How Does the Relationship between Perceived Management Support and Total Quality Management Implementation is Mediated by Employee Efficacy?

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Abstract

This research examined the relationship between perceived management support and Total Quality Management (TQM) implementation, focusing on employee efficacy as a mediating factor within the healthcare sector in Palestine. The mediation design provided a nuanced understanding of how management practices influence quality management initiatives. Using a quantitative research approach, this study targeted healthcare workers in governmental hospitals. Data was collected from a sample of 120 participants selected through systematic random sampling. The data were subsequently analyzed using the Partial Least Square-Structural Equation Modeling (PLS-SEM) technique. Results revealed that perceived management support significantly impacts TQM implementation, with employee efficacy acting as a critical mediating factor. Additionally, the findings emphasize the crucial role of management support in enhancing employee efficacy, which in turn promotes more effective TQM practices. The number of studies evaluating the impact of perceived management support on TQM implementation within the healthcare sector is limited. By adopting a holistic approach to investigate the mediating effect of employee efficacy between perceived management support and TQM implementation, the study significantly contributes to the literature and methodological understanding in this field.

Keywords: Perceived Management Support, Total Quality Management, Employee Efficacy

Introduction

In today's highly variable and complex business environment, characterized by a competitive and dynamic market, organizations face challenges from globalization, rapid technological advancements, competition, disruptive business models, emerging new markets, and a continuously changing business landscape. These issues affect businesses of all sizes (Permana et al., 2021). To attract clients, organizations worldwide have intentionally employed quality measures. Therefore, organizations must implement a comprehensive

strategy to keep customers satisfied by providing the highest quality goods and services (Al Zeer, 2024). To overcome competition and enhance competitive advantage, firms must develop strategies focused on improving business operations (Kantardjieva, 2015).

Global market competitiveness has increased across various sectors over the years, elevating the importance of quality within organizational systems. Consequently, Total Quality Management (TQM) has emerged as a critical management topic (Magd et al., 2021). In the highly competitive business market, businesses rely on proven models like TQM, which recognizes the process of enhancing individual and organizational performance to increase competitiveness. This not only improves the financial health of businesses but also boosts employee and customer satisfaction (Kim, 2020; Alkhatib et al., 2024).

The Total Quality Management progression timeline consists of four phases: (1) Quality assurance, (2) Quality control, (3) Quality inspection, and (4) Total quality management (Permana et al., 2021). Despite the importance of TQM implementation, the Palestinian society faces numerous challenges, particularly in improving the healthcare system. The Palestinian healthcare system is characterized by a lack of coherence, consistency, and adequacy (Sabella et al., 2015). Due to a lack of accountability, inadequate assessment and monitoring, uneducated and incompetent healthcare workers, and inadequate quality of healthcare services, many Palestinian patients are referred to other countries such as Egypt, Jordan, and Israel (Baidoun et al., 2018). The primary motivation for this study is to address these issues.

Furthermore, the available literature indicates that various internal organizational variables influence the implementation of TQM, including human resource management practices Talapatra et al (2019), employee commitment Haffar et al (2023), leadership styles (Yadeta et al., 2022), and perceived management support (Jayamana & Choi, 2021). Theoretically, perceived management support and TQM implementation can be linked through Resource-Based View (RBV) theory; perceived management support is defined as the extent to which the manager (leader) engages with their team to achieve organizational objectives Villena-Manzanares et al (2020), and leadership can be classified as a resource under RBV theory (Salahat, 2021). Moreover, the ultimate objective of RBV theory is to achieve customer satisfaction Salahat & Majid (2016a), and the theoretical framework of leadership for quality aims to empower customer satisfaction (Salahat & Majid, 2016b). Along similar lines, perceived management support positively and significantly affects TQM implementation (Georgiev & Ohtaki, 2020).

Based on a review of the literature, this study focuses on analyzing the impact of perceived management support on TQM implementation, as there are few studies examining this link. Additionally, this study utilizes a mediator to provide further insight into the relationship between perceived management support and TQM implementation. According to the literature review, employee efficacy plays this mediating role, as it has been previously utilized in this context. This represents the major gap in the current study. RBV theory theoretically links perceived management support and employee efficacy (Salahat, 2021). Similarly, RBV theory provides a theoretical connection between employee efficacy and TQM (Freeman et al., 2021).

Literature Review and the Proposed Conceptual Framework
Perceived Management Support
Perceived management support measures how confident employees are in their employer's ability to consider their efforts, well-being, and social and emotional needs (Kraimer &

Wayne, 2004). Management support refers to the positive attitudes and actions of an organization's top managers toward their staff, as well as their evident support throughout the implementation process (Kemei et al., 2018). According to Management Support Theory, employees are more likely to respond favorably to companies if they believe the organization is supporting them in their endeavors (Eisenberger et al., 1986). Management support has been identified as a crucial factor influencing the adoption and efficacy of job functions (Villena-Manzanares et al., 2020). Senior management must demonstrate their commitment by actively participating and being prepared to provide essential resources for the implementation process (Kemei et al., 2018). This includes their involvement in forming a task review committee to assess work activities, identify opportunities, and address high-risk areas. Top management should also assist in finding the right people, release them from other obligations, form an interdisciplinary team, and grant them authority over the work being done (Men et al., 2023). Moreover, perceived management support affects employee efficacy Ziye & Shengyue (2021) and TQM implementation (Georgiev & Ohtaki, 2020). Based on the above, the present study hypothesizes that

H_1: There is a positive significant relationship between perceived management support and employee efficacy

H_2: There is a positive significant relationship between perceived management support and TQM implementation

Mediating Role of Employee Efficacy

Change This concept reflects the extent to which members believe they possess the capability to implement suggested changes and feel confident in their success. Employees who receive training in TQM (Total Quality Management) applications are likely to exhibit greater confidence in their ability to manage TQM implementation. Research by Haffar et al (2019) indicates that self-efficacy has the most significant positive impact on TQM implementation. According to Cognitive Theory, self-efficacy influences motivation and the capacity for self-care (Zimmerman et al., 1992). This theory posits that self-care behavior is affected by an ongoing dynamic process involving both environmental factors (such as social support) and personal cognitive and affective components (such as belief and self-efficacy). Individuals with higher perceived self-efficacy are better equipped to consistently engage in self-care behaviors and overcome obstacles, such as a lack of time or motivation (Tan et al., 2021). As previously mentioned, this study employs employee efficacy as a mediator between management support and TQM implementation. Based on this, the present study hypothesizes the following

H_3: There is a positive and significant relationship between employee efficacy and TQM implementation

H_4: Employee efficacy mediates the relationship between management support and TQM implementation

Research Methodology
Participants
The study's population consisted of healthcare workers in governmental hospitals in Palestine, specifically those directly involved with patients. The healthcare sector in Palestine was chosen due to its complex structure, which includes various subsystems managed by the

government, formal and informal private sectors, and non-governmental organizations. This sector is critical for examining the relationships between management support, self-efficacy, and Total Quality Management (TQM).

Data Collection

Data for the present study were gathered using a survey questionnaire, a method commonly employed in similar research studies. The questionnaire was distributed to healthcare workers in governmental hospitals in Palestine, utilizing a systematic random sampling technique to ensure a representative sample. Out of 250 distributed questionnaires, 120 were returned, resulting in a 48% response rate. The study aimed to capture real-time behavioral perceptions with minimal researcher intervention, ensuring the data's authenticity. Ethical guidelines were strictly followed, and participants provided informed consent to maintain confidentiality and impartiality throughout the data collection process.

Measures

The study employed standardized scales to measure the variables under investigation. Total Quality Management (TQM) was the dependent variable and was assessed using a four-dimensional scale consisting of 35 items adapted from Jaca & Psomas (2015), which included Continuous Improvement (10 items), Customer Focus (8 items), Employee Involvement (9 items), and Top Management Commitment (8 items). Management support, the independent variable, was measured using a nine-item scale adapted from (Al-Maamari et al., 2017). Self-Efficacy, serving as the mediator, was measured using a nine-item scale also adapted from (Al-Maamari et al., 2017).

All measures used a rating scale anchored from "Strongly Disagree" to "Strongly Agree," ensuring consistency and comparability across the variables assessed. This comprehensive approach allowed for a detailed analysis of the interplay between management support, self-efficacy, and TQM in the healthcare sector.

Analysis and Results

Model Measurement Model Assessment

The initial phase of Partial Least Squares Structural Equation Modeling (PLS-SEM) analysis involves evaluating the measurement model. Our research model incorporated reflectively measured items, composite reliability, indicator reliability, convergent validity, and discriminant validity (Hair et al., 2019). In specifying the measurement model, assessing indicator reliability is the first crucial step. Indicator reliability measures the variance of indicators explained by their respective constructs (Chin, 1998). These values are represented by outer loadings, which ideally should exceed 0.701 (Ajouz et al., 2020; Hair et al., 2019). While a factor loading above 0.701 is desirable, it is common in social science research to encounter lower outer loadings (<0.701). Instead of automatically excluding these indicators, their impact on composite reliability, content, and convergent validity should be evaluated. Generally, indicators with outer loadings between 0.40 and 0.70 are considered for removal only if their deletion enhances the composite reliability or average variance extracted (AVE) beyond the recommended threshold (Hair et al., 2019; Salahat et al., 2024). Consequently, items with factor loadings below 0.701 were excluded from the measurement model (Abuamria & Ajouz, 2020; Gefen & Straub, 2005).

Table 1
Assessment of the Measurement Model

Code	Constructs	Cronbach's alpha	Composite Reliability		AVE
			Rho_A	Rho_C	
TQM	Total Quality Management	0.906	0.909	0.934	0.780
SE	Self-Efficacy	0.922	0.928	0.936	0.646
MS	Management Support	0.870	0.874	0.906	0.659

Source: Author's creation based on Smart-PLS results

Reliability was assessed using Cronbach's Alpha and composite reliability (rho_A and rho_C). Both measures exceeded the recommended value of 0.700 (Salahat, 2021). The composite reliability values (rho_A and rho_C) of the latent variables ranged from 0.750 to 0.938, while Cronbach's Alpha values ranged from 0.701 to 0.926, indicating good reliability as shown in Table 1 (Henseler et al., 2016). Convergent validity was deemed acceptable as the AVE values were above 0.500 in the majority of cases, as recommended by Fornell & Larcker, (1981). Discriminant validity was assessed by comparing the correlations among the latent variables with the square root of AVE (Fornell and Larcker, 1981) and using the heterotrait-monotrait ratio of correlation (Al Zeer et al., 2023; Henseler et al., 2015), with all values below the conservative threshold of 0.85. Thus, discriminant validity was established, as shown in Table 2.

Table 2
Discriminant Validity for First-order Model

	TQM	SE	MS
Total Quality Management	**0.883**	0.595	0.710
Self-Efficacy	0.553	**0.803**	0.673
Management Support	0.634	0.614	**0.812**

Source: Author's creation based on Smart-PLS results
Note: Diagonal and italicized are the square roots of the AVE. Below the diagonal elements are the correlations between the constructs' values. Above the diagonal elements are the HTMT ratio of correlation values.

Furthermore, the Heterotrait-Monotrait (HTMT) test outlined by Henseler et al (2015) was also implemented. The results showed HTMT values ranging from 0.082 to 0.858 for the First-Order Model while ranging from 0.538 to 0.705 for the Higher-Order Model, comfortably under the 0.90 threshold (Gold et al., 2001). This finding illustrates a clear and definitive separation between the various constructs under examination, thereby bolstering the discriminant validity of the present research (Alomary et al., 2023). This separation is systematically detailed in Table 2, which corresponds to the First-Order Model, and Table 3, which is pertinent to the Higher-Order Model.

Table 3
Discriminant Validity for Higher-Order Model

	TQM	LS	RTC
Total Quality Management	**0.883**	0.654	0.538
Leadership Style	0.574	**0.928**	0.705
Readiness to Change	0.546	0.631	**0.695**

Source: Author's Own Creation based on Smart-PLS Results
Notes: Diagonal and italicized are the square roots of the AVE. Below the diagonal elements are the correlations between the construct's values. Above the diagonal elements are the Heterotrait–Monotrait ratio of correlations values.

Structural Model

The structural model encompasses the hypothesized paths within the research framework. This model is evaluated based on the R^2 values and the significance of the paths (Hair et al., 2019). The R^2 value, which can range from 0 to 1, is illustrated in Figure 1, showing a value of 0.608 for Total Quality Management and 0.386 for Self-Efficacy. These results demonstrate that the R^2 values fall within the acceptable range, thereby establishing the model's predictive capability.
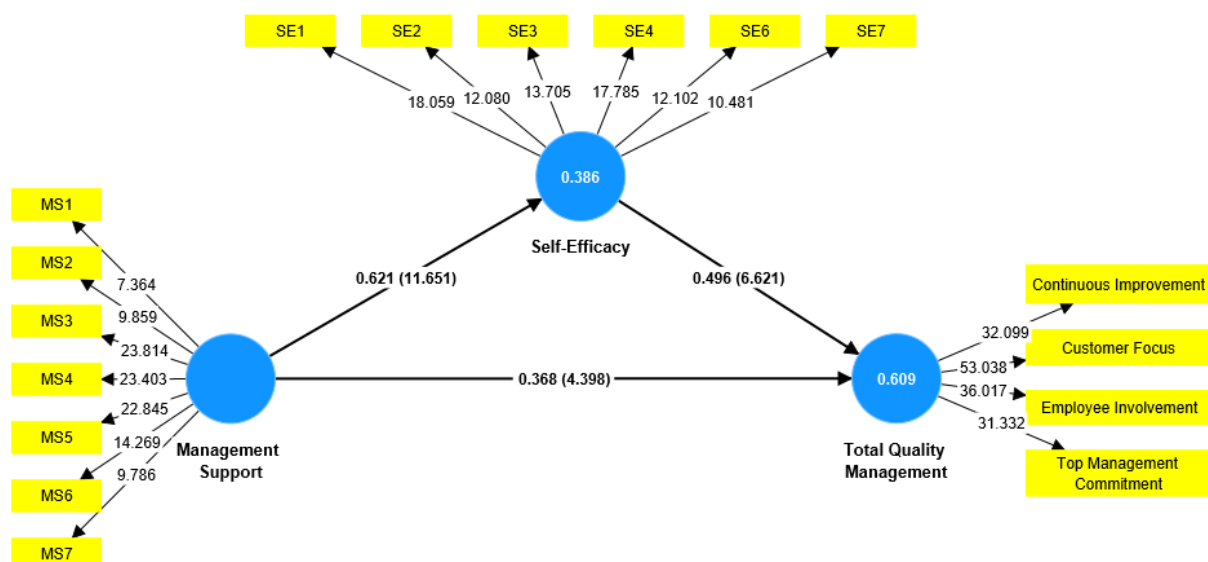

Figure 1: Structural Model Results
Source: Author's creation based on Smart-PLS results

The significance of the path coefficients was evaluated using the bootstrapping procedure, as recommended by (Sarstedt et al., 2017). Additionally, specific guidelines proposed by Preacher & Hayes (2008) were considered for mediation analysis. In line with Streukens & Leroi-Werelds (2016), 5,000 bootstrap samples were used. This study's bootstrap resampling of 5,000 samples also yielded a 95% confidence interval, as presented in Table 3. A confidence interval that does not include zero indicates a significant relationship.

Hypothesis 1 (H1) examines the relationship between Management Support and Self-Efficacy. The standardized beta coefficient for this relationship is 0.621, with a t-value of 11.651 and a p-value of 0.000. This indicates a strong, positive, and statistically significant relationship, suggesting that increased management support is strongly associated with higher levels of

self-efficacy among employees. The high t-value and very low p-value underscore the robustness of this finding.

Table 4
PLS-SEM Results: Path Coefficients of the Adjusted Model

H$_X$	Relationship	Std Beta	T-Value	P-Value	Decision
H$_1$	Management Support -> Self-Efficacy	0.621	11.651	0.000	Supported
H$_2$	Management Support -> Total Quality Management	0.368	4.398	0.000	Supported
H$_3$	Self-Efficacy -> Total Quality Management	0.496	6.621	0.000	Supported

Source: Author's creation based on Smart-PLS results

Hypothesis 2 (H2) explores the relationship between Management Support and Total Quality Management. The relationship is positive and significant, with a standardized beta coefficient of 0.368, a t-value of 4.398, and a p-value of 0.000. Although the strength of this relationship is moderate compared to H1, it is still substantial and statistically significant. This suggests that management support positively influences the implementation of Total Quality Management practices, albeit to a lesser degree than its effect on self-efficacy.

Hypothesis 3 (H3) focuses on the relationship between Self-Efficacy and Total Quality Management. The standardized beta coefficient for this relationship is 0.496, with a t-value of 6.621 and a p-value of 0.000. This indicates that higher levels of self-efficacy among employees are significantly associated with better Total Quality Management practices. The strength and significance of this relationship highlight the critical role of self-efficacy in achieving quality management outcomes.

Hypothesis 4 (H4) assesses the mediated relationship where Management Support influences Total Quality Management through Self-Efficacy. The standardized beta coefficient for this mediated relationship is 0.308, with a t-value of 6.309 and a p-value of 0.000. This finding suggests that self-efficacy partially mediates the relationship between management support and Total Quality Management. The significant mediation effect highlights that while management support directly influences Total Quality Management, it also does so indirectly by enhancing employees' self-efficacy.

Table 6
PLS-SEM of Mediation Results

H$_X$	Relationship	β	T-Value	P-Value	Decision
H$_4$	MS-> SE-> TQM	0.308	6.309	0.000	Supported

Source: Author's creation based on Smart-PLS results

Conclusion
This study has critically examined the complex relationship between perceived management support and Total Quality Management (TQM) implementation, with a particular focus on the

mediating role of employee efficacy within the healthcare sector in Palestine. Drawing on theories of TQM and organizational behavior, the research has elucidated how management support and employee efficacy contribute to successful TQM implementation, providing valuable insights into the dynamics at play.

Perceived management support, defined as the confidence employees have in their employer's consideration of their efforts, well-being, and social and emotional needs, has been shown to play a crucial role in fostering an environment conducive to quality management. This support is manifested through the positive attitudes and actions of top managers, their active participation, and their commitment to providing essential resources for TQM implementation. The study's findings corroborate the significant positive impact of management support on both employee efficacy and TQM implementation, highlighting the importance of managerial engagement in driving organizational quality initiatives.

Employee efficacy, reflecting the extent to which employees believe they possess the capability to implement suggested changes and feel confident in their success, emerged as a pivotal mediator in this relationship. The research indicates that employees who receive proper training in TQM applications develop greater confidence in their ability to manage and implement TQM processes effectively. This heightened self-efficacy not only directly influences TQM outcomes but also mediates the relationship between management support and TQM, thereby reinforcing the critical role of self-efficacy in quality management.

The empirical results underscore that perceived management support significantly enhances employee efficacy, which in turn positively impacts TQM implementation. The findings support the hypotheses that management support is positively related to both employee efficacy and TQM implementation, and that employee efficacy significantly mediates this relationship. These insights contribute to the broader understanding of the mechanisms through which management practices influence quality management outcomes, particularly in the context of the Palestinian healthcare sector.

The implications of this research are profound for scholars, practitioners, and healthcare leaders. By empirically examining the interplay between management support, employee efficacy, and TQM implementation, the study enriches the theoretical frameworks within management and organizational sciences. For practitioners, the findings highlight the importance of fostering a supportive management culture and investing in employee training to enhance self-efficacy, ultimately leading to more effective TQM practices.

In conclusion, this study has opened new avenues for further investigation into the relationship between perceived management support and TQM implementation, especially within the healthcare sector. The integrative approach of this research intertwines theoretical insights with practical applications, providing a robust foundation for future research and policy development. It underscores the pivotal role of management support and employee efficacy in shaping quality management practices, reinforcing the necessity of a supportive organizational environment for the successful implementation of TQM.

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