

Leadership style and organizational performance: the role of job satisfaction

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Abstract

Purpose – The down-and-out challenges facing hospitals in Nigeria have drawn the attention of academics to propose solutions to these problems that have been drawing the global standard of the sector backward in the country. As a result, this study seeks to investigate leadership style and organizational performance. The role of job satisfaction within Nigerian hospitals.

Design/methodology/approach – This study used a positivist philosophy and cross-sectional survey to assess the relationships among leadership style, job satisfaction and organizational performance in Nigerian public hospitals. A stratified sample of 372 was drawn from 11,373 employees. Using validated instruments, data were analyzed with Statistical Package for Social Sciences (SPSS) and analysis of moment structures (AMOS), employing structural equation modeling (SEM) to test relationships and mediation, ensuring robust, generalizable results.

Findings – The results revealed that job satisfaction significantly influences organizational performance ($\beta = 1.044, p < 0.001$). However, leadership style showed no significant direct effect on organizational performance ($\beta = -0.017, p = 0.927$), indicating a full mediation through job satisfaction (indirect effect = $0.844, p < 0.001$). Among control variables, education and work experience positively affected performance ($\beta = 0.069, p = 0.006$) and ($\beta = -0.088, p = 0.002$). However, age was not significant ($p = 0.211$).

Originality/value – This study not only introduces job satisfaction as a mediating variable but also applies human capital and social exchange theories to explore how leadership style influences organizational performance. Using SEM and control variables, it provides a fresh perception into leadership dynamics within under-resourced healthcare systems in Nigeria.

Keywords Human resource management, Job satisfaction, Leadership style, Organizational commitment, Organizational performance

Paper type Research article

Introduction

Hospitals are indispensable pillars of a nation's health infrastructure, serving not only as centers of clinical care but also as institutions that promote social equity, economic productivity and sustainable development. Beyond delivering medical services, hospitals advance societal well-being through the prevention of disease, enhancement of public health and the promotion of inclusive access to essential care (World Health Organization [WHO], 2023). In Nigeria, however, public hospitals have increasingly become overstretched due to escalating patient loads, inadequate funding, workforce shortages and persistent infrastructural deficits (Mohammed *et al.*, 2023). These systemic constraints have hindered



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the attainment of efficient service delivery and heightened the urgency to re-examine management and leadership practices that can improve organizational performance and patient satisfaction (Ogundipe *et al.*, 2022).

Unlike many other developing nations, the Nigerian hospital system presents a unique configuration of institutional challenges rooted in its federal structure, fragmented health governance and dual management systems that combine bureaucratic control with professional autonomy. The interplay of political interference and uneven resource allocation often disrupts continuity in hospital administration (Salman *et al.*, 2024). Additionally, the coexistence of Western biomedical practices with community-based health beliefs complicates leadership decision-making and staff motivation, creating a complex sociocultural environment that distinguishes Nigerian hospitals from those in other African or Middle Eastern contexts (Dunmade *et al.*, 2023).

At the heart of these realities lies the role of leadership. Leadership style, as a critical component of human resource management, shapes employee morale, teamwork and institutional performance (Atuahene *et al.*, 2024). In dynamic and team-oriented settings, leaders influence not only operational outcomes but also the psychological climate that supports collaboration and innovation (Razzaque *et al.*, 2023). Transformational leadership, in particular, has been linked with adaptability and staff engagement, whereas authoritarian or laissez-faire styles tend to reinforce resistance and underperformance (Chikere and Nwoka, 2020). Effective leadership thus fosters the trust and commitment necessary for high-quality care delivery in resource-constrained environments (Chak *et al.*, 2022).

In this study, job satisfaction functions as a mediating variable linking leadership style and hospital performance. It represents the extent to which employees derive meaning and psychological fulfillment from their work (Alwali and Alwali, 2022). In Nigerian public hospitals, job satisfaction served as a determinant of performance and retention (Latifah *et al.*, 2023). Hilton *et al.* (2023) reveal in their study that employees who perceive their leaders as supportive and fair exhibit greater organizational commitment and resilience despite systemic limitations. However, the influence of job satisfaction differs across environments, shaped by cultural values, institutional hierarchies and the degree of managerial discretion (Nanjundeswaraswamy, 2023).

Despite extensive research linking leadership and job satisfaction to performance, most prior studies in Nigeria's healthcare literature treat these constructs independently, overlooking their interactive effects within a system marked by unique political, cultural and structural complexities (Lin *et al.*, 2022; Organ, 1988; Setiawan, 2021). This study bridges that gap by adopting an integrative framework grounded in Human Capital Theory (HCT) (Becker, 1993) and Social Exchange Theory (SET) (Blau, 1964). HCT emphasizes the value of employees' skills and motivation as strategic assets, while SET highlights reciprocity and mutual trust as foundations of productive organizational relationships. Together, these theories offer a comprehensive understanding of how leadership style and job satisfaction interact to influence performance in Nigeria's public hospitals. Additionally, by situating leadership and employee satisfaction within the realities of Nigeria's complex healthcare ecosystem, this research contributes a distinctive contextual and theoretical perception. It not only advances the leadership-performance relationship but also provides actionable pathways for policymakers and health administrators seeking to strengthen efficiency across public hospitals.

Objectives of the study

- (1) To determine the effect of leadership style on organizational performance.
- (2) To determine the effect of job satisfaction on organizational performance.

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- (3) To examine the effect of mediating role of job satisfaction on leadership style and organizational performance.

Literature review

Leadership style and organizational performance

Leadership is a multidimensional process through which individuals inspire, guide and coordinate others to achieve shared objectives within a specific context (Zhu, 2022). Earlier theories viewed leadership as an innate personal trait (Isiaka *et al.*, 2017), but recent evidence emphasizes that effective leadership evolves from situational contingencies, organizational culture and leader–follower interactions (Yayaha *et al.*, 2022). Within healthcare institutions, the leadership style adopted significantly influences employee motivation, service delivery and the entire organizational performance (Jimoh and Kee, 2022).

Although there is a general consensus that leadership affects performance, empirical findings remain inconsistent. Several studies affirm that transformational and participative leadership foster higher performance, job satisfaction and institutional efficiency (Atuahene *et al.*, 2024; Hilton *et al.*, 2023; Rai *et al.*, 2020). Conversely, others report that transactional or even autocratic leadership can yield favorable results in highly regulated or emergency-driven environments, where structure and compliance are essential (Aydogan and Arslan, 2021; Hu and Oh, 2022). These contradictions suggest that the relationship between leadership and performance is not uniform but shaped by contextual factors. Additionally, transactional leadership has been found to sustain discipline and procedural adherence, yet in others, it suppresses innovation and job satisfaction (Aremu and Jimoh, 2016; Razzaque *et al.*, 2023).

This divergence in empirical results reveals several research gaps. First, much of the existing evidence originates from Western and Asian healthcare systems with stable institutional frameworks, whereas the dynamics of leadership within resource-constrained, bureaucratic public hospitals remain underexplored (Mohammed *et al.*, 2023). Second, prior studies often examine leadership style in isolation, overlooking mediating psychological mechanisms like job satisfaction that explain how leadership influences performance. Third, theoretical integration is limited; few studies simultaneously apply HCT and SET to interpret leadership effects on performance. These frameworks are crucial because they emphasize how leaders enhance employee competence (HCT) and reciprocally build trust and motivation through supportive relationships (SET) (Becker, 1993; Blau, 1964; Alwali and Alwali, 2022).

Therefore, this study seeks to clarify the inconsistent empirical patterns by contextualizing leadership–performance dynamics within Nigeria’s public healthcare sector. Unlike previous works that treat leadership as a homogeneous construct, this research disaggregates leadership styles to reveal their differentiated effects on organizational performance. It further incorporates job satisfaction as a mediating variable to capture the psychological mechanisms underlying performance. By grounding the analysis in HCT and SET, the study provides a dual theoretical lens explaining not only why leadership matters but also how supportive and developmental leadership behaviors translate into improved hospital performance. It is in the light of the above that the following hypothesis was formulated:

H1. Leadership style has no significant effect on organizational performance.

Job satisfaction and organizational performance

Job satisfaction encompasses employees’ emotional and cognitive evaluations of their work experiences, reflecting the degree to which their expectations and job realities align (Agho *et al.*, 1992; Armstrong, 2017). A satisfied employee not only remains committed to the organization but also becomes a proactive contributor to institutional goals. Cot *et al.* (2021), Johari *et al.* (2019) confirm that job satisfaction significantly influences performance,

retention and service quality across organizations. In healthcare, satisfied employees exhibit stronger motivation, improved responsiveness to patients and greater adherence to quality standards (Ikanyon and Agber, 2020; Jermisittiparsert, 2020).

However, empirical findings on the job satisfaction–performance nexus remain inconsistent, particularly across different cultural and institutional contexts. Some studies report a strong and direct association, emphasizing that intrinsic motivators (Jimoh and Kee, 2022; Khan *et al.*, 2023). On the contrary, other research observes weak relationships, especially in settings where financial compensation, political instability or inadequate infrastructure undermine employee morale (Hilton *et al.*, 2023). These mixed findings suggest that job satisfaction is not a universal construct but one that is highly context-dependent, varying with the socio-economic environment, institutional capacity and leadership style. Furthermore, while extrinsic rewards dominate satisfaction predictors in high-income contexts, intrinsic and relational factors appear more salient in low-resource systems (Razzaque *et al.*, 2023).

This variation in empirical findings revealed several gaps. First, much of the existing evidence originates from private or well-resourced healthcare institutions, with minimal attention to the public hospitals that form the backbone of Nigeria’s healthcare delivery system (Jimoh and Kadiri, 2018). Second, prior studies often treat job satisfaction as an outcome variable, neglecting its causal role in shaping organizational performance. Third, few studies have contextualized satisfaction within Nigeria’s distinctive environment, where chronic underfunding, bureaucratic rigidity and political interference limit managerial autonomy (Mohammed *et al.*, 2023). Consequently, there remains a limited understanding of how job satisfaction operates under conditions of structural constraint and scarce resources.

To address these gaps, this study positions job satisfaction as a central explanatory mechanism linking leadership style and organizational performance within Nigerian public hospitals. Drawing from HCT and SET, job satisfaction is conceptualized as both an investment in employees’ well-being (HCT) and an outcome of equitable and supportive leader–employee relationships (SET) (Becker, 1993; Blau, 1964). This dual perspective highlights that satisfaction not only enhances the utilization of human capital but also strengthens trust and reciprocity.

Furthermore, this research argues that improving satisfaction in Nigerian hospitals requires strategies that extend beyond financial incentives to encompass transparent communication and career development opportunities. Such context-sensitive interventions align with recent reforms aimed at enhancing health workforce motivation and accountability (Setiawan, 2021). Situating job satisfaction within this broader socio-institutional reality, the study provides a shade and policy-relevant contribution to both theory and practice. It deepens understanding of how psychological and relational factors sustain hospital performance in resource-constrained settings, thereby guiding administrators toward evidence-based strategies for improving healthcare delivery and workforce stability.

H2. Job satisfaction has no significant effect on organizational performance.

Mediating effect of job satisfaction on leadership style and organizational performance

The relationship between leadership style and organizational performance has been a longstanding focus of management and organizational behavior research. Baron and Kenny’s (1986) mediation framework provides a conceptual foundation for understanding how an intervening variable explains the mechanism through which leadership influences performance outcomes. Within organizational analysis, introducing job satisfaction as a mediator is not only a methodological consideration but a theoretical necessity for explaining the psychological and behavioral pathways that translate leadership actions into tangible performance results.

Although [Hilton et al. \(2023\)](#), [Latifah et al. \(2023\)](#) have established a direct link between leadership style and organizational performance, recent evidence presents contradictory findings. [AlMazrouei \(2023\)](#) argues that transformational leadership exerts the strongest influence through employee attitudes, while [Aydogan and Arslan \(2021\)](#) opined that the direct effects of leadership remain dominant even when satisfaction is introduced as a mediator. Still, a few studies indicate partial mediation, suggesting that the relationship may depend on contextual moderators such as culture, workload ([Hu and Oh, 2022](#); [Khan et al., 2023](#)). These inconsistencies highlight that the mediating role of job satisfaction is not uniform across settings, and that its strength may vary according to institutional structures, leadership climate and employee expectations.

In the case of developing economies, especially public hospitals, the picture becomes even more complex. Nigerian public healthcare institutions operate within a system marked by bureaucratic rigidity, inadequate incentives and political interference ([Kampkötter, 2016](#); [Mohammed et al., 2023](#)). These structural realities often weaken the direct impact of leadership on performance, making employee satisfaction a more critical conduit for translating leadership behaviors into productivity gains. Yet, despite the importance of this mediating mechanism, few studies have empirically tested it in resource-constrained healthcare systems, where employee motivation and morale are persistently challenged ([Abubakar et al., 2019](#); [Arocas et al., 2020](#)).

Furthermore, theoretical integration in prior literature remains limited. Many leadership-performance models neglect the complementary insights of HCT and SET. HCT emphasizes how leadership fosters employee competence and commitment as forms of human capital investment ([Becker, 1993](#)), while SET reveals reciprocity; employees respond positively when they perceive fairness, support and recognition from their leaders ([Blau, 1964](#); [Alwali and Alwali, 2022](#)). Synthesizing these frameworks provides a richer explanation of how job satisfaction mediates the leadership–performance relationship through both capability development and emotional reciprocity.

This study thus positions itself distinctively by empirically examining the mediating role of job satisfaction within the unique environment of Nigerian public hospitals. Unlike earlier studies conducted in stable or private-sector contexts, this research situates its analysis within a high-pressure system where performance indicators often fail to capture the human dimensions of organizational success. It introduces an integrative model that explains how leadership style indirectly enhances hospital performance by fostering satisfaction, trust and intrinsic motivation among healthcare workers. Addressing these theoretical and contextual gaps, the study contributes to advancing the discourse on leadership effectiveness in low- and middle-income countries. This shade of understanding of mediation not only enriches the literature but also provides evidence-based guidance for developing more responsive and human-centered healthcare management practices in Nigeria.

H3. Job satisfaction mediates the relationship between leadership style and organizational performance.

Theoretical underlying

Human capital theory

HCT, introduced by [Schultz \(1961\)](#) and expanded by [Becker \(1964\)](#), emphasizes that employees' skills, competencies, experiences and knowledge are vital assets influencing organizational performance. It posits that investing in the development and retention of human resources yields superior results ([Agyepong et al., 2018](#)). In Nigerian hospitals, leveraging human capital through strategic leadership is essential ([Okpala et al., 2023](#)). HCT links leadership style, job satisfaction and performance, highlighting leadership's role in mobilizing, nurturing and deploying talent. Leaders who foster continuous professional development, mentorship, psychosocial support and a positive work environment enhance

both individual and institutional capacity (Arasli *et al.*, 2020; Obiora and Okeke, 2022). The theory supports that leadership styles influence job satisfaction, which in turn drives performance. Evidence shows that empowering leadership, recognition, decision-making participation and growth opportunities improve satisfaction and organizational outcomes (AlMazrouei, 2023; Nawaz *et al.*, 2021). HCT also emphasizes non-monetary investments that ensure long-term employee growth (Osibanjo *et al.*, 2021). Thus, job satisfaction is not merely a leadership style but a core element mediating leadership–performance links (Zehir *et al.*, 2020; Bayona *et al.*, 2020). Finally, HCT provides a strong framework for meeting the study’s objectives by integrating leadership, job satisfaction and performance.

Social exchange theory

SET, introduced by Blau (1964), asserts that organizational behavior is shaped by reciprocity, where positive actions from one party prompt beneficial responses from another. In workplaces, when leaders demonstrate fairness, support and recognition, employees tend to reciprocate with loyalty and extra-role behaviors (Ezenwa and Adegoke, 2021). This dynamic is critical in resource-constrained settings like Nigerian public hospitals, where systemic challenges weaken morale and performance (Eze *et al.*, 2022). SET is instrumental in explaining the psychological and relational processes linking leadership style, job satisfaction and performance. Leadership style influences the quality of social exchanges, fostering employees’ willingness to exceed formal duties to enhance service delivery. Moreover, SET frames job satisfaction as a mediating mechanism between leadership and performance. Respectful, fair leader–employee interactions strengthen psychological contracts, motivating employees to contribute to organizational goals (Osei and Akoto, 2021). Consequently, job satisfaction is not only an outcome of leadership but also a pathway through which it drives performance. Research shows that satisfied employees display higher organizational citizenship behaviors, reduced turnover intentions and better performance (Campbell, 1990; Cappelli, 2000).

Methodology

This study adopted a positivist research philosophy, which is well-suited for examining social realities through objective measurement and hypothesis testing. Positivism emphasizes the use of structured methodologies and statistical techniques to uncover causal relationships among variables (Saunders *et al.*, 2016). This philosophical stance is appropriate for this investigation, which seeks to test specific theoretical propositions regarding the influence of leadership style on organizational performance, with job satisfaction as a mediating variable. By adopting a positivist paradigm, the study focuses on empirical generalizations that are quantifiable, replicable and verifiable through systematic data collection and analysis.

A cross-sectional survey design was employed, allowing data to be gathered at a single point in time from a defined population. This design is especially effective in identifying patterns, associations and predictive relationships between variables in a relatively short time frame (Bryman and Bell, 2015). Given the study’s emphasis on examining interactions among leadership style, job satisfaction and organizational performance within Nigerian hospitals, the cross-sectional approach provided a practical yet robust method for capturing data on employees’ lived organizational experiences. Furthermore, this design supports the statistical requirements of structural equation modeling (SEM), which necessitates a sizable and heterogeneous dataset to yield valid and reliable findings (Hair *et al.*, 2019).

The target population consisted of 11,373 employees drawn from selected public hospitals across Nigeria. To ensure a more representative sample and address the heterogeneous nature of hospital employees, the study adopted a stratified sampling technique. Stratified sampling is a probability-based method that divides the population into mutually exclusive subgroups (strata) based on key characteristics, such as job category, before randomly selecting participants from each stratum (Taherdoost, 2016). This approach enhances the precision and

generalizability of the findings by ensuring that all relevant subgroups are proportionally represented (Etikan and Bala, 2017). Compared to simple random sampling, stratified sampling is particularly valuable in hierarchical institutions like hospitals, where variation across employee roles influence perceptions of leadership and satisfaction.

The appropriate sample size was determined using the Krejcie and Morgan (1970) formula, which provides a statistically valid sample estimate based on population size, confidence level and margin of error. For a population of 11,373, the recommended sample size at a 95% confidence level and a 5% margin of error is 372 respondents. This calculation helps ensure that the sample is sufficiently large to detect statistically meaningful relationships while remaining feasible within the scope of available research resources. The sample was proportionally distributed across strata to maintain demographic and professional diversity within the final dataset.

All measurement items were adapted from established and validated instruments in the literature to ensure reliability and construct validity. Leadership style was measured with five items from Zhu (2022), job satisfaction with six items from Agho *et al.* (1992) and organizational performance with seven items from Williams and Anderson (1991). Responses were obtained on a 5-point Likert scale ranging from 1 (“Strongly Disagree”) to 5 (“Strongly Agree”), which has been shown to provide stable and consistent results in social science research (Joshi *et al.*, 2015). Given that the study relied on self-reported data, rigorous steps were taken to address potential common method bias. Procedural remedies were applied by assuring anonymity, protecting confidentiality and varying question wording to reduce social desirability effects. Statistical tests were also conducted to verify the absence of bias. Harman’s single-factor test revealed that no single factor accounted for the majority of variance, with the first factor explaining only 31.6%, below the 50% threshold, indicating that common method variance was not a significant concern. Furthermore, a confirmatory factor analysis was conducted using a common latent factor approach, and results showed that all standardized loadings remained stable with minimal differences, confirming that the data were not substantially influenced by method bias. Ethical clearance was obtained from the University of Ilorin, and participants provided informed consent after being fully briefed about the study’s objectives, procedures and confidentiality assurances. Participation was voluntary, and respondents were allowed to withdraw at any time without any adverse consequences.

The study employed multiple diagnostic techniques to detect and control for common method variance. First, Harman’s single-factor test was conducted to examine whether a single factor accounted for most of the variance, and the results indicated that no single factor dominated. Second, a confirmatory factor analysis including a common latent factor was performed to assess any improvement in model fit, revealing minimal changes in standardized loadings. Third, a theoretically unrelated marker variable was introduced, and partial correlation adjustments were made following the correlated marker technique. Finally, full collinearity variance inflation factors (VIFs) were examined, with all values falling below the threshold of 3.3, confirming the absence of problematic common method variance. These procedures align with current methodological best practices that recommend combining procedural precautions with statistical validation to ensure data integrity and model robustness (Podsakoff *et al.*, 2003).

Data analysis was conducted using both descriptive and inferential statistics. Descriptive statistics such as means, standard deviations, and frequency distributions were used to summarize the characteristics of respondents and variables via Statistical Package for Social Sciences (SPSS). For inferential analysis, the study employed SEM using AMOS (Analysis of Moment Structures), which allows for simultaneous examination of measurement models and structural relationships (Byrne, 2016). AMOS was selected for its capability to manage latent constructs, estimate direct and indirect (mediating) effects and address measurement error. This analytical method is particularly suitable for testing complex models involving multiple dependent and independent variables and for assessing mediation effects using bootstrapping procedures (Hair *et al.*, 2019).

Results

Demographic profile of respondents

The respondents ($N = 372$) represented a diverse hospital workforce, enhancing the study’s generalizability. Females slightly outnumbered males (51.1%), with most aged 26–35 (34.4%) and predominantly in clinical roles (57%). Notably, 40.9% had over 10 years’ experience and over 83% held at least a bachelor’s degree. This demographic mix offers a solid basis for examining leadership style, job satisfaction and organizational performance across occupational groups (see [Table 1](#)).

Mean and standard deviation scores of the variables

[Table 2](#) summarizes the descriptive statistics of study variables. Leadership style had the highest mean ($M = 4.673$, $SD = 0.1356$), reflecting strong, consistent perceptions of effective leadership, consistent with [Avolio and Bass \(2004\)](#). Job satisfaction followed with a high mean ($M = 4.354$, $SD = 0.7342$), suggesting general satisfaction but varied experiences, aligning with [Locke \(1976\)](#). Organizational performance had a moderate mean ($M = 3.345$, $SD = 0.6732$), indicating mixed perceptions, possibly due to systemic factors, as noted by [Leggat \(2007\)](#). These findings reveal the importance of exploring how leadership and satisfaction influence organizational outcomes in public hospitals.

Assessment of the measurement model

The measurement model results in [Table 3](#) show satisfactory standardized factor loadings and critical ratios (CR) for leadership style, job satisfaction and organizational performance, confirming convergent validity. Following [Hair et al. \(2019\)](#), all loadings exceed the 0.50 threshold, ranging from 1.000 (fixed for model identification) to 1.747 for leadership style, and 1.134 to 1.639 for organizational performance, indicating strong construct-item associations. All CR values exceed 1.96, signifying statistical significance at the 0.05 level ([Byrne, 2016](#)) and supporting internal consistency. Fixing the first item loading for each construct (LS5, JS1, OP1) aligns with standard structural equation modeling practice ([Kline, 2016](#)). These results confirm the instrument’s reliability and theoretical alignment with established organizational behavior and HRM measurement models.

Table 1. Demographic profile of respondents ($N = 372$)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	182	48.9
	Female	190	51.1
Age	18–25 years	54	14.5
	26–35 years	128	34.4
	36–45 years	102	27.4
	46 years and above	88	23.7
	Clinical Staff	212	57.0
Job category	Administrative Staff	96	25.8
	Support Services	64	17.2
	Less than 5 years	74	19.9
Experience	5–10 years	146	39.2
	Above 10 years	152	40.9
Qualification	Diploma/Certificate	62	16.7
	Bachelor’s Degree	188	50.5
	Postgraduate Degree	122	32.8

Source(s): Authors’ own creation

Table 2. Mean and standard deviation scores of the variables

Variables	Mean	Standard deviation
Leadership style	4.673	0.1356
Job satisfaction	4.354	0.7342
Organizational performance	3.345	0.6732
Source(s): Authors' own creation		

Table 3. Standardized factor loadings for CFA

Item	Factor	Loading (λ)	CR (critical ratio)
LS1	Leadership style	1.464	5.136
LS2		1.747	5.678
LS3		1.632	5.693
LS4		1.309	5.181
LS5		1.000	Fixed
JS1	Job satisfaction	1.000	Fixed
JS2		1.274	5.754
JS3		1.508	6.064
JS4		1.359	6.053
JS5		1.323	5.773
OP1	Organizational performance	1.000	Fixed
OP2		1.639	6.703
OP3		1.134	5.621
OP4		1.383	6.378
OP5		1.497	6.504
Source(s): Authors' own creation			

Figure 1 illustrates that leadership style significantly influences job satisfaction (JS), which in turn positively affects organizational performance. However, the direct effect of leadership style on OP is weak and negative. Control variables (age, education and experience) show minimal influence on organizational performance, revealing JS as a key mediating variable.

Table 4 summarizes the results for the direct, indirect and control variables. It reveals that the direct path from leadership style to organizational performance was statistically insignificant ($\beta = -0.017$, $CR = -0.092$, $p = 0.927$, 95% CI $[-0.182, 0.148]$, $f^2 = 0.003$), indicating that leadership exerts no direct influence on performance. Instead, its effect is transmitted indirectly through job satisfaction, which emerged as a strong and significant predictor of organizational performance ($\beta = 1.044$, $CR = 3.920$, $p < 0.001$, 95% CI $[0.517, 1.496]$, $f^2 = 0.261$). This finding suggests that satisfied employees serve as the essential conduit through which leadership enhances performance outcomes. On the contrary, the accumulated experience and stability could enhance satisfaction, indirectly contributing to better performance.

Additionally, Table 4 presents the mediating role of job satisfaction in the relationship between leadership style and organizational performance, demonstrating a significant indirect effect ($\beta = 0.844$, $p < 0.001$, 95% CI $[0.426, 1.282]$, $f^2 = 0.248$). This indicates that leadership style influences performance entirely through its effect on job satisfaction, confirming full mediation. The direct effect of leadership style on performance was insignificant ($\beta = -0.017$, $p = 0.927$), but once job satisfaction was included, the overall explanatory power of the model

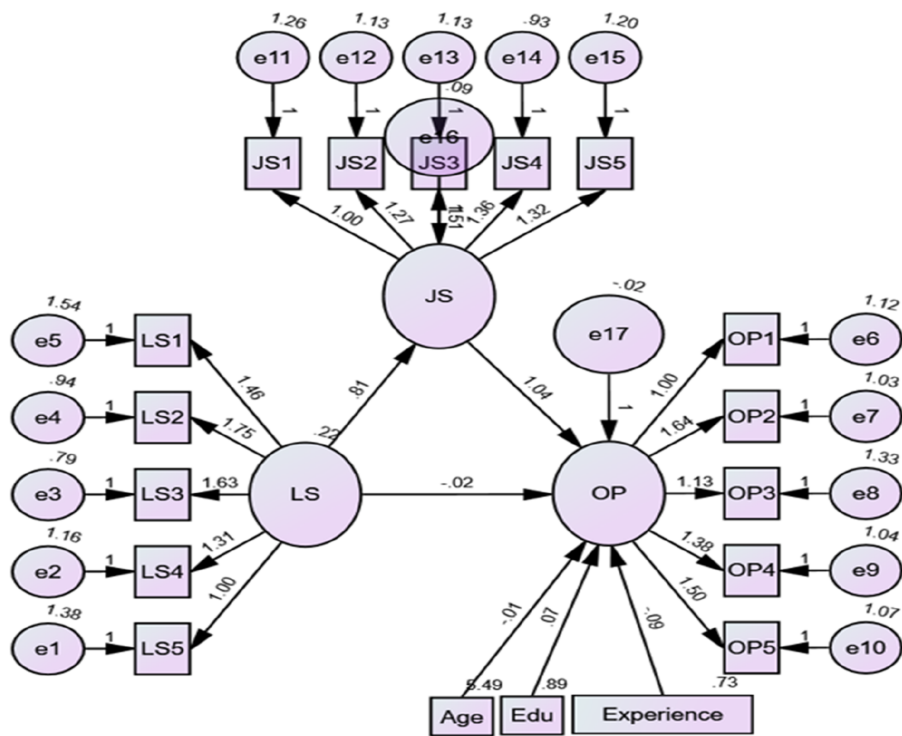


Figure 1. Structural model. Source: Output from the analysis of moment structures

Table 4. Direct, indirect and control variable effects on organizational performance

Predictor/ pathway	Effect type	β (estimate)	SE	CR	<i>p</i> -value	Interpretation
LS → OP	Direct	−0.017	0.182	−0.092	0.927	Not significant
JS → OP	Direct	1.044	0.266	3.920	<0.001	Significant
LS → JS → OP	Indirect (Mediation)	0.844	—	—	<0.001	Full mediation
Age → OP	Control	−0.012	0.010	−1.252	0.211	Not significant
Education → OP	Control	0.069	0.025	2.739	0.006	Significant
Experience → OP	Control	−0.088	0.028	−3.112	0.002	Significant

Source(s): Authors’ own creation

increased substantially ($R^2 = 0.67$), suggesting that leadership’s influence manifests primarily through employee attitudes rather than direct behavioral outcomes. The strength of this indirect pathway highlights the psychological mechanism linking leadership and performance, which in turn drives commitment and performance.

Finally, Table 4 further presents the effects of control variables – age, education and work experience – on organizational performance. Among these, education demonstrates a statistically significant positive effect ($\beta = 0.069$, $CR = 2.739$, $p = 0.006$), suggesting that employees with higher educational qualifications contribute positively to organizational performance. In contrast, work experience reveals a significant negative effect on performance ($\beta = -0.088$, $CR = -3.112$, $p = 0.002$), potentially indicating that longer-tenured employees

perceive organizational performance less favorably or experience reduced engagement due to role stagnation or lack of advancement to evolving workplace dynamics. Age does not show a statistically significant effect on organizational performance ($\beta = -0.012$, $CR = -1.252$, $p = 0.211$), suggesting that generational differences have limited influence on organizational performance in the hospital environment.

Discussion of findings

Direct effects discussion

The findings reveal a non-significant relationship between leadership style and organizational performance in Nigerian hospitals. This result suggests that leadership practices, despite being perceived positively by employees, do not directly translate into improved hospital performance. One plausible explanation is that leadership efforts were constrained by systemic limitations which weaken the potential impact of leadership on performance results. In such settings, even supportive leadership styles yield expected results if structural inefficiencies persist. This aligns with prior studies that emphasize the contextual limitations of leadership influence in resource-challenged environments, where leadership boost morale but not necessarily output or service quality (Akintola *et al.*, 2020; Khan *et al.*, 2023).

On the other hand, job satisfaction was found to have a positive and statistically significant effect on organizational performance. This indicates that when healthcare professionals are satisfied with their roles through recognition, autonomy, work-life balance and interpersonal relations, they engage fully in their tasks, leading to better patient, reduced errors and improved departmental efficiency. Satisfied employees tend to exhibit higher levels of commitment, reduced turnover intentions and greater discretionary effort, all of which are critical in a labor-intensive sector like healthcare. This result reinforces existing empirical evidence suggesting that staff satisfaction is a key determinant of hospital performance, particularly in environments where leadership may be symbolically strong but practically limited by systemic challenges (AlMazrouei, 2023; Aydoğan and Arslan, 2021; Hu and Oh, 2022).

The findings point to the importance of prioritizing employee satisfaction as a strategic driver of performance. While leadership remains important, its effect appears to be indirect, perhaps operating through mediators such as job satisfaction. In the Nigerian healthcare context, policies and reforms should focus not only on leadership training but also on improving working conditions, support systems and employee engagement mechanisms to harness the full potential of the employees.

Mediating effects discussion

The analysis further confirms that job satisfaction fully mediates the relationship between leadership style and organizational performance (indirect effect = 0.844, $p < 0.001$) in line with the findings by Alwali and Alwali (2022), Hilton *et al.* (2023), Latifah *et al.* (2023), Oyewobi (2022), emphasizing the central role of employee attitudes in translating leadership input into performance results. This reinforces the assumptions of SET, where perceived fairness and support from leaders are exchanged by employees with increased performance (Celik *et al.*, 2023; Jimoh, 2023). It also complements the HCT (Becker, 1964), which posits that employees are strategic assets whose performance results depend on how well their skills and experiences are managed and satisfied. The full mediation effect suggests that performance improvements in public healthcare depend solely on technical or procedural reforms, but on strengthening the psychological contract between leaders and their teams through respect, empowerment and fair work conditions (Okeke-Uzodike and Subban, 2015).

Control variables discussion

The effects of control variables present further emphasis. Education positively and significantly affects organizational performance ($\beta = 0.069$, $p = 0.006$), aligning with *HCT*, which argues that knowledge and expertise enhance an individual's ability to contribute to organizational goals. In Nigerian hospitals, professionals with higher education have stronger clinical competencies, better problem-solving abilities and improved communication with patients and colleagues, resulting in higher performance results. On the contrary, experience shows a significant negative impact on performance ($\beta = -0.088$, $p = 0.002$), a counterintuitive result that reflects burnout, frustration with systemic inefficiencies among longer-serving workers, a pattern observed in several studies on public service in Nigeria. Age does not significantly influence performance ($\beta = -0.012$, $p = 0.211$), suggesting that generational differences do not shape performance perceptions. These findings indicate the importance of continuous professional development, and motivation engagement strategies that acknowledge the different experiential realities of public health employees across tenure and qualification levels.

Integrated implications for theory and practice

The findings provide a contextualized contribution to *HRM theory and practice* within resource-constrained public institutions like Nigerian hospitals. The mediated pathway between leadership and performance through job satisfaction reveals the interdependence between relational dynamics and performance, a perception that reaffirms both *HCT* and *SET*. Leadership cannot yield tangible performance results unless it actively nurtures employee satisfaction, trust and value alignment. Furthermore, educational attainment is shown to be a vital human capital asset, necessitating that hospital administrators prioritize professional development and educational incentives. Simultaneously, the negative experience-performance link suggests that public institutions must go beyond tenure-based rewards and focus on retaining the enthusiasm and relevance of older employees through adaptive HR strategies. These findings imply that reforming hospitals in Nigeria will require a dual strategy strengthening human capital through education and capacity building, while also fostering reciprocal organizational relationships that prioritize trust, recognition and fair treatment. In doing so, hospitals can unlock sustainable performance even in the face of structural and economic challenges.

Theoretical implications

This study advances theoretical understanding by integrating *HCT* and *SET* to explain how leadership style and job satisfaction interact to enhance organizational performance in Nigerian public hospitals. Beyond theoretical integration, the findings offer practical, evidence-based HR strategies that hospital administrators can implement to translate these insights into improved performance outcomes. Administrators should institutionalize leadership development programs that emphasize transformational and participative behaviors, equipping leaders with the skills to foster trust, recognition and open communication. Regular leadership coaching and mentorship sessions can strengthen managers' ability to motivate and empower subordinates. Additionally, structured career development and training systems should be established to enhance employees' human capital and signal organizational investment in their growth, thereby reinforcing commitment. Implementing transparent performance appraisal and reward systems linked to both individual effort and collective outcomes sustain satisfaction and engagement. Hospitals should also promote feedback-rich environments, where employees' contributions are acknowledged and their well-being prioritized, thus reinforcing the reciprocity emphasized in *SET*.

Practical implications

The findings of this study provide actionable insights for policymakers, hospital administrators and human resource practitioners seeking to strengthen organizational performance in Nigerian public hospitals. The results emphasize that fostering employee-oriented commitment requires deliberate and structured HR interventions rather than broad organizational appeals. Hospital administrators should institutionalize leadership development programs that focus on participative, transformational and supportive leadership behaviors. Such programs can include leadership coaching, 360-degree feedback and mentorship schemes to enhance supervisors' ability to motivate, communicate effectively and build trust with staff. To translate leadership effectiveness into higher job satisfaction, hospitals should implement comprehensive job satisfaction enhancement initiatives. Establishing clear promotion criteria and aligning rewards with performance outcomes can reinforce perceptions of fairness and achievement. Administrators should also introduce continuous professional development frameworks, including sponsored training, workshops and skill-based certifications, to improve employees' competence and sense of professional growth.

Limitations and suggestions for future direction

This study has several limitations that should be acknowledged. First, the use of a cross-sectional research design limits the ability to draw definitive causal inferences between leadership style, job satisfaction and organizational performance, as noted by [Sekaran and Bougie \(2016\)](#). The data reflect only a snapshot in time, and thus, temporal changes or evolving organizational dynamics could not be captured. As a result, the generalizability of the findings will be constrained across different healthcare settings and regions. Second, the study employed a purely quantitative methodology using self-administered questionnaires, which, while statistically robust, was subject to social desirability bias and individual judgment errors. Although steps were taken to ensure the reliability and validity of the measurement instruments, subjective interpretations may have influenced responses. Future research should consider adopting a longitudinal or mixed-methods approach to provide a deeper perception into the evolving nature of leadership and job satisfaction over time. Additionally, incorporating qualitative interviews will also help to enrich the understanding of contextual factors influencing organizational performance in healthcare environments.

Conclusion

Drawing on the findings and discussions, the study concludes that employee commitment plays a significant role in enhancing organizational performance within the context of Nigerian public hospitals. This performance is largely shaped by leadership styles that foster trust, motivation and professional growth, as well as by organizational practices that reinforce collective commitment to institutional goals. Grounded in HCT and SET, the study's framework provides a nuanced explanation of how leadership and job satisfaction jointly contribute to performance outcomes. However, these relationships should be interpreted with caution, as contextual realities such as resource constraints, bureaucratic structures and varying leadership capacities within the public health sector may moderate their strength. The results indicate that job satisfaction mediates the effect of leadership style on performance, suggesting that effective leadership indirectly drives results by improving employee morale and engagement. Nevertheless, external factors such as policy changes, workload pressures and staff tenure may influence these dynamics over time. Thus, while the study supports the theoretical linkages among leadership, satisfaction and performance, it acknowledges that their effects are context-dependent and may vary across different hospital environments and administrative structures.

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