the reward that they get and the fear of the punishment that is in stall for them (Kimble et al, 2000, Barbee, 2009).

On other hand transactional leadership is rather the opposite from of transactional leadership where the leader rather empanels series of motivational packages to elicit interest from within employees to work in the way the leader desired through adoption of participatory management approaches, effective communication, supporting structures encouragement and interest in employee personal welfare the leader gets employees to think like him or her (Downton, 1975, Ferrell and Nessa, 2006, Ale et al, 2009). The

traditional trait and situational leadership approach although important have been over shadowed in recent times by stream of more advanced and specific functional leadership theories and proposal which fit better into the context of 21st century industrial organisation because they are more specific and accommodates detailed contemporary challenges in an organization's development process between the past and the present (Hatch, 2006, Jones, 2008 Lewis, 2000 Robbins, 2004). In these functional leadership theories the interest is to address the specific leader behaviours that can contribute or constrain the effective development of an organisation or a unit of an organisation based on the type of leadership approaches they adopt. Kaiser, et al (2008) like Robbins (2003), Scott, (2007) and Scott (2007) argue that the main work of the leader is to ensure that people within a group get all that is necessary to make them more effective and cohesive.

The broad based work of Lord and Dinh (2013) provides an important context to understanding the application of functional based theories in organisation and how they impact the entire organizational structure. They define leadership perception and how it affects management effectiveness on four essential principles. The third of the four principles is the fact that leadership has effect on the organizational performance but usually this effect is not "en bloc" but rather is experienced over time and people and these may be indirectly observed.

Lord and Dinh (2013) compares the functional capacity and productivity of the leader to the underlying skills but often ignored knowledge and skills in finger positioning and bow movement when one is playing a cello. Other researchers who equally share in the non-synchronization between the crucial role of leadership and its massive effect on organizational performance include Balkundi & Kilduf, 2006, Polyhart &Moliterno (2011). In essence what each of these appears to agree on is the fact that leadership has some very significant effect on the organizations' performance no matter the industry in which they operate. As stated by Lord and Dinh (2013) what remain relatively unclear are the way and manner the leaders influence organisation performance and effectiveness.

Lord & Brown (2004) explains the reason why it is difficult to examine the specific way by which leadership is linked to organisations performance when they explain that most of the time leaders work through their subordinates who have more closer relationship with performance outcome than the leaders. In addition it is also the claim of Balkundi &

Kilduf, 2006; Kanigel, 1997, Simon, 1997 and Polyhart &Moliterno (2011) that the lack of clarity between organisation's performance effectiveness and the leadership is also compounded by the fact that the subordinates or followers are entangled in a complex web of interactions and relationships that directly impact on how they distribute and integrate information and other vital resources within and outside the organisation. However Lord and Dinh (2013) points out that the seeming complex relationship conundrum which sometimes cover the masterful skill of the leader from being publicly noticed as far as performance is concerned can be used by the leader to build an organisation with a shared vision and shared cognitions and that can affect behaviour between and among members (Bingham & Kahl, 2013). These networks generate positive values for building common interpretation of events, common desired goals, common understanding or thinking (sense making) that drives good communication and exchange of resources among the members of the organisation in order to achieve collective efficacy (Gully, Incalcaterra, Joshi, & Beaubien, 2002).

Despite the fact that leaders may be constrained as far as the structure of relational networks function restricts the flow of information, knowledge, resources knowledge, there is a responsibility on the part of leadership to people more or less available to the organization as a whole, have clear insight of the goals of the organization and its administrative tasks or function, appreciate strongly the nature of fluidity and dynamics of the social structures in the organisation and how they affect the organisation before they can be effective (Gulati et al., 2013; Polyhart & Moliterno, 2011). It is this conviction that justifies the need for leaders to develop expertise and understand how people work with in the social system in a functionally cohesive manner (Day et al., 2009; Lord & Hall, 2005). In essence functional leadership theorist proffers some of the specific leader behaviours that may contribute to high organizational performance and effectiveness. In all instances the leader must focus on making available everything necessary to a group to make them effective and cohesive (Hackman & Wageman, 2005). Zaccaro et al. (2001), Hackman & Wageman (2005), Morgeson (2005)), Klein, Zeigert, Knight, and Xiao (2006) identifies five important functional leadership areas where if leaders concentrate can promote lead to high organizational performance. These functions include environmental monitoring, coaching and teaching subordinates, organizing

subordinate activities, motivating others, and active intervention in the work of the group.

Further Lord and Dinh (2013) explains that ensuring leadership efficacy in leadership performance is dependent on the ability to demonstrate several leadership behaviours Fleishman's (1953) initial work noted that subordinates perceived the behaviour of their supervisors in respect of two broad categories referred to as consideration and initiating structure. By consideration, Lord and Dinh (2013) refer to those leadership behaviors aimed at fostering effective relationships. Such behavior interventions include a show of concern for a subordinate or acting in a supportive manner towards others. On the other hand initiating structure includes those actions of the leader that is generally focused on accomplishing task. This is usually done by setting performance standards, role clarification and holding subordinates accountable to those standards. The work of Flynn (2005) pre-empts the important question as whether functions affect identities in an organisations or the extent to which identities can serve as a mediator in that transformational leadership is supposed to influence identity level, creating a more collective identity. In his study, Flynn (2005) explains that there are different personal, reciprocal, generalised, relational and collective orientations and negotiated forms of that can elicit a preference for a particular form of exchange that engender employee commitment. In all of these theories the evidence of the presence of condition which generated sustainable organisation effectiveness in relations to quality of leadership is emphasized. Leadership within the work place is affected and influenced by so many things in the same way organizational processes and individual employee motivation is also influenced by several factors. These must be carefully integrated into an integrated leadership module and applied to one specific industrial context such as the healthcare sector to see the extent to which they are applicable or not applicable. The concept of relation of identity and organizational justice is introduced around the same times as Flynn by Selenta and Lord (2005). In their study they looked at the combined effects of the levels of self-concept of employees respondents and their perception about how far the organizational attitudes and citizenship behaviour intentions. Selenta and Lord (2005) found out a direct interaction or relationship between some defined levels of self-concept and dimensions organizational and its effect on the outcome of work: a case that enjoins leaders to ensure interactional justice, develop relational self-

concept, build collective self-concept and ensure procedural justice.

In order to ensure high organisation contiguity and conviviality that leads to effective performance. Other studies such as very specific and detailed application of functional leadership theories have been done by researchers such as Lord and Shondrick (2011) who argues that leadership processes and organisation processes are dependent on knowledge acquisition and use however this knowledge is not static but is continuously changing from emphasis on what they call classical symbolic to connectionism and most recently to an embodied, embedded view of cognition. Lord and Shondrick (2011) again argue that effective leadership must connect all the three strand of knowledge level in order to ensure that there is effectiveness of leadership. On another hand Sean et al (2011) also argues that the context or processes of social-regulation including having active goals, identity, and affect and also the availability of emergent and formalized system of leadership where there is shared values are functional prerequisite for dynamic organizational development. They further argue that complexity when an organisation is able to successfully adapt to organizational demands, task and social feedback and are able to provide and ambience for collective learning, transform the structural aspects through "double-loop learning" at the individual and collective learning levels, then the organisation becomes more effective. On another hand Shondrick et al (2010) have also argued that where there is shared leadership it catalyses the creation of unique competencies for leadership perceptions, coordinated behaviour within a group, and the measurement of leadership. In essence there is the view in the existing literature that leadership functionality (organisation development and effectiveness) is largely successful if it is exercised with the framework of fair and equitable social exchange behaviour led by the leader.

MATERIALS AND METHODS

Data Source
Data for the research was procured through an online survey involving 900 clinical and non clinical staff recruited from selected hospitals in the different parts of Ethiopia. The random sampling procedure was adopted such that enough respondents were selected across gender, regional and professional balance. A closed-ended questionnaire based on the renowned multifactor leadership scale was developed and adapted to the healthcare sector. Pretesting was conducted on ten respondents to finetuned and refined the wording before the data collection was conducted. The data collection took place within a period of three months and was assisted by trained assistants from nursing schools across the country. To measure degree of work-life balance, a dichotomous variable was used in which respondents could answer yes or no to enable the logistic regression analysis to be done. Overall, a total of 892 respondents successfully returned the questionnaire after the expiration of the period and SPSS analytical tool was used to analyse the data.

DATA ANALYSIS

The data was first taken through data integrity check by conducting the reliability test using the Cronbach alpha correlation co-efficient, and the cook distance test. The sampling adequacy test was done to ensure parameters were within acceptable range. The factor analysis was also conducted to remove factors with loading below acceptable levels. The analysis was conducted using a fitted regression model and Pearson Chi-square model. We began our consideration of the interpretation of logistic regression coefficients with the situation where the independent variable is nominal scale and dichotomous (i.e. measured at two levels). This case provides the conceptual foundation for all the other situations. We assume that the independent variable, x, is coded as either zero or one. The difference in the logit for a subject with x = 1 and x = 0 is

$$g(1) - g(0) = \beta_0 + \beta_1 - \beta_0 = \beta_1.$$

In order to interpret this result we need to introduce and discuss measure of association termed the odds ratio. The possible values of the logistic probabilities may be conveniently displayed in a 2×2 as shown in Table 1

Table 1 Values of the Logistic Regression Model When the Independent Variable Is Dichotomous

Outcome Variable (Y)	Independent Variable (X)	
	x=1	x=0
$y = 1$	$\pi(1) = \dfrac{e^{\beta_0+\beta_1}}{1+e^{\beta_0+\beta_1}}$	$\pi(0) = \dfrac{e^{\beta_0}}{1+e^{\beta_0}}$
$y = 0$	$1-\pi(1) = \dfrac{1}{1+e^{\beta_0+\beta_1}}$	$1-\pi(0) = \dfrac{1}{1+e^{\beta_0}}$

Total	1.0	1.0

The odds of the outcome being present among individuals with x= 1 is defined as $\pi(1)/[1-\pi(1)]$. Similarly, the odds of the outcome being present among individuals with x = 0 is defined as $\pi(0)/[1-\pi(0)]$. Nevertheless, if the coding scheme is different from the (0,1) then the odds ratio formula needs to be modified, but for the purpose of this study all the dichotomous variables will be coded using the (0, 1) coding scheme. The interpretation given for the odds ratio is based on the fact that in many instances it approximates a quantity called the relative risk. This parameter is equal to the ratio $\dfrac{\pi(1)}{\pi(0)}$ It follows that the odds ratio approximates the relative risk iif $[1-\pi(0)]/[1-\pi(1)] \approx 1$. This holds when $\pi(x)$ is small for both x=1 and 0. A $100(1-\alpha)\%$ confidence interval (CI) estimate for the odds ratio is obtained by first calculating the endpoint of a confidence interval for coefficient, β_1, and then exponentiating these values.

Under the assumption that the logit is linear in the continuous covariate, x, the equation for the logit is $g(x) = \beta_0 + \beta_1 x$. It follows that the scope coefficient, β_1 gives the change in the log odds for an increase of "1" unit in x, that is $\beta_1 = g(x+1) - g(x)$ for any value of x. Most often the value of "I" is not clinically interesting .Hence to provide a useful interpretation for a continuous scale covariate we need to develop a method for point and interval estimation for an arbitrary change of "c" units in the covariate. The log odds ratio for a change of c units in x is obtained from the logit difference $g(x+c) - g(x) = c\beta_1$ and the associated odds ratio is obtained by exponentiating this logit difference $OR_{(C)} = OR(x + c_i x) = \exp(c\beta_1)$ An estimate may be obtained by replacing β_1 with its maximum likelihood estimate $(\hat{\beta_1})$. An estimate may be obtained of the standard error needed for confidence interval estimation is obtained by multiplying the estimated standard error of $(\hat{\beta_1})$ by c. Hence the endpoints of the $100(1-\alpha)\%$ confidence interval (CI) estimate of $OR_{(c)}$ are

$$\exp\left[c\hat{\beta_1} \pm Z_{1-\frac{\alpha}{2}} \times cSE(\hat{\beta_1}) \right]$$

Since both the point estimate and endpoints of the confidence interval depends on the choice of c, the particular value of c should be clearly specified in all tables and calculations. Since both the point estimate and endpoints of the confidence interval depends on the choice of c, the particular value of c should be clearly specified in all tables and calculations. The total results of the study are presented for discussion in the next section of the paper under different headings.

RESULTS

For the Hosmer and Lemeshow Test for goodness of fit for the table below, a Chi-square value 11.432 a P-value of 0.145 was reported. This test indicates that the model is good. Table 3 indicates that the *P– value* of the Hosmer and Lemeshow test (0.145) is greater than the significance level of 0.05. It can be concluded that there is enough evidence that the hypothesized model fits the data well. This indicates that the dependent variables of work-life balance (idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation, individualized consideration, contingent reward, management-by-exception (active) and laissez-faire) may not be significantly different from those used in the postulated model

Table 2 Omnibus Test of Model Coefficients

	Chi-square	Df	P-Values
Step	588.599	10	0.001
Block	588.599	10	0.001
Model	588.599	10	0.001

Table 3 Assessing Model Fit by Hosmer and Lemeshow Test.

Chi-Square	*Df*	*P-Value*
11.432	9	0.145

The result in table 2 indicates how well the model is able to predict the correct category (work-life balance) for each case. Thus the model correctly classified 98.0 per cent of cases overall. Here, the model correctly classified 99.9 per cent of the participants who indicated that they were influenced by idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation, individualized consideration, contingent reward, management-by-exception (active) and laissez-faire

in their work life balance situation. Here the specificity is 74.8 per cent of participants were involved.

Table 4 Classification Table

		Predicted		Percentage
		Yes	No	Correct
Claim	Yes	4185	1	99.9
	No	364	19	74.8
Overall Percentage				98.0

Odds Ratio Analysis of Leadership Factors

The computation of the crude odds ratio for leadership factors, *X,* is given by the estimate *Exp (B)* as shown in table 3. The crude odds ratio of leadership factors determines the influence it has on the work-life balance. The Wald's and log likelihood ratio tests are also performed to ascertain the significant effect of the leadership factors. A probability value of less than or equal to 0.05 was considered to be statistically significant. Hence the inclusion of that leadership factor is important in determining the work-life balance outcome Y= 0 or 1. The parameters of the model were estimated using maximum likelihood approach. The estimate for each leadership factor is interpreted relative to the referenced category. The estimated odds ratio for all parameters is presented in table 3. The odds ratio of 1.805 and a confidence interval of 95%, indicates that males are 1.805 as likely to be influenced by leadership factors to develop work life balance relative to women, giving a statistically significant results. clinical staff are 1.748 as likely as their non-clinical counterparts to develop work life balance as a results of the leadership style at 95% confidence interval (p-value=0.036). Similarly the results indicates that the odds of making developing strong work life balance increases by a factor of 1.853 with a confidence interval of 95% when a health professional moves from a rural area to an urban area by 5km (p-value=0.018). The table further indicates an odds ratio of 0.004 indicating that, idealized attributes as a transformational leadership attribute contributes 0.004 to work life balance at 95% confidence interval (p-value=0.000) controlling for other factors in the model. Idealized behaviors as a transformational leadership attribute are 0.054 more likely to contribute to work life balance with 95% confidence interval (p-value=0.008) and is statistically significant. The odds ratio of 16.329 and a confidence interval of 95% (p-value=0.000),

indicates that inspirational motivation are 16.329 more likely to contribute to work life balance giving similar statistically significant results. On another hand, intellectual stimulation is 1.165 more likely to contribute to work life balance at 95% confidence interval (p-value=0.048). The results suggest a non-negligible effect (p-value=0.056) of individualized consideration to influence work-life balance. Significantly, contingent reward, management-by-exception and laissez-faire leadership attributes are not significant at α = 0.05 with their respective significance value equal to 0.450, 0.320, 0.346, 0.620, 0.128 and 0.080, to work-life balance among the designated healthcare professionals in Ethiopia.

Table 3 Logistic Regression Predicting Likelihood of Health Insurance Claim

Variable	Estimates	S.E.	Wald	Df	P-Values	e^{B}
Gender	0.591	0.140	17.688	1	0.000	1.805
Years of Experience	-0.290	0.069	17.787	1	0.000	0.748
Clinical Status	0.404	0.193	4.376	1	0.036	1.498
Rural Status	0.168	0.131	1.650	1	0.099	1.183
Idealized attributes	0.744	0.389	3.660	1	0.036	2.104
idealized behaviors	0.364	0.243	2.242	1	0.036	1.439
inspirational motivation	-5.620	0.521	116.294	1	0.000	0.004
intellectual stimulation	0.617	0.260	5.630	1	0.018	1.853
individualized consideration	0.094	0.239	0.156	1	0.023	1.099
contingent reward	-0.395	0.235	2.795	1	0.692	1.098
management-by-exception	0.360	0.690	0.272	1	0.602	0.698
laissez-faire	-2.927	1.104	7.033	1	0.008	0.054

CONCLUSIONS AND POLICY IMPLICATIONS

As established at the beginning of this research, the intimate linkage between healthcare work life balance and leadership has been firmly established in a number of studies which could potentially reinforce each other towards a rapid development of a country's healthcare industry, especially in developing economies. The evidence collected in this research provides some clarity to the subject as to the key elements that significantly support the development of the effective leadership and work life balance in contemporary healthcare organizations. The current global healthcare market requires hospitals to fundamentally and constantly transform the way they function and identify new foundations or avenues to gain or consolidate any competitive advantage. We investigated whether professionals in selected Ethiopian hospitals were influenced in one way or the other by the kind of leadership and its resultant impact on work-life balance in response to further studies in the extant literature. Our study has noted strong correlation between leadership and work-life balance among the staff. Specifically we noted that transformational leadership elements represented in the multifactor leadership scale such as idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation,

individualized consideration demonstrated strong statistical correlation with work life balance. On the other hand, the positive correlations between the transactional leadership factors (contingent reward, management-by-exception) and laissez-faire were not significant. This suggests that in some way their influence on the work-life balance is minimal and this is consistent with evidence in current literature. We equally observed that the influence on work life balance were stronger among female than male respondents while clinical staff demonstrated significantly higher work-life balance than non-clinical staff in the presence of the transformational leadership. The study also observed that the number of years of experience of the individual were necessary factor in determining their level of work life balance. Finally we observed that transformational leadership factors were stronger in stimulating work-life balance among healthcare professionals in rural areas of the country than urban areas. To that extent it is recommended that Ethiopian healthcare managers must invest in leadership training and development to consolidate any gains from the ongoing health sector development programs. The needs of women, clinical staff, and people in urban areas must stand out for consideration in any sector development program since they are most affected by the work-life imbalances which come with several challenges.

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