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**DINH VAN QUANG**

# THE IMPACT OF LEADER-EMPLOYEE RELATIONSHIPS AND ORGANIZATIONAL SUPPORT ON EMPLOYEE JOB PERFORMANCE IN HOSPITALS IN HO CHI MINH CITY

**SUMMARY OF DOCTORAL DISSERTATION**

**DOCTORAL THESIS BUSINESS ADMINISTRATION**
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Reviewer 3:……..

## THE AUTHOR'S PUBLICATIONS

1. Dinh Van Quang[1]*, Nguyen Thi Bach Tuyet[2], Huynh Thanh Tu[3], The Influence of Leader-Employee Relationships and Perceived Organizational Support on Employee Job Performance in Hospitals in Ho Chi Minh City, Finance Journal, ISSN: 2615-8973, Issue 2 - March 2025 (No. 845), pp. 194-197.

2. Dinh Van Quang[1], Nguyen Thi Bach Tuyet[2]*, The Impact of Organizational Support and Leader-Employee Relationships on Employee Job Performance in Hospitals in Ho Chi Minh City: The Mediating Role of Employee Commitment, Economics and Forecast Review, e-ISSN: 2734-9365, February 28, 2025.

3. Huynh Thanh Tu[1], Dinh Van Quang[2]*, The Mediating Role of Work Engagement and Employee Commitment in the Relationship between Leader-Employee Exchange and Employee Job Performance: Evidence from Hospitals in Ho Chi Minh City, Science and Technology Development Journal: Economics-Law and Management (STDJEM), ISSN: 2588-1051, !!/2025 (!!), pp. !!-!!.

4. Dinh Van Quang[1*], Nguyen Thi Bach Tuyet[2], Huynh Thanh Tu[3], The Impact of Leader-Employee Relationships and Perceived Organizational Support on Employee Job Performance in Hospitals in Ho Chi Minh City, Economics and Forecast Review, ISSN: 1859-4972, April 2025, pp. 159-167.

5. Dinh Van Quang[1]*, Huynh Thanh Tu[2], Nguyen Thi Bach Tuyet[3], The Impact of Leader-Member Exchange and Perceived Organizational Support on Job Performance in Hospitals in Ho Chi Minh City: The Moderating Role of Digital Technology, International Conference on Green Finance for Sustainable Development (ICGFSD-2025), ISBN: 978-604-79-5034-8, pp. 208-223.

# CHAPTER 1. INTRODUCTION

## 1.1. Rationale for the Study

In a context where employee job performance increasingly determines organizational competitive advantage, enhancing work effectiveness has become an urgent managerial priority. Leader-member exchange (LMX) and perceived organizational support (POS) have been shown to affect employees' performance and work engagement significantly. However, existing studies have largely examined mediating mechanisms in isolation and have not simultaneously integrated both organizational commitment and work engagement within a single comprehensive model. Meanwhile, the distinctive characteristics of the healthcare sector in Ho Chi Minh City, marked by competition among different types of healthcare providers, substantial workforce volatility, and occupation-specific pressures, further underscore the need better to understand the antecedents of healthcare employees' job performance. Addressing these research gaps and pressing practical needs, this dissertation adopts the topic "The Impact of Leader-Employee Relationships and Organizational Support on Employee Job Performance in Hospitals in Ho Chi Minh City" to identify the direct and indirect effects of these factors and thereby propose appropriate managerial implications for the local healthcare sector.

## 1.2. Research Objectives

- To evaluate and measure the impacts of leader-employee relationships and perceived organizational support on employee job performance in hospitals in Ho Chi Minh City.
- To examine the mediating roles of employee organizational commitment and work engagement in the relationships between leader-employee relationships, perceived organizational support, and employee job performance in hospitals in Ho Chi Minh City.
- To test group differences in the effects of leader-employee relationships and perceived organizational support on employee job performance in hospitals in Ho Chi Minh City.
- To explore the moderating role of digital technology application capability in the relationships among leader-employee relationships, organizational support, employee organizational commitment, work engagement, and employee job performance in hospitals in Ho Chi

Minh City.
- To provide managerial implications to help hospitals in Ho Chi Minh City enhance employees' job performance.

### 1.3. Research Questions

- How do leader-employee relationships affect employee job performance in hospitals in Ho Chi Minh City?
- How does perceived organizational support influence employee job performance in hospitals in Ho Chi Minh City?
- What is the magnitude of the impacts of leader-employee relationships and perceived organizational support on employee job performance?
- Are there differences in these effects across groups based on individual or organizational characteristics?
- Which aspects of leader-employee relationships and perceived organizational support play the most important roles in improving employee job performance?

### 1.4. Research Objects and Scope

#### 1.4.1. Research Objects

- Research object: The impact of leader-employee relationships and perceived organizational support on employee job performance through employee organizational commitment and work engagement in hospitals in Ho Chi Minh City.
- Survey respondents: Hospital employees (physicians, nurses, midwives, pharmacists, technicians) working in hospitals in Ho Chi Minh City.

#### 1.4.2. Research Scope

- Geographical scope: Hospitals in Ho Chi Minh City.
- Time scope: The dissertation is conducted from January 2024 to July 2025.

### 1.5. Research Methods

#### 1.5.1. Qualitative Study

An expert focus-group discussion method is employed for the qualitative phase.

#### 1.5.2. Quantitative Study

Quantitative research is conducted in two stages: a preliminary quantitative study and a main (formal) quantitative study.

### 1.6. Novelty of the Dissertation

The study makes an academic contribution by integrating leadership and organizational support into a unified model, testing the mediating roles of both organizational commitment and work engagement, two complementary psychological mechanisms, and extending the traditional AMO framework by incorporating digital technology application capability as a moderator (AMO+). In addition, the study context, public hospitals in Ho Chi Minh City, which face high pressure on human resources and digital transformation, offers substantial practical value by reflecting typical challenges in healthcare human resource management.

### 1.7. Contributions of the Study

#### 1.7.1. Theoretical Contributions

This research extends an integrated theoretical model that incorporates organizational, psychological, and technological factors, drawing on Social Exchange Theory and Engagement Theory. The model clearly distinguishes two mediating mechanisms, organizational commitment and work engagement, thereby clarifying how leader-employee relationships and organizational support influence job performance. Importantly, the study proposes and validates the moderating role of digital technology application capability, reflecting the context of healthcare digital transformation. Implementing the model in hospitals in Ho Chi Minh City further broadens the applicability of human resource management theories in a distinctive setting within a developing country.

#### 1.7.2. Practical Contributions

The model helps identify key internal managerial factors that strongly affect healthcare employees' job performance and provides a basis for designing flexible HR policies tailored to different employee groups. Digital technology application capability is shown to strengthen human resource effectiveness, encouraging hospitals to intensify investments in digital transformation. In addition, the study supports managers in prioritizing core elements of human resource development strategies, such as strengthening leadership capabilities, improving support policies, and fostering a positive organizational culture. The model also provides a theoretical foundation for refining HR management processes to better align with current healthcare practice.

### 1.8. Dissertation Structure

The dissertation is organized into five chapters:

- Chapter 1: Introduction
- Chapter 2: Theoretical Background and Research Model
- Chapter 3: Research Design
- Chapter 4: Research Findings and Discussion
- Chapter 5: Conclusions and Managerial Implications

## CHAPTER 2. THEORETICAL FOUNDATION AND RESEARCH MODEL

### 2.1. Research Concepts

#### 2.1.1. Employee Job Performance

Employee job performance refers to the extent to which an individual completes assigned tasks in accordance with expected standards. It is reflected in task performance, organizational citizenship behaviors, compliance, productivity, attitudes, and positive contributions toward organizational goals.

#### 2.1.2. Perceived Organizational Support

Perceived organizational support (POS) is an employee's subjective belief that the organization values their contributions and genuinely cares about their well-being. POS not only reflects the quality of the employee-organization relationship but also serves as an important foundation for fostering commitment, motivation, and positive behaviors, thereby contributing to an effective and sustainable work environment.

#### 2.1.3. Leader-Employee Relationship (Leader-Member Exchange)

The leader-employee relationship (LMX) is a central concept in organizational behavior, reflecting the quality of the two-way relationship between a leader and subordinates. When this relationship is built on trust, respect, and commitment, it significantly enhances performance, satisfaction, attachment, and positive workplace behaviors.

#### 2.1.4. Employee Organizational Commitment

Employee organizational commitment is a positive psychological-behavioral state that reflects the extent to which employees are deeply connected to their work and organization. This multidimensional concept includes physical, emotional, and cognitive involvement and is influenced by individual factors, the work environment, and

organizational structure. Organizational commitment plays an important role in improving job performance, reducing turnover, and strengthening long-term commitment to the organization.

**2.1.5. Work Engagement**

Work engagement is a positive psychological state in which individuals identify with their work, feel passionate and dedicated, and view work as an indispensable part of their lives. It not only enhances performance but also strengthens the relationship between employees and the organization, playing a pivotal role in modern human resource management.

**2.1.6. Digital Technology Application Capability**

Employees' digital technology application capability refers to an individual's ability to effectively apply digital tools and platforms in professional tasks, including proficient system use, data utilization, adaptability to technological change, and collaboration in a digital work environment.

**2.2. Overview of Relevant Theories**

**2.2.1. Social Exchange Theory**

This theory explains how people build and maintain social relationships through reciprocal exchanges, aiming to maximize personal benefits and minimize costs.

**2.2.2. Ability-Motivation-Opportunity (AMO) Framework**

The AMO framework is a foundational model in human resource management, emphasizing that employee performance results from the combination of three key factors: ability (A), motivation (M), and opportunities to perform (O).

**2.2.3. Person-Job Fit Theory**

Person-Job Fit Theory is a core theory in human resource management and organizational psychology, focusing on the degree of compatibility between an employee's individual characteristics (e.g., knowledge, skills, competencies, interests, and personal values) and the requirements, characteristics, and conditions of the job they perform.

**2.2.4. Organizational Support Theory**

Organizational Support Theory, developed by Eisenberger and colleagues since 1986, focuses on how employees perceive the extent to which the organization values their contributions and cares about their well-being.

### 2.3. Review of Related Studies

- Studies on perceived organizational support and employee job performance
- Studies on leader-employee relationships and employee job performance
- Studies on perceived organizational support and employee organizational commitment
- Studies on perceived organizational support and work engagement
- Studies on leader-employee relationships and employee organizational commitment
- Studies on leader-employee relationships and work engagement
- Studies on employee organizational commitment and job performance
- Studies on work engagement and job performance
- Digital technology application capability and its relationships with employee job performance
- Key conclusions from synthesizing prior studies and identification of research gaps

### 2.4. Research Model and Hypotheses

#### 2.4.1. Hypotheses Development

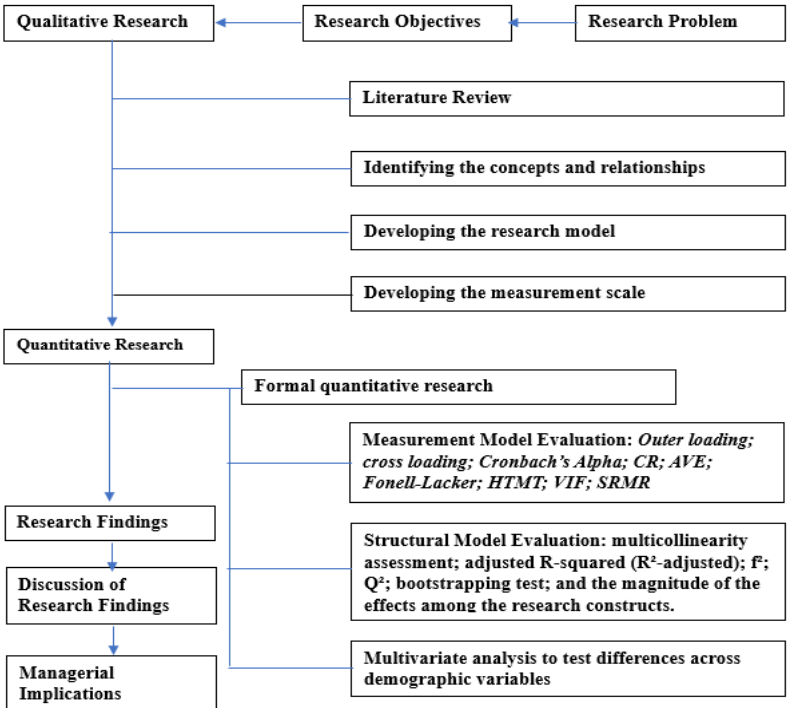
- H1: Perceived organizational support positively affects employee job performance.
- H2: Leader-employee relationships (LMX) positively affect employee job performance.
- H3: Perceived organizational support positively affects employee organizational commitment.
- H4: Perceived organizational support positively affects work engagement.
- H5: Leader-employee relationships (LMX) positively affect employee organizational commitment.
- H6: Leader-employee relationships (LMX) positively affect work engagement.
- H7: Employee organizational commitment positively affects employee job performance.
- H8: Work engagement positively affects employee job performance.
- H9a: Digital technology application capability positively moderates the relationship between employee organizational commitment and employee job performance.

- H9b: Digital technology application capability positively moderates the relationship between perceived organizational support and employee job performance.
- H9c: Digital technology application capability positively moderates the relationship between work engagement and employee job performance.
- H9d: Digital technology application capability positively moderates the relationship between leader–employee relationships (LMX) and employee job performance.

# CHAPTER 3. RESEARCH DESIGN

## 3.1. Methodology

## 3.2. Research Process




(Source: Author's proposal)

**Figure 3.1. Research process (workflow)**

### 3.3. Qualitative Research

#### 3.3.1. Identification of Original Measurement Scales

| Scale | Code | Source |
|---|---|---|
| Employee job performance | KQ | Bashar et al. (2024) |
| Perceived organizational support | HT | Hadi et al. (2024) |
| Leader-member relationship | LD | Lim et al. (2024) |
| Employee engagement | GB | Chiemeke et al. (2024) |
| Job involvement | GK | Arulsenthilkumar et al. (2024) |
| Digital technology application capability | CN | Mikalef et al. (2019) |

(Source: Compiled by the author)

#### 3.3.2. Basis for Selecting Demographic Variables

The author, together with experts, discussed the criteria for selecting observed samples in order to explore differences across groups. Accordingly, the dissertation will be able to assess the current situation and the overall status of the research problem more accurately, thereby contributing to the development of managerial implications.

#### 3.3.3. Implementation of the Focus Group Discussion Method

The focus group consisted of 11 participants, including members of the hospital executive board and university lecturers knowledgeable about the theory and with extensive practical experience in the research field.

#### 3.3.4. Results of Expert Discussions

##### 3.3.4.1. Results of Expert Selection

##### 3.3.4.2. Results of Expert Discussions on the Research Model

The focus group results indicate that the proposed research model is fully appropriate and necessary for empirical testing.

##### 3.3.4.3. Results of Expert Discussions on Measurement Items

Based on discussions with the expert group, the results are summarized as follows:

- For the employee job performance scale, the following items were retained: KQ2, KT4, KT6, and three new measurement items were added.

- For the perceived organizational support scale, all items were retained.
- For the leader-member relationship scale, all items were retained.
- For the employee engagement scale, the following items were retained: GB1, GB3, and two additional measurement items were added.
- For the job involvement scale, the following items were retained: GK1, GK3, GK5, GK6, GK9, and GK10.
- For the digital technology application capability scale, the following items were retained: CN1, CN2, CN3, and CN4.

**3.3.4.4. Results of Expert Discussions for Scale Refinement and Supplementation**

From the qualitative research results, the measurement scales for KQCV, LD, HT, GB, GK, and CN were revised and supplemented to fit the study context better.

**3.3.5. Questionnaire Design**

The survey questionnaire consists of four main sections:
- Section 1: Introduction of the author and the research topic.
- Section 2: Personal information, including gender, age, educational level, and income.
- Section 3: Screening questions.
- Section 4: Main survey content.

**3.4. Pilot Quantitative Study**

**3.4.1. Sampling Method**
- Sample size: n = 120 observations.
- Sampling technique: Convenience sampling.

**3.4.2. Data Collection Method for the Pilot Study**

To collect pilot data, the author conducted a face-to-face survey.

**3.4.3. Data Analysis Method for the Pilot Study**

The pilot quantitative study was limited to assessing scale reliability using SmartPLS 4.0.

**3.4.4. Pilot Quantitative Results**

**3.4.4.1. Sample Statistics**

Sample characteristics were classified by gender, age, educational level, and income.

**3.4.4.2. Assessment of Indicator Quality**

The results show that the outer loadings of all scales are greater

than 0.7, except for GK6 (0.118 < 0.4: removed) and MT5 (0.68 < 0.7: retained), which have lower values.

**3.4.4.3. Reliability Assessment**

The results indicate that Cronbach's alpha values meet the required threshold, with the lowest value being 0.767. Composite reliability (CR) values are all above 0.7, confirming that the measurement scales are reliable and suitable for explaining the constructs in the research model. In addition, the lowest average variance extracted (AVE) value is 0.588. Therefore, following Fornell and Larcker (1981), the constructs in the model demonstrate adequate convergent validity.

**3.5. Main Quantitative Study**

**3.5.1. Questionnaire Design**

The official survey questionnaire includes four sections.

**3.5.2. Sample Design**

**3.5.2.1. Sample Size**

The sample size is determined based on Hair et al. (2014): $N = 5 \times n$ (where n is the number of measurement items).

**3.5.2.2. Sampling Method**

Convenience sampling was used.

**3.5.3. Data Collection**

The quantitative data collection procedure includes two main steps. First, the author contacted the Ho Chi Minh City Statistics Office to obtain an updated list of operating hospitals (both public and private). Second, the author distributed the survey questionnaire and an official letter to the hospitals, along with an introductory letter, a confidentiality commitment, and support from administrative staff or familiar health officers to improve the response rate.

**3.5.4. Data Analysis Method**

The data analysis procedure for the main quantitative study follows the PLS-SEM approach and is conducted in three steps:

- Step 1: Assessment of the measurement model.
- Step 2: Assessment of the structural (SEM) model.
- Step 3: Testing the mediating effects.

## CHAPTER 4. RESEARCH RESULTS AND DISCUSSION

**4.1. Overview of Hospitals in Ho Chi Minh City**

**4.1.1. List and Quality of Hospitals in Ho Chi Minh City**

**4.1.2. Number of Healthcare Personnel Managed by Ho Chi Minh City**

**4.2. Characteristics of the Main Study Sample**

For the main study, 700 questionnaires were distributed, and 405 valid responses were collected. The official sample (n = 405) is described by gender, age, educational level, and income.

**4.3. Measurement Model Assessment**

**4.3.1. Reliability and Convergent Validity**

The reliability assessment indicates that the outer loadings for all measurement items exceed 0.7, suggesting that the indicators meet the required criteria. Cronbach's alpha and composite reliability (CR) values are all above 0.7, with CR ranging from 0.884 to 0.924, demonstrating that the scales are reliable and appropriate for explaining the constructs in the model. The average variance extracted (AVE) values for all constructs exceed 0.5, with the lowest value being 0.655, confirming convergent validity in accordance with the criteria proposed by Fornell and Larcker (1981).

**4.3.2. Discriminant Validity Assessment**

Discriminant validity is established when the square root of AVE (ranging from 0.797 to 0.832) is greater than the inter-construct correlations within the same column, consistent with the Fornell-Larcker criterion (1981), confirming that the scales demonstrate discriminant validity. In addition, the highest HTMT value is 0.645, which is below the threshold of 0.9, indicating that although the constructs are correlated, they remain conceptually distinct and exhibit clear discriminant validity.

**4.4. Structural Model Assessment (PLS-SEM)**

**4.4.1. Assessment of Multicollinearity**

The results show that all VIF values are below 3, confirming that the model does not suffer from multicollinearity and that the construct measures are reliable.

**4.4.2. Assessment of the Adjusted Coefficient of Determination (Adjusted $R^2$)**

The analysis indicates that KQ is well explained by LD and HT, with an adjusted R-square of 0.509, meaning that these variables explain 50.9% of the variance in KQ.

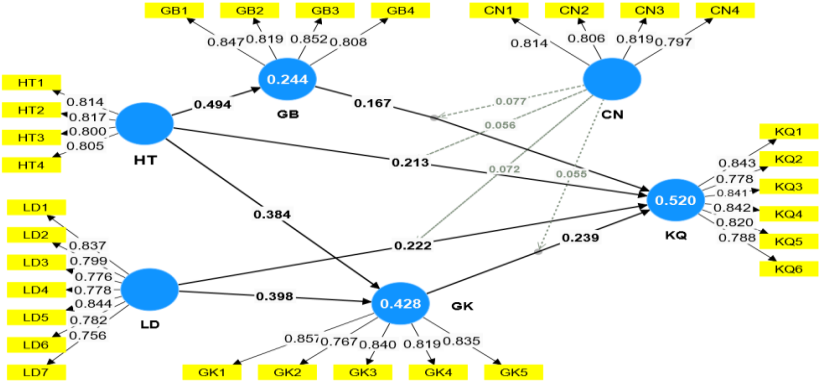
**4.4.3. Assessment of Effect Size ($f^2$)**

Table 4.12 shows that the effects of the model's variables vary in magnitude. Perceived organizational support exhibits a strong impact on psychological factors, whereas the leader-member relationship has a moderate influence. Job involvement has a mild effect on job performance, while factors such as employee engagement, organizational support, and leadership show only weak effects. Notably, the application of digital technology has a very weak effect, suggesting that its direct role in improving job performance is not yet clearly evident.

**4.4.4. Predictive Relevance ($Q^2$)**

Table 4.13 indicates that all endogenous constructs (GB, GK, and KQ) have $Q^2 > 0$, demonstrating predictive relevance. Specifically, GB ($Q^2 = 0.264$) and GK ($Q^2 = 0.281$) show moderate predictive power, while KQ ($Q^2 = 0.340$) approaches a high level of predictive power. This suggests that LMX and POS, through employee engagement and job involvement, can predict employee job performance in hospitals. In contrast, exogenous variables such as CN, HT, and LD have $Q^2 = 0$, which is consistent with their role as independent variables in the model. Overall, the model not only explains the relationships well but also has practical predictive value.

**4.4.5. Bootstrapping Test**




(Source: Data processing results)

**Figure 4.1. Path coefficients of the structural model**

**4.4.6. Hypothesis Testing**

The dissertation uses path coefficients (β) and p-values from SmartPLS analyses to test the hypotheses. The results show that all path coefficients are positive, indicating that the relationships among the research constructs are in the expected (positive) direction. Accordingly, all proposed research hypotheses are supported.

**4.5. Magnitude of Effects Among the Research Constructs**

These findings emphasize that GB and GK play important roles in linking and strengthening the positive effects of LD and HT on employees' job performance (KQ).

Table 4.18. Total Effects

| Path | β coefficient | p-value |
|---|---|---|
| HT → KQ | 0.359 | 0.000 |
| LD → KQ | 0.386 | 0.000 |
| HT → GB | 0.327 | 0.000 |
| HT → GK | 0.384 | 0.000 |
| LD → GB | 0.416 | 0.000 |
| LD → GK | 0.397 | 0.000 |
| GB → KQ | 0.167 | 0.000 |
| GK → KQ | 0.239 | 0.000 |
| CN × GB → KQ | 0.078 | 0.000 |
| CN × GK → KQ | 0.055 | 0.000 |
| CN × LD → KQ | 0.072 | 0.000 |
| CN × HT → KQ | 0.056 | 0.000 |

(Source: Data processing results)

**4.6. Differences Testing**

**4.6.1. Gender Differences Testing**

Table 4.17 shows no statistically significant differences between male and female employees in the relationships within the research model, as all p-values are greater than 0.05. Although there are minor differences in some coefficients, they are insufficient to conclude that gender acts as a moderator. This indicates that organizational factors influence employee engagement, job involvement, and job performance similarly for both genders. Therefore, hospital human resource management and development policies can be applied consistently without gender-specific adjustments.

**4.6.2. Differences Testing by Age**

The results indicate that most relationships in the model do not differ significantly across age groups ($p > 0.05$); however, several important differences are observed. Specifically, the effect of perceived organizational support (HT) on job involvement (GK) is stronger in the 41-60 age group than in younger groups, suggesting that older employees are more sensitive to organizational support. Similarly, the comparison between the 31-40 and 41-60 groups also shows a statistically significant difference in the HT → GK relationship. In contrast, the effect of GK → KQ is strongest among the 18-30 group, reflecting the prominent role of work motivation and learning opportunities for younger employees. Although the interaction effect of digital technology application capability (CN) is not statistically significant, several notable trends suggest that middle-aged employees may leverage technology more effectively than younger employees. Overall, these results reveal differences in psychological and behavioral mechanisms across age groups, suggesting the need for more tailored human resource management policies.

**4.6.3. Differences Testing by Educational Level**

Multi-group analysis by educational level reveals clear differences in the model's relationships. Specifically, the effect of job involvement on job performance is stronger among employees with undergraduate and postgraduate qualifications than among those with lower levels of education. The relationships between leadership and employee engagement, as well as between leadership and job involvement, are stronger in the lower-education group, indicating greater reliance on leadership. In addition, employees with lower levels of education tend to use technology to compensate for limitations in their professional expertise. These findings suggest that educational attainment shapes how employees respond to organizational factors and translates those responses into job performance outcomes.

**4.6.4. Differences Testing by Income**

Multi-group analysis by income indicates substantial differences in how the factors translate into job performance. Higher-income employees convert job involvement and organizational engagement into better performance and respond more positively to organizational

support. By contrast, lower-income employees rely more on leadership to foster organizational engagement and use digital technology as a compensatory tool to address professional limitations. Overall, income clearly influences motivational mechanisms: lower-income employees need more direct guidance and support, whereas a professional work environment and compensation-related policies drive higher-income employees more strongly.

**4.7. Analysis of the Moderating Effect**

Table 4.23 shows that digital technology application capability (CN) plays a positive and statistically significant moderating role in the relationship between organizational factors (GB, GK, LD, HT) and job performance (KQ). When employees are proficient in using technological tools such as hospital software, evaluation systems, or internal support platforms, employee engagement, job involvement, leader-member relationships, and perceived organizational support are more effectively translated into job performance. CN is not only a working tool but also a factor that enhances positive psychological states and productivity. In the context of healthcare digital transformation, training and strengthening digital capability should become a priority in hospital human resource strategies.

**4.8. Discussion of Research Findings**

**4.8.1. Discussion of the Research Model**

**4.8.1.1. Similarities Between the Findings and Prior Studies**

The results show that both perceived organizational support (HT) and leadership (LD) have positive and statistically significant effects on job performance (KQ), both directly and indirectly through two mediators: organizational engagement (GB) and job involvement (GK). This finding is consistent with Blau's (1964) Social Exchange Theory and subsequent studies by Eisenberger et al. (1986, 1997), Rhoades and Eisenberger (2002), and Wayne et al. (1997), which emphasize reciprocal relationships between organizations and employees. When employees perceive organizational support, they are more likely to reciprocate with stronger loyalty and higher job performance.

In addition, the mediating roles of GK and GB have been documented in prior studies, such as Meyer and Allen's (1991) three-component commitment model and Shuck et al.'s (2017) work

engagement research, suggesting that employees with higher engagement and involvement tend to work more conscientiously and proactively. Leadership (LD), in particular, is consistently shown to influence employees' emotions and work motivation strongly-for example, Avolio and Bass (2004) on transformational leadership, and Sun et al. (2024), who report that effective leadership strategies can promote organizational citizenship behaviors by enhancing confidence and engagement.

#### 4.8.1.2. Differences Between the Findings and Prior Studies

A notable difference between the current study and previous research is the integration of the moderating variable "digital technology application capability" (CN), which reflects employees' ability to use technology and adapt to digital transformation in a hospital context. Unlike prior studies such as Meyer and Allen (1991), Shuck et al. (2017), or Avolio and Bass (2004), which primarily focus on psychological and organizational factors, this study extends the model in a modernization direction that better fits the Vietnamese healthcare sector's ongoing digital transformation. Introducing CN represents a novel approach and addresses a theoretical gap that has remained underexplored.

The results indicate that CN plays a positive, statistically significant moderating role in the relationships among organizational support, leadership, engagement, job involvement, and job performance. This aspect has not been thoroughly examined in traditional organizational behavior models, particularly in Vietnamese healthcare settings.

In addition, the study applies multi-group analysis (MGA) across demographic variables such as gender, age, educational level, and income-an approach that many earlier studies (e.g., Wayne et al., 1997; Rhoades & Eisenberger, 2002) did not explore in depth or addressed only descriptively. As a result, the study not only tests the overall model but also clarifies differences in how employee groups respond to organizational factors, thereby enhancing the effectiveness of HR policy design in both public and private hospitals.

### 4.8.2. Discussion of the Measurement Scales

#### 4.8.2.1. Employee Job Performance

Table 4.24 shows that the mean score for job performance (KQ) is 3.62, reflecting employees' relatively positive self-assessment, although not at a high level. KQ5 (teamwork capability) is the most prominent dimension, indicating good collaboration. In contrast, KQ6 (handling unexpected situations) and KQ2 (maintaining work motivation) have lower scores, suggesting a need to strengthen adaptive capability and sustain motivation. The standard deviation is moderate, indicating individual differences in performance on the assessments. These results help managers identify specific areas requiring support and improvement.

**4.8.2.2. Perceived Organizational Support**

Table 4.25 indicates a mean perceived organizational support score of 3.49, suggesting a moderately positive evaluation. Employees rate welfare policies most favorably; however, the relatively high variability implies uneven perceptions across individuals. Training opportunities receive the lowest rating, highlighting an important area for improvement. Overall, the organization has established a baseline level of support but should place greater emphasis on professional development, recognizing effort, and improving the work environment.

**4.8.2.3. Leader-Member Relationship**

Table 4.26 shows that the leader-member relationship is rated at a moderately positive level (3.54), reflecting a generally favorable but not outstanding pattern. Employees value leaders' guidance and support, particularly in clarifying job roles and resolving problems. However, perceptions of leaders' recognition of potential and relational closeness are lower, suggesting gaps in communication and motivation. To enhance this relationship, leaders should increase transparency, provide individualized recognition, and strengthen trust within teams.

**4.8.2.4. Employee Engagement**

Table 4.27 shows that employee engagement with the organization is relatively high, with an overall mean of 3.79. Employees strongly agree with organizational goals and values and tend toward long-term loyalty. However, pride in being a member of the organization is not as prominent, indicating room for improvement in organizational image and recognition practices. These findings suggest that hospitals

should continue building a positive culture and strengthening emotional attachment to maintain workforce stability and enhance job performance.

**4.8.2.5. Job Involvement**

Table 4.28 indicates that job involvement has a mean of 3.74, reflecting relatively strong attachment to current work. Employees tend to view work as central to their lives and report a strong emotional connection to it. However, proactive participation remains limited among a subset of employees, as reflected in the low GK2 score. This suggests that hospitals should create more opportunities for employees to participate more deeply in professional activities and decision-making processes to sustain motivation and improve long-term performance.

**4.8.2.6. Digital Technology Application Capability**

Table 4.29 shows that employees' digital technology application capability is fairly strong, with a mean of 3.67, indicating an ability to adapt and use technology in daily work. Employees demonstrate competence in using IT infrastructure and adjusting flexibly when work requirements change. However, implementing technology in professional practice remains limited for some employees, as evidenced by the lower mean and higher dispersion for CN4. This suggests the need for more specialized training to strengthen practical digital application capability.

# CHAPTER 5. CONCLUSION AND MANAGERIAL IMPLICATIONS

## 5.1. Conclusion

The study confirms that the proposed model is appropriate and statistically significant based on data from 405 hospital employees in Ho Chi Minh City. The relationships among leadership, perceived organizational support, and job performance are validated, with employee engagement and job involvement serving as mediators. Digital technology application capability demonstrates a positive moderating role across all relationships. The $R^2$ value of 0.509 indicates good explanatory power. Multi-group analysis also reveals certain demographic differences, enabling the development of

managerial implications tailored to specific employee groups.

### 5.2. Managerial Implications

#### 5.2.1. Implications for Employee Job Performance

Based on the findings, hospitals should focus on: (1) providing regular practical training to strengthen employees' situational response capability; (2) improving morale and motivation through mental health support and appropriate reward systems; (3) reinforcing teamwork culture through inter-departmental coordination mechanisms and professional meetings; (4) linking performance outcomes to patient satisfaction through transparent feedback systems; and (5) developing a long-term HR strategy that integrates professional development, work environment improvement, and technology adoption to enhance overall performance.

#### 5.2.2. Implications for Perceived Organizational Support

Key managerial implications include: (1) expanding training and professional development opportunities through structured plans and support for certification; (2) improving recognition and reward mechanisms to be transparent, timely, and reinforcing a culture of appreciation; (3) upgrading the working environment and equipment to reduce pressure and occupational risks; (4) strengthening comprehensive welfare policies that support employees' mental health, physical health, and living conditions; and (5) fostering a supportive organizational culture through concrete actions by both leaders and colleagues.

#### 5.2.3. Implications for the Leader–Member Relationship

Proposed implications include: (1) strengthening employee development through mentoring, personalized training, and promotion opportunities; (2) building trust in leadership through transparency, listening, and consistency in actions; (3) enhancing leaders' role in task support through regular feedback mechanisms; (4) promoting a supportive leadership culture that cares about employees' psychological and emotional well-being; and (5) effectively integrating formal and informal leadership to spread credibility, reduce distance, and strengthen organizational cohesion.

#### 5.2.4. Implications for Employee Engagement

Key implications include: encouraging employee participation in organizational activities to strengthen engagement; maintaining

alignment on values and goals through transparent communication; enhancing pride in the organization by celebrating achievements and building internal branding; reinforcing loyalty through stable HR policies and career development opportunities; and cultivating a positive, cohesive, employee-centered workplace culture.

**5.2.5. Implications for Job Involvement**

Implications include: strengthening professional pride and meaning through communication and recognition; encouraging active participation in professional activities and process improvement; balancing workload to reduce pressure and sustain involvement; building a work environment that nurtures passion, creativity, and career development; and reinforcing a mission-driven organizational culture as a foundation for long-term participation.

**5.2.6. Implications for Digital Technology Application Capability**

Key implications include: investing in specialized training in healthcare digital technologies (AI, electronic medical records, big data); encouraging exposure to and adoption of new technologies through practice and workshops; leveraging existing capabilities by upgrading user-friendly infrastructure; building a technology-enabled work culture; and developing a long-term strategy to enhance digital capability, beginning with baseline assessments to design training programs suitable for different educational groups.

**5.2.7. Implications Derived from the Research Model**

**5.2.7.1. Implications from Direct Effects**

Leadership and organizational support positively influence engagement, job involvement, and job performance. Hospitals should develop leaders who listen, strengthen support for the working environment, and prioritize involvement through meaningful job design.

**5.2.7.2. Implications from Indirect Effects**

Hospitals should strengthen work support, maintain welfare and recognition cultures, and leverage leadership to improve involvement and performance. HR management should balance emotional and task-related aspects to encourage engagement and commitment.

**5.2.7.3. Implications from Moderating Effects**

Digital capability positively moderates the effects of

organizational factors on job performance. Hospitals should treat it as a core competence and integrate it into HR strategies through mandatory training and the application of technology in management, leadership, reward systems, and professional support. Building a digital culture and a long-term digital transformation roadmap is essential.

#### 5.2.8. Implications Regarding Group Differences

##### 5.2.8.1. Gender

No significant differences are found between male and female employees, indicating uniform organizational effects. Hospitals can implement consistent HR policies without gender-based differentiation. Capability assessment and development should be based on actual competence and work commitment. Strengthening internal communication on gender equality can further reinforce an inclusive and fair organizational culture.

##### 5.2.8.2. Age

Younger employees respond strongly to organizational support, while older employees need stability and recognition. Hospitals should differentiate strategies by age: younger staff require training, guidance, and development opportunities; older staff should be empowered, recognized, and provided with a stable working environment. Age-based personalization can strengthen involvement and optimize performance.

##### 5.2.8.3. Educational Level

Highly educated employees hold higher expectations regarding leadership, support, and learning environments. Hospitals should build career development pathways, provide access to projects and advanced training, and foster a culture of continuous learning. For those below university level, policies should be practical, accessible, and focus on applied skills training. Designing HR policies by educational level helps unlock each group’s potential.

##### 5.2.8.4. Income

Lower-income employees respond positively to organizational support; therefore, hospitals should maintain financial policies, training, and welfare support. For higher-income employees, leadership should be leveraged to retain and motivate them. HR policies should be more flexible by income level and progressively

emphasize empowerment, promotion opportunities, and recognition to sustain commitment among middle- and high-income staff.