

Teleworking and Health Care Workers: Seeking a Balance between Satisfaction on the Job and Quality of Service Delivery

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ABSTRACT

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Flexible forms of employment, including teleworking, have been adopted in the healthcare field to improve employee well-being and provide quality services. Nonetheless, empirical studies on the effectiveness of such schemes in developing countries are scarce. This study examined how teleworking, part-time telecommuting, shift work, and shortened working hours affected healthcare workers' job satisfaction, work-life balance, and service delivery. The study employed a quantitative research design and collected data from 500 healthcare professionals in Nigeria's South-South and South-West regions using structured, self-administered questionnaires. The collected data were analyzed using descriptive statistics, correlation, and linear regression analysis. These findings show that telecommuting improves work-life balance, job satisfaction, and service delivery. Part-time telecommuting is associated with better work-life balance and job satisfaction. Additionally, shift work has been found to improve service performance and job satisfaction without significantly affecting work-life balance. While compressed scheduling improves service delivery, it negatively affects work-life balance and job satisfaction. Health care administrators and policymakers must implement flexible working conditions that are backed by proper organizational policies, technology, and employee mechanisms. Flexible working strategies will help improve employees' health without compromising healthcare services.

1. Introduction

Work practices have undergone a major transformation in the last decade as a result of rapid technological advancement, globalization, and changes in organizational requirements. One of the most notable changes in current work practices is teleworking, which allows employees to complete work-related tasks remotely using information and communication technology. Instead of working at conventional workplaces (Safri et al., 2024; Akinwande et al., 2025). Teleworking was widely adopted during the COVID-19 pandemic, as organizations sought solutions to continue their operations and ensure employee safety (Palumbo, 2020). Moreover, teleworking has become a key strategy for overcoming organizational challenges and providing care in healthcare during crises (Mamatha & Kumar, 2023).

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Several studies have identified many advantages of teleworking. These included greater flexibility, work-life balance, reduced commute time, and improved employee productivity (Palumbo, 2020; Safri et al., 2024). Additionally, flexible work systems were found to improve organizational effectiveness as long as there was suitable management, technological infrastructure, and organization culture in place (Petitta & Ghezzi, 2025). Recent research has shown that working from home and hybrid work can improve employee performance without adversely affecting service quality (Kristanto & Mansur, 2025; Wikansari et al., 2025; Shin, 2025). However, the success of telework greatly depends upon context. These include factors like organizational support, communication technology, technological readiness, and type of work done.

Recently, telework strategies have been adopted in some organizations. An example of this is Health Partners HMO, which implemented an "anywhere, anytime" remote work strategy in response to the coronavirus disease pandemic (Stamos & Kotsopoulos, 2024). This example illustrates the growing importance of teleworking in healthcare and related fields. However, teleworking and other forms of flexible work arrangements remain understudied in developing countries, particularly in Nigeria, while existing literature on teleworking is largely focused on Western countries with more developed digital infrastructure (Adisa, 2024; Ogochukwu, 2024).

Some problems may be encountered in Nigeria during teleworking. These include instability in Internet connectivity, low levels of technological preparedness and infrastructure, lack of technological literacy, traditional management styles, and stereotypical ideas about monitoring the performance of healthcare workers through technological means (Adisa, 2024; Ogochukwu, 2024). This may reduce the potential for successful implementation of teleworking. On the other hand, healthcare institutions in Nigeria currently need to find ways to improve organizational performance and employee well-being.

Therefore, it is necessary to examine the effects of teleworking, part-time telework, shift work, and compressed work weeks on healthcare workers in Nigeria. It will provide valuable data for the growing body of literature on teleworking in developing countries and help healthcare administrators address organizational challenges related to improving organizational performance and employee satisfaction through flexible work policies.

This study was guided by the following research questions: (1) How does teleworking affect job satisfaction, work-life balance, and service delivery among healthcare workers in Nigeria? (2) What is the relationship between part-time teleworking and job satisfaction and work-life balance among healthcare workers? (3) How does shift work affect job satisfaction, work-life balance, and service delivery among healthcare workers? (4) How do compressed work schedules affect job satisfaction, work-life balance, and service delivery among healthcare workers?

2. Literature review

The literature on teleworking is quite broad, and the interdisciplinary of this concept may result in fragmented research and theoretical contradictions from time to time. Although many studies emphasize the advantages of teleworking, including increased flexibility, productivity, and employee well-being, other studies note major disadvantages, including social isolation, lack of supervision, and coordination issues (Mele et al., 2023; Vacchiano et al., 2024). Such an ambiguity in the literature proves that the results of teleworking depend on specific circumstances. Thus, teleworking cannot be considered a universally useful practice. A prominent trend in the literature relates to the connection between telework and the organizational performance. As noted in numerous scientific papers, teleworking improves productivity by reducing employees' commuting time and enabling flexible schedules (Tran et al., 2024; Stanciu et al., 2023). However, this viewpoint has been criticized for ignoring the

potential negative consequences of telework, namely work intensification, blurred boundaries between work and life, and exhaustion (Nowrouzi-Kia et al., 2024). A second important sphere of research also highlights the importance of organizational and management-related aspects in teleworking success. It is often noted that organizational culture, management style, and trust levels are key determinants of teleworking success (Hoxha et al., 2024; Gherghina, 2024). Teleworking success is more likely to increase in a supportive environment characterized by communication, autonomy, and awareness of one's performance, rather than in rigid organizational structures or a lack of trust (Elsamani & Kajikawa, 2024). These findings fit into the framework of the Human Relations Theory.

The Theory of Planned Behaviour is an approach that explains behaviour in telework, showing how employees' attitude toward telework, the presence of social norms about it, and perception of behavioural control affect their involvement in telework (Perego & Belardinelli, 2024). If employees perceive telework as positive and manageable, they become well prepared to adopt and sustain it, which in turn affects other factors, such as job satisfaction and work-life balance. It is not only structural aspects but also personal ones that affect telework. Similarly, the Technology Acceptance Model provides a technological explanation of the impacts of teleworking by emphasizing the usefulness and ease of use of technological means. Teleworking is more effective when workers are provided with appropriate, user-friendly technologies (Lee et al., 2025). However, in developing countries, this approach can be constrained by infrastructure problems, including poor internet connectivity and insufficient digital literacy.

Despite the development of such theoretical and empirical findings, there remains considerable inconsistency in the literature. For example, although telework is often considered one of the means that facilitate the improvement of work-life balance, it may also serve as a source of mixing boundaries between professional activities and personal life, thus provoking role conflicts and stress (Vacchiano et al., 2024). At the same time, flexible working hours are good for services but bad for employees, similar to shift work and compressed hours. Furthermore, most of the existing literature focuses on developed countries and thus cannot be applied to developing nations. Teleworking in developing nations such as Nigeria is closely tied to their cultural uniqueness, including inadequate infrastructure, a work culture, and an institutional framework. Thus, it is impossible to use the findings from the developed world. This study will address this gap by analysing telework and flexible working conditions in Nigeria's healthcare industry.

2.1 Flexible Work Patterns

Flexible work patterns are work arrangements that allow employees greater autonomy and freedom in determining how, when, and where to work. Flexible work patterns are defined in this research as an overarching concept comprising telework, telework combined with part-time work, shift work, compressed work, and flexible work hours. Flexibility is highly suitable for the healthcare industry, since efficiency and employee health are key aspects there.

Teleworking means working outside the office premises while using ICT tools to perform work. According to research, teleworking makes employees feel better about their work due to greater autonomy, reduced commuting time, and increased flexibility (Cheng et al., 2025; Shin, 2025). In addition, teleworking enables better service delivery through remote services.

2.2. Part-Time Telework

Telework on a part-time basis refers to working from home for less time than would be required in a full-time position. Part-time telework is a flexible arrangement that helps maintain organizational engagement. Research findings indicate that part-time telework is associated with higher levels of job satisfaction and work-life balance among employees with caregiving

obligations (Germann et al., 2025). However, it may also limit career progression and salary security.

2.3. Shift Work

Shift work is the practice of rotating workers' working hours to ensure continuous service, especially in hospitals. Despite enhancing the efficiency and consistency of service delivery through continuous service, shift work has been found to lead to negative outcomes such as fatigue, irregular sleep schedules, and an imbalance between work and life (Hidayat, 2025). This reflects the trade-off between service delivery efficiency and employee welfare.

2.3.1. Compressed Work Schedules

A compressed work schedule involves working the usual number of days but in fewer days, with extended hours on each day. The compressed schedule can increase productivity by giving workers more time off, thus making them more productive (Wikansari et al., 2025). Working for extended periods may leave workers feeling tired, thereby making them dissatisfied with their work.

2.4. Flexible End and Start Times (Flexitime)

Flexible working will allow employees to schedule their activities within a specific time range. It is linked with greater job satisfaction, better work-life balance, lower stress levels, and greater independence (Mahendra & Kurniawati, 2024; Adebayo & Ibrahim, 2023). However, it requires proper coordination between the team members and healthcare activities.

2.5. Synthesis and Research Implication.

Flexible work practices offer many benefits for job satisfaction, work-life balance, and the effectiveness of service delivery. However, there are also conflicting findings indicating that while certain work practices may increase job performance, they may negatively affect workers' well-being. Thus, it is necessary to analyze several types of work practices.

The importance of such work practices to specific outcomes, especially within Nigeria's healthcare sector, where there are infrastructural and labor challenges, makes it necessary to conduct research in this area. This research will contribute to the existing body of knowledge by providing information on the effects of teleworking and other flexible work practices in the local context.

2.6. Theoretical Background: Human Relations Theory.

The theoretical basis of the article under analysis is Human Relations Theory, which focuses on the significance of social interaction, employees' well-being, and favourable working conditions. According to the theory, employees' social and psychological needs will be satisfied, thereby increasing their productivity and satisfaction. Human Relations Theory can be helpful in understanding the essence of teleworking, as it helps reveal the roles of communication, trust, and organizational support in job satisfaction and service delivery. Ajzen. (2020) Teleworking may help to improve employees' motivation and involvement, while the remote work itself may negatively affect interpersonal relationships, if no adequate systems of communication and trust within the organization are formed. This research is dedicated to studying the influence of flexible work schedules on the outcomes of both employees (job satisfaction, work-life balance) and organizations (service delivery) using the theoretical framework mentioned above.

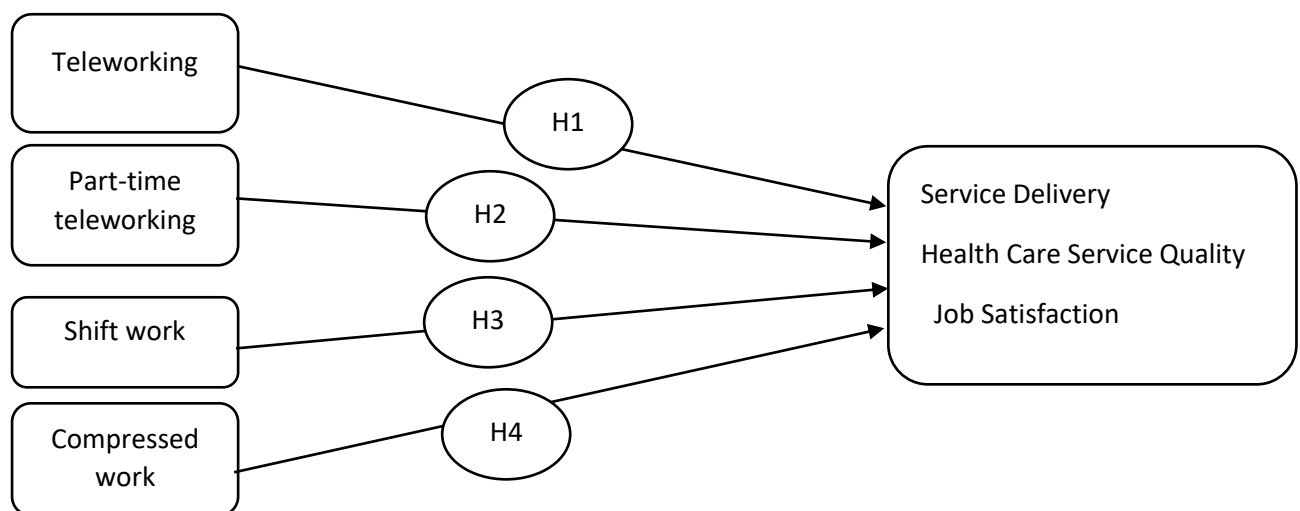


Figure 1. Conceptual Framework of the study showing the relationships among the variables

2.7. Hypotheses Development

H¹: Telecommuting has a significant positive impact on the job satisfaction, work-life balance, and service delivery of healthcare employees.

H²: Flexible part-time telecommuting has a significant positive impact on the job satisfaction, work-life balance, and service delivery of healthcare employees.

H³: Shift work has a significant impact on the job satisfaction, work-life balance, and service provision of healthcare employees.

H⁴: Compressed working hours have a significant impact on the job satisfaction, work-life balance, and service delivery of healthcare employees.

3. Research Methodology

3.1. Research Design and Study Population

In this paper, the researcher adopted a quantitative research design to investigate the effects of teleworking on the job satisfaction and performance of healthcare professionals. Healthcare professionals who worked in public and private hospitals, clinics, and telehealth facilities in the South-South and South-West geopolitical zones of Nigeria comprised the target population. These included physicians, nurses, pharmacists, lab scientists, and administration. Five hundred health practitioners were selected, with 250 in each geopolitical zone.

3.2. Sampling Technique and Sample Size Justification

The stratified random sampling method was used, whereby the two geopolitical zones were considered as strata while the different types of healthcare institutions, such as public hospitals, private hospitals, health centers/clinics, and telehealth organizations, were considered as sub-strata to ensure heterogeneity of the healthcare institutions and cadres within each geopolitical zone. A total of 500 healthcare workers were selected to ensure sufficient representation of healthcare professionals from the two selected geopolitical zones. It is more than the minimum number required in regression analysis with several predictors.

3.3. Data Collection Procedure

Data collection was conducted using a structured questionnaire, which was distributed both in person and electronically to participating health care workers at the selected health institutions. The research assistants administered the questionnaire to participants in public and private hospitals, health centers, and telehealth facilities. An electronic copy of the

questionnaire was sent to those who could not be accessed through the physical distribution process.

3.4. Inclusion and Exclusion Criteria

The research comprised healthcare practitioners at healthcare facilities in the South-South and South-West geopolitical regions of Nigeria who were willing to participate in the survey by completing the questionnaire. Questionnaires with missing responses or incomplete responses were not included in the analysis, as were those from persons who were not healthcare practitioners.

3.5. Questionnaire Development and Validation

A questionnaire instrument was designed and tested for reliability by adopting those scales that had already been used in empirical literature on teleworking, job satisfaction, work-life balance, and service delivery. The questionnaire items were selected from prior empirical studies to ensure content validity for the Nigerian health care industry. Closed-ended questions were included in the questionnaire, which respondents had to answer on a five-point Likert-type scale ranging from strongly disagree (1) to strongly agree (5). To assess the instrument's content validity, expert opinions in management and health care administration were sought before administering the survey.

3.6. Measurement Reliability and Validity

The constructs used in this study underwent a comprehensive examination to assess the validity of the measuring instruments. Cronbach's alpha was used to assess internal consistency dependability, and all constructs had values ranging from .81 to .88, exceeding the required value of .70. Because reliability alone cannot be used to assess measurement accuracy, exploratory factor analysis (EFA) was carried out using the principal component extraction approach and Varimax Rotation. KMO values for EFA sampling adequacy were .89, higher than the recommended .60, and Bartlett's Test of Sphericity was significant ($p < .001$). EFA revealed a clear factor structure that corresponded to the study constructs, and all items loaded into their respective factors with loadings greater than .60. Following that, Confirmatory Factor Analysis (CFA) was used to evaluate the measurement model. The measurement model met standard requirements for good fit ($CFI > .90$, $TLI > .90$, $RMSEA < .08$). All standardized factor loadings were larger than .70, and the Average Variance Extracted (AVE) for each construct was greater than .50, indicating convergent validity. The Fornell-Larker Criterion and HTMT Ratio (Heterotrait-Monotrait Ratio) were used to determine discriminant validity, with all HTMT values less than the rigorous cutoff criterion of .85. The construct-level reliability and validity are shown in Table 2.

Table 1: Measurement Model Results (Reliability and Validity)

Construct	Cronbach's α	CR	AVE	Factor Loadings (range)
Teleworking	.86	.89	.58	.72–.85
Job Satisfaction	.84	.88	.55	.71–.83
Work-Life Balance	.88	.90	.61	.74–.86
Service Delivery	.82	.87	.53	.70–.81
Part-Time Telework	.81	.85	.52	.70–.79
Shift Work	.83	.86	.54	.71–.80
Compressed Work Schedules	.85	.88	.57	.72–.82

Note. CR = Composite Reliability; AVE = Average Variance Extracted. Discriminant validity was established via the Fornell–Larcker criterion and HTMT ratios (all < .85).

Table 2: Measurement Scale Sources

Construct	Measurement Focus	Source(s)
Teleworking	Remote work practices, flexibility, digital work arrangements	Safri et al. (2024); Shin, J. (2025)
Job Satisfaction	Employee satisfaction and workplace attitudes	Agnes Dinda (2024); Krutova (2025)
Work–Life Balance	Balance between work and personal responsibilities	Bocean et al. (2023); Aoki et al. (2025)
Service Delivery	Healthcare service quality and operational effectiveness	Hoxha et al. (2024); Ezeamii et al. (2024)
Part-Time Telework	Flexible part-time remote work arrangements	Germann et al. (2025); Krutova (2025)
Shift Work	Rotational work schedules and employee outcomes	Hidayat (2025); Hegland & Berdahl (2022)
Compressed Work Schedules	Longer working hours within fewer days	Wikansari et al. (2025); Petitta & Ghezzi (2025)

3.7. Statistical Software and Data Analysis Technique

Data analysis was conducted using IBM SPSS Statistics version 26 to code, clean, and analyze the data. The characteristics of the respondents were described using descriptive statistics. While Multiple linear regression was used to assess the impact of teleworking, shift work, and compressed work schedules on job satisfaction, work-life balance, and service delivery, Pearson correlation was used to investigate the relationship between part-time teleworking and these factors.

3.8. Ethical Considerations

The relevant research ethics committee granted ethical approval for this investigation before data collection. Respondents were informed of the study's goals prior to completing the questionnaire, and participation in the survey was entirely optional. Every participant provided informed consent, and the privacy of their answers was ensured. Respondents were told that the material would be used only for academic purposes and that no personal information would be collected. Additionally, respondents could withdraw from the study at any time.

4. Results and Discussion

This section of the article will analyze the influence of teleworking and flexible working schedules on job satisfaction, work-life balance, and service delivery among Nigerian healthcare workers. This will entail presenting demographic, correlation, and regression results first, followed by a discussion of their implications regarding the existing literature.

4.1. Demographic Profile of Respondents

Table 3: Demographic Characteristics of Healthcare Workers

Variable	Category	Frequency	Percent (%)
Gender	Male	244	48.8
	Female	256	51.2
Age	Below 25	136	27.2
	25–34	122	24.4
	35–44	110	22.0
	45 and above	132	26.4
Marital Status	Single	167	33.4
	Married	169	33.8
	Divorced/Widowed	164	32.8
Educational Qualification	Diploma	103	20.6
	Bachelor	106	21.2
	Master	105	21.0

Variable	Category	Frequency	Percent (%)
Job Category	PhD	81	16.2
	Others	105	21.0
	Doctor	83	16.6
	Nurse	83	16.6
	Laboratory Scientist	74	14.8
	Pharmacist	90	18.0
	Administrative Staff	84	16.8
	Others	86	17.2
Years of Experience	< 5 years	131	26.2
	5–10 years	137	27.4
	11–15 years	105	21.0
	> 15 years	127	25.4
Institution Type	Public Hospital	117	23.4
	Private Hospital	125	25.0
	Health Center/Clinic	117	23.4
	Telehealth Organization	141	28.2

Table 3 shows that the 500 healthcare employees surveyed were almost equally distributed by gender (48.8% male, 51.2% female), age, and marital status (33.4% single, 33.8% married, 32.8% divorced/widowed). The educational levels of the respondents were evenly distributed between diploma (20.6%), bachelor's degree (21.2%), master's degree (21.0%), PhD (16.2%), and other educational levels (21.0%). They were sampled from different job categories, such as doctors (16.6%), nurses (16.6%), laboratory scientists (14.8%), pharmacists (18.0%), administrative staff (16.8%), and others (17.2%), with varying periods of experience across institutions.

4.2. Multiple Regression Analysis of the Effects of Teleworking, Part-Time Telework, Shift Work, and Compressed Schedules on Key Work Outcomes

Three multiple linear regression models were estimated to examine the combined effects of teleworking, part-time telework, shift work, and compressed schedules on job satisfaction, work-life balance, and service delivery. Tolerance and Variance Inflation Factor (VIF) statistics for all predictors were within acceptable limits (tolerance greater than 0.95 and VIF less than 1.05 across all models), indicating that multicollinearity was not a concern.

Table 4: Multiple Regression Results Predicting Job Satisfaction
Model Summary

Model	R	R ²	Adjusted R ²		Std. Error of the Estimate		
1	0.575	0.331	0.326		0.5714		

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	79.950	4	19.988	61.209	<.001
Residual	161.642	495	0.327		
Total	241.592	499			

Model	B	Std. Error	Beta	t	Sig.	Tolerance	VIF
(Constant)	2.055	0.204	--	10.089	<.001	--	--
Teleworking	0.319	0.036	0.336	8.960	<.001	0.959	1.043
Part-Time Telework	0.174	0.033	0.197	5.259	<.001	0.962	1.040
Shift Work	0.234	0.034	0.260	6.941	<.001	0.964	1.038
Compressed Schedule	-.0316	0.032	-.371	-9.922	<.001	0.966	1.036

Note. Predictors: Teleworking, Part-Time Telework, Shift Work, Compressed Schedule. Dependent Variable: Job Satisfaction.

As shown in Table 4, the four predictors jointly accounted for 33.1% of the variance in job satisfaction ($R^2 = .331$, Adjusted $R^2 = .326$), $F(4, 495) = 61.209$, $p < .001$. Teleworking ($\beta = .336$), part-time telework ($\beta = .197$), and shift work ($\beta = .260$) were positively and significantly associated with job satisfaction (all $p < .001$), whereas compressed schedules were significantly and negatively associated ($\beta = -.371$, $p < .001$). Compressed schedules emerged as the strongest predictor in the model, followed by teleworking.

**Table 5: Multiple Regression Results Predicting Work-Life Balance
Model Summary**

Model	R	R ²	Adjusted R ²			Std. Error of the Estimate	
1	0.611	0.373	0.368			0.5675	

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	94.763	4	23.691	73.548	<.001
Residual	159.445	495	0.322		
Total	254.208	499			

Model	B	Std. Error	Beta	t	Sig.	Tolerance	VIF
(Constant)	1.788	0.202	--	8.835	<.001	--	--
Teleworking	0.421	0.035	0.434	11.936	<.001	0.959	1.043
Part-Time Telework	0.219	0.033	0.242	6.665	<.001	0.962	1.040
Shift Work	0.065	0.033	0.070	1.939	.053	0.964	1.038
Compressed Schedule	- 0.271	0.032	- 0.310	-8.560	<.001	0.966	1.036

Note. Predictors: Teleworking, Part-Time Telework, Shift Work, Compressed Schedule. Dependent Variable: Work-Life Balance.

Table 5 shows that the model explained 37.3% of the variance in work-life balance ($R^2 = .373$, Adjusted $R^2 = .368$), $F(4, 495) = 73.548$, $p < .001$. Teleworking ($\beta = .434$, $p < .001$) and part-time telework ($\beta = .242$, $p < .001$) were significant positive predictors, while compressed schedules again showed a significant negative association ($\beta = -.310$, $p < .001$). Shift work was not a statistically significant predictor of work-life balance ($\beta = .070$, $p = .053$), consistent with the earlier finding that rotational scheduling has little effect on employees' ability to balance work and personal life.

Table 6: Multiple Regression Results Predicting Service Delivery
Model Summary

Model	R	R ²	Adjusted R ²	Std. Error of the Estimate			
1	0.471	0.222	0.216	0.5891			

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	49.098	4	12.275	35.367	<.001
Residual	171.793	495	0.347		
Total	220.891	499			

Model	B	Std. Error	Beta	t	Sig.	Tolerance	VIF
(Constant)	1.382	0.210	--	6.582	<.001	--	--
Teleworking	0.341	0.037	0.377	9.312	<.001	0.959	1.043
Part-Time Telework	0.110	0.034	0.131	3.238	.001	0.962	1.040
Shift Work	0.075	0.035	0.087	2.158	.031	0.964	1.038
Compressed Schedule	0.155	0.033	0.190	4.703	<.001	0.966	1.036

Note. Predictors: Teleworking, Part-Time Telework, Shift Work, Compressed Schedule. Dependent Variable: Service Delivery.

Table 6 indicates that the model accounted for 22.2% of the variance in service delivery ($R^2 = .222$, Adjusted $R^2 = .216$), $F(4, 495) = 35.367$, $p < .001$. All four predictors were significant, and in this model compressed schedules had a positive association with service delivery ($\beta = .190$, $p < .001$), alongside teleworking ($\beta = .377$, $p < .001$), part-time telework ($\beta = .131$, $p = .001$), and shift work ($\beta = .087$, $p = .031$). Taken together, Tables 5 to 7 confirm that teleworking and part-time telework consistently benefit all three outcomes, shift work modestly benefits job satisfaction and service delivery without significantly affecting work-life balance, and compressed schedules present a trade-off, improving service delivery while reducing job satisfaction and work-life balance.

4.3. Relationship between Part-Time Telework and Work Outcomes

Table 7: Pearson Correlation Matrix for Part-Time Telework and Work Outcomes

Variables	Part-Time Telework	Job Satisfaction	Work-Life Balance
Part-Time Telework	–	.28 (<.001)	.31 (<.001)
Job Satisfaction	.28 (<.001)	–	.22 (<.001)
Work-Life Balance	.31 (<.001)	.22 (<.001)	–

Note. P-values shown in parentheses.

As shown in Table 7, part-time telework was positively and significantly correlated with job satisfaction ($r = .28, p < .001$) and work-life balance ($r = .31, p < .001$), while job satisfaction and work-life balance were also positively correlated with each other ($r = .22, p < .001$). Although the associations are moderate, they suggest that part-time telework arrangements are linked with more favorable psychosocial outcomes for healthcare workers, particularly those balancing caregiving responsibilities alongside their professional duties.

4.4. Discussion of Findings

It is further confirmed by previous findings about how teleworking impacts job satisfaction, work-life balance, and service delivery in a positive way by demonstrating that flexible working conditions decrease stress associated with commuting and increase autonomy and productivity (Mamatha & Kumar, 2023; Kristanto & Mansur, 2025; Safri et al., 2024). It can be considered another confirmation of the ideas of Human Relations Theory that emphasize the importance of organizational support and communication for employees' performance and well-being (Hoxha et al., 2024; Slemp et al., 2024). A moderate association between part-time teleworking and both job satisfaction and work-life balance reflects previous research in which reduced-hour telework has proven especially useful for caregivers (Germann et al., 2025; Krutova, 2025).

On the other hand, the complex nature of shift work and compressed scheduling by offering better service delivery but reduces employee work-life balance and job satisfaction, which confirms both the literature and contradicts some aspects. While being consistent with the findings which suggest flexible working can be challenging to the well-being of the employees despite the positive impact on operations (Hegland & Berdahl, 2022; Hidayat, 2025), it also questions the positive attitude to flexible scheduling (Wikansari et al., 2025) by demonstrating that the effect is different depending on the form of flexibility adopted. Such findings corroborate arguments that teleworking and flexible scheduling blur the work-life boundary and increase workload (Nowrouzi-Kia et al., 2024; Vacchiano et al., 2024).

In summary, the findings reveal that the use of flexible work arrangements within Nigerian healthcare organizations depends on both the infrastructural and organizational conditions and the specific flexible arrangement chosen (Mele et al., 2023; Lee et al., 2025). Healthcare institutions seeking to maximize the benefits of flexible work must therefore tailor policies to the demands of each arrangement rather than adopting a one-size-fits-all approach.

4.5. Theoretical Implication

Theoretically, the results indicate that Human Relations Theory is extended, as they show that work flexibility enhances organizational performance only when it takes employees' psychological and social needs into account. Hence, the results confirm that employee well-being is a necessary condition for successful organizational performance. In addition, the findings suggest that teleworking can be effective, depending on the organizational context, the technology used, and the type of work flexibility chosen. Therefore, the contribution to the teleworking literature is to provide empirical evidence from a developing country, which differs from developed countries in terms of technology and institutions.

4.6. Practical Implication

The study's findings have applications for Nigerian healthcare institutions. It is necessary to encourage the use of telecommuting and partial telecommuting in health care organizations as these flexible working practices boost job satisfaction, work-life balance, and service delivery. On the other hand, compressed work schedules must be implemented cautiously in health care organizations because, although they help boost service delivery, they can negatively affect job satisfaction and work-life balance due to increased employee fatigue and stress. To increase the effectiveness of flexible work practices, health care organizations should support telecommuting with adequate digital infrastructure, leadership, communication

channels, wellness programs, and organizational support. This will help to improve employee well-being without sacrificing the quality of health care service delivery.

5. Conclusion and Recommendations

This research aims to examine the implications of teleworking and flexible work arrangements on the welfare of healthcare workers in Nigeria. Nigeria is one region that has not yet received much academic focus on teleworking. The study's results highlighted the benefits of teleworking for employee satisfaction, work-life balance, and service delivery. One could argue that these are all contributory implications of the human relations approach and technology acceptance. Meanwhile, flexible work options such as shift scheduling or compressed workweeks could have both positive and negative effects. They are beneficial to service delivery but could be detrimental to employees' welfare. The significance of the findings lies in the call to employ flexible telework tailored to specific regions or countries. It is made all the more important by the workload and infrastructure constraints that affect most healthcare providers in Nigeria. Most definitely, it provides yet another perspective on flexible work arrangements that could build organizational performance in Nigeria through teleworking systems.

5.1. Recommendations

Based on these research results, the following recommendations could be made to enhance the benefits of teleworking and flexibility in the Nigerian health sector. Given that teleworking enhances job satisfaction, work-life balance, and service delivery, health institutions should offer more opportunities for flexible and part-time teleworking when appropriate. Flexible and condensed work schedules are forms of duty schedules that, despite being used to improve service delivery platforms, place significant pressure on employees' welfare; therefore, there should be careful consideration when designing such schedules.

Technology, in terms of proper equipment, good connectivity, and a virtual private network, is essential to ensure hassle-free teleworking; after all, telework is dependent on technology. Managers are required to provide clear direction, foster an atmosphere of trust, and create an environment conducive to increased telework adoption and sustained motivation.

To counteract the negative impact of rigorous scheduling and difficult shifts, health organizations should ensure that wellness programs and other stress-management tools are available. Continuous evaluation of the impact of telework and flexible scheduling on job satisfaction, work-life balance, and service delivery would enable further fine-tuning of these policies for optimal results.

6. Contribution to Knowledge

Even though Nigeria is regarded as one of the underexplored contexts in telework and flexible work arrangements, the importance of the study lies in the fact that it provides context-specific empirical evidence and challenges the universalization of results in the developed country context. Results show that in Nigeria's healthcare sector, characterized by infrastructural challenges, staffing issues, and uneven access to technology, telework has a statistically significant but modest influence on job satisfaction and service delivery. This implies that, compared with more developed economies where digital infrastructure is more established, the success of teleworking in Nigeria is contingent on enabling factors such as reliable internet connectivity, organizational support, and digital literacy. As a result, the study contributes to the existing literature by showing that teleworking outcomes are not universally applicable and are influenced by institutional and socio-economic limitations specific to developing settings. By doing so, it adds to the sparse African literature by showing that teleworking can yield fruitful results in Nigeria, but only in a very restricted, tightly circumscribed context, thereby providing a more refined, context-specific view of flexible work practices.

Conflict of interest

The authors affirm that the work described in this publication was not influenced by any known competing financial interests or personal relationships.

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Data fabrication and falsification statement

The study's authors affirm that no data was created, altered, or faked.

Participant consent

Prior to data collection, all participants gave their informed consent. Participants were adequately informed about their rights and the study's objective.

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