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Examining the Effectiveness of Leadership Styles on Organizational Performance: A Case Study of the University Teaching Hospital, Zambia

Clement Gamedze[1]

[1]School of Humanities and Social Sciences, Information and Communications University, Lusaka, Zambia

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Abstract: Leadership is a central determinant of how public institutions organize people, use resources, respond to operational pressures and deliver services. This study examined the effectiveness of leadership styles on organisational performance at the University Teaching Hospital (UTH) in Zambia. It pursued four objectives: to establish the leadership styles practised at UTH; determine their relationship with organisational performance; assess their effects on employee efficiency in service delivery; and examine limitations to their contribution to performance. The explanatory mixed-methods study used questionnaires and semi-structured interviews. The detailed methodology reports 80 respondents: 30 leaders and supervisors and 50 general staff. Transformational leadership was the most frequently reported style (35%), followed by autocratic (25%) and transactional (20%); however, 55% preferred transformational leadership as the most suitable style. More than 70% perceived a positive leadership impact on organisational performance, while 65% reported a positive impact on patient satisfaction. Seventy-five percent perceived a positive effect on employee efficiency, and 75% agreed that leadership directly affects productivity. The reported regression model produced a correlation coefficient of 0.872, explained 76.1 percent of the variation in organisational performance, and had an F statistic of 64.307 with a significance level below 0.001. Transformational leadership had the largest positive standardized coefficient of 0.481, while autocratic leadership had a negative coefficient of 0.156. Qualitative findings identified communication, recognition, teamwork, delegation and supportive supervision as enabling factors, while bureaucracy, limited delegation, weak feedback, resource constraints and poor coordination constrained performance. The study concludes that leadership styles are significantly associated with organisational performance at UTH, but their contribution depends on supportive institutional systems and balanced, participatory management.

Keywords: *Leadership Styles; Organizational Performance; Transformational Leadership; Employee Efficiency; University Teaching Hospital; Zambia.*

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I. INTRODUCTION

Leadership has long been recognized as an important organizational resource because it shapes the direction of institutions, influences employee behaviour and determines how effectively organizational resources are converted into results. In public institutions, leadership has an additional significance because organizational performance is connected to the delivery of services that affect the wider population. In healthcare organizations, this relationship is especially important. Hospitals operate in environments characterized by high workloads, professional specialization, time-sensitive decisions, complex reporting structures and strong expectations regarding quality and accountability. Leadership therefore influences not only administrative performance but also the motivation of health workers, coordination among professional groups, responsiveness to patients and the ability of institutions to implement reforms.

The literature reviewed in the thesis identifies transformational, transactional, democratic, servant, autocratic and laissez-faire approaches as important leadership forms in public-sector and healthcare settings [5]. Transformational leadership emphasizes vision, inspiration, intellectual stimulation and individualized consideration [1], [2]. Transactional leadership emphasizes clear roles, performance expectations, rewards and corrective action. Democratic leadership is associated with shared decision-making and participation, while servant leadership

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emphasizes service, empathy and the development of followers. Autocratic leadership relies on centralized authority and top-down decision-making. The relevance of each approach is influenced by organizational culture, professional context, institutional structures and the nature of the task being performed.

International evidence reviewed in the thesis generally associates transformational and participatory leadership with employee engagement, innovation, teamwork and organizational effectiveness. However, the review also indicates that transactional mechanisms remain useful where institutions require compliance with standards, formal procedures and accountability. Autocratic leadership may facilitate rapid decisions in some circumstances, but prolonged reliance on highly centralized control may restrict participation and innovation. Situational leadership perspectives further suggest that leadership effectiveness may depend on matching leadership behaviour to employee capability, task requirements and environmental conditions.

Across Africa, leadership practices in public institutions are shaped by resource constraints, bureaucratic systems, governance arrangements, cultural expectations and workforce pressures. Studies from Ethiopia, Uganda, Kenya, Ghana, Liberia, Nigeria and Sierra Leone emphasize the importance of leadership development, communication, participation and institutional trust. Resource limitations and governance challenges can restrict the ability of leaders to implement reforms even where managers possess appropriate leadership skills. In Zambia, Mulenga, Nzala and Mutale [6] found that transformational and transactional practices were prominent in selected Lusaka hospitals and that leadership practices influenced provider motivation, commitment, efficiency and service delivery. This local evidence supports the need to examine leadership within the institutional realities of UTH.

The study was motivated by the limited empirical evidence identified in the thesis concerning how different leadership styles influence organizational performance in Zambian public healthcare institutions. Much of the literature examined in the thesis originates from high-income settings, while African studies frequently focus on broader management challenges. The study therefore sought to generate institution-specific evidence from UTH on leadership practices, employee efficiency, motivation and organizational performance.

➢ *Problem Statement*

Despite the recognized importance of leadership, the thesis identifies limited empirical research on the relationship between leadership styles and organizational performance in Zambian healthcare institutions. UTH operates in a demanding environment in which high patient volumes, staff shortages, resource limitations and changing healthcare requirements create substantial management pressures. Under such conditions, leadership can either support coordination, motivation and innovation or contribute to communication gaps, low morale and delays in decision-making. The problem addressed by the study was therefore the insufficient context-specific evidence on how leadership styles practiced at UTH influence organizational performance and employee efficiency.

The thesis further identifies a contextual gap in the application of leadership theories developed largely in Western settings. While transformational and participatory models are widely discussed, their practical relevance depends on the institutional and cultural environment in which they are applied. In Zambia, there was a need for empirical evidence showing how leadership styles operate within a large public teaching hospital and how employees perceive their effects on service delivery. The study addressed this gap by combining quantitative perceptions with qualitative accounts from staff and managers.

➢ *Research Objectives*

- To establish the leadership styles practiced at the University Teaching Hospital (UTH).
- To determine the relationship between leadership styles and organizational performance at UTH.
- To assess the effects of leadership styles on employee efficiency when delivering services at UTH.
- To examine the limitations of leadership styles in enhancing organizational performance at UTH.

➢ *Hypotheses*

- H_0: There is no significant relationship between leadership styles and organizational performance at the University Teaching Hospital (UTH).
- H_1: There is a significant relationship between leadership styles and organizational performance at the University Teaching Hospital (UTH).

➢ *Theoretical Framework*

The study was primarily informed by Transformational Leadership Theory, supported by transactional, situational and democratic leadership perspectives. Transformational Leadership Theory, associated with [3] and developed further by [1], proposes that leaders can raise motivation and performance by articulating a compelling vision, stimulating employees intellectually, modelling desired behaviour and responding to individual development needs. The four commonly identified dimensions—idealized influence, inspirational motivation, intellectual stimulation and individualized consideration—provide a useful framework for understanding how leaders can influence employee commitment and organizational outcomes.

Transactional Leadership Theory explains leadership as an exchange in which followers receive rewards or corrective responses in relation to performance. The thesis considers this approach relevant to UTH because healthcare institutions require clear procedures, accountability, supervision and adherence to standards. However, the literature reviewed also cautions that excessive reliance on punishment or rigid control may limit intrinsic motivation and innovation. Situational Leadership Theory complements

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these perspectives by emphasizing adaptability: leaders should adjust their behaviour according to employee readiness, competence and the requirements of the situation. Democratic Leadership Theory emphasizes participation, shared decision-making and open communication, all of which are relevant to multidisciplinary healthcare organizations.

Together, these theoretical perspectives allow leadership at UTH to be viewed as multidimensional rather than as a single fixed style. A hospital may require clear direction in emergencies, structured supervision for compliance, participatory decision-making for complex multidisciplinary problems, and transformational behaviour for long-term organizational change. The study therefore examined the extent to which these leadership approaches were perceived by employees and how they related to performance outcomes.

II. LITERATURE REVIEW

The literature reviewed in the thesis is organized around three broad levels: global evidence, African evidence and the Zambian context. Across these levels, the review identifies leadership as an important determinant of organizational behaviour and performance, while emphasizing that the effects of leadership are shaped by institutional and cultural conditions.

➢ *Leadership Styles in Public Healthcare Institutions*

At the global level, transformational leadership is frequently associated with innovation, staff empowerment and organizational change. A systematic review by Cummings et al. [8] found that relational leadership styles were associated with more favourable nursing workforce and work-environment outcomes, including job satisfaction and productivity. Boamah et al. [9] also reported that transformational leadership can strengthen workplace empowerment and job satisfaction, with implications for patient safety. Healthcare leadership evidence further emphasizes shared direction, staff engagement, learning, teamwork and supportive people management [7]. Recent reviews continue to identify transformational and relational approaches as important areas of healthcare leadership research [10]. Transformational approaches can support shared vision and workforce engagement, while transactional mechanisms help maintain standards, accountability and operational discipline. Democratic practices are particularly relevant in multidisciplinary environments because healthcare decisions often require input from professionals with different expertise.

The literature also demonstrates that leadership style is not independent of national culture and institutional arrangements. In the United Kingdom, collective and collaborative approaches have been promoted within integrated health and care systems. In Canada and Australia, transformational and democratic practices are discussed alongside crisis-oriented centralized decision-making. Germany's social partnership traditions support participative approaches, while France combines formal hierarchy and regulation with increasing emphasis on stakeholder participation. Japan's leadership environment is influenced by collectivism, harmony and consensus. These examples illustrate why leadership models should be interpreted in relation to the organizational environment rather than treated as universally interchangeable practices.

African evidence presents similar patterns but under more constrained institutional conditions. In Ethiopia, Hundie and Habtewold [11] found significant associations between selected transformational leadership behaviours and employee performance in hospitals. Research in Ghana has also examined leadership, employee performance and the influence of job-related factors in hospital settings [12], while Yamoah [13] highlights the importance of considering cultural context when assessing leadership effectiveness in healthcare. These studies indicate that leadership effects should be interpreted in relation to the setting and the conditions in which employees work. Transformational leadership is commonly associated with staff motivation and service improvement, while participatory and supportive practices can strengthen engagement. Transactional leadership remains relevant for maintaining standards, whereas excessive reliance on centralized or directive practices may constrain morale and participation.

Within Zambia, the literature identifies transformational leadership as important in public healthcare because of its emphasis on vision, empowerment and innovation. The study by Mulenga et al. [6] provides locally relevant evidence that leadership practices in Lusaka hospitals influence healthcare providers and service delivery. Transactional leadership continues to provide structure through performance management and compliance. Democratic leadership is consistent with participatory governance, while autocratic leadership may limit employee voice and adaptability when it becomes the dominant approach. Despite this contribution, further institution-specific research is needed on how different leadership styles relate to performance in large public referral hospitals such as UTH.

➢ *Leadership and Organizational Performance*

Organizational performance encompasses the extent to which an institution achieves its objectives efficiently and effectively. In a hospital, performance may be reflected in service quality, staff productivity, coordination, patient satisfaction, resource utilization, responsiveness and the institution's capacity to achieve strategic objectives. The World Health Organization [14] emphasizes that health-system strengthening requires coordinated action to address system bottlenecks and improve health outcomes. Leadership influences these dimensions through communication, goal setting, resource coordination, supervision, motivation and organizational culture.

The literature suggests that transformational leaders can influence performance by aligning employees with organizational goals and encouraging them to exceed routine expectations. Evidence syntheses associate relational leadership with favourable staff and organizational

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outcomes [8], [15]. Research in healthcare settings also links transformational leadership with workplace empowerment, job satisfaction and patient-safety outcomes [9]. Democratic leadership can strengthen ownership because employees participate in decisions that affect their work. Transactional leadership can reinforce performance standards and accountability. Conversely, rigid or excessively centralized leadership may reduce autonomy and discourage initiative. The implication is that organizational performance is influenced not simply by the existence of a leadership structure but by the quality and behavioural characteristics of leadership within that structure.

The thesis identifies a research gap concerning the empirical measurement of this relationship in Zambia. Many studies are descriptive or qualitative and do not establish the statistical strength of the relationship between specific leadership styles and performance. The present study sought to address this gap through regression analysis alongside descriptive and qualitative evidence.

- *Leadership and Employee Efficiency*

Employee efficiency is particularly important in healthcare because service outcomes depend on coordination among clinical, administrative and support personnel. Leadership affects efficiency through the clarity of instructions, availability of guidance, recognition, delegation, communication and the extent to which employees are able to contribute ideas. Evidence from Zambia indicates that leadership practices can influence healthcare providers' motivation, commitment, efficiency and service delivery [6]. Supportive supervision can strengthen confidence and reduce errors, while inconsistent instructions or weak supervision can create delays and confusion.

The literature further links leadership with motivation and job satisfaction. Employees are more likely to demonstrate commitment when they feel respected, supported and involved. Reviews of nursing leadership identify relationships between relational leadership and staff outcomes, including job satisfaction and work-environment factors [8], [15]. Boamah et al. [9] show how workplace empowerment can help explain the relationship between transformational leadership, job satisfaction and patient-safety outcomes. Recognition and constructive feedback can reinforce desired behaviours, while favoritism and inconsistent application of rules can undermine trust. These mechanisms provide a basis for examining employee efficiency not only as an output measure but also as an outcome of organizational relationships.

- *Research Gap*

Taken together, the reviewed evidence supports a relationship between relational and transformational leadership, staff engagement and selected healthcare outcomes, but it does not imply that one leadership style is universally effective. The Zambian study by Mulenga et al. [6], the hospital studies from Ethiopia and Ghana [11]–[13], and international evidence syntheses [8]–[10], [15] point to the importance of context, workforce conditions and organizational support. This study therefore examines leadership styles in the specific operational environment of UTH rather than assuming that findings from other health systems apply without qualification.

The principal gap identified by the thesis is the shortage of context-specific, empirical and theory-informed evidence on leadership styles in Zambia's public healthcare institutions. Existing international evidence cannot automatically be generalized to UTH because organizational resources, governance arrangements, professional structures and cultural expectations differ. The study therefore contributes institution-level evidence on the leadership styles experienced by employees and their perceived relationship with performance, efficiency and service delivery.

A second gap concerns methodological integration. The thesis notes that much existing research uses descriptive or qualitative approaches. By combining questionnaires, interviews, descriptive statistics and regression analysis, the study attempted to provide both measurable relationships and contextual explanations of how leadership is experienced within UTH.

- *Conceptual Framework*

The conceptual framework proposes a relationship between leadership styles and organizational performance at UTH. The independent variable comprises transformational, transactional, democratic, servant and autocratic leadership. The dependent variable is organizational performance, assessed through employee motivation and commitment, teamwork and coordination, operational efficiency, and quality of service delivery. The framework draws on leadership perspectives associated with [3], [1], [4], and [5].

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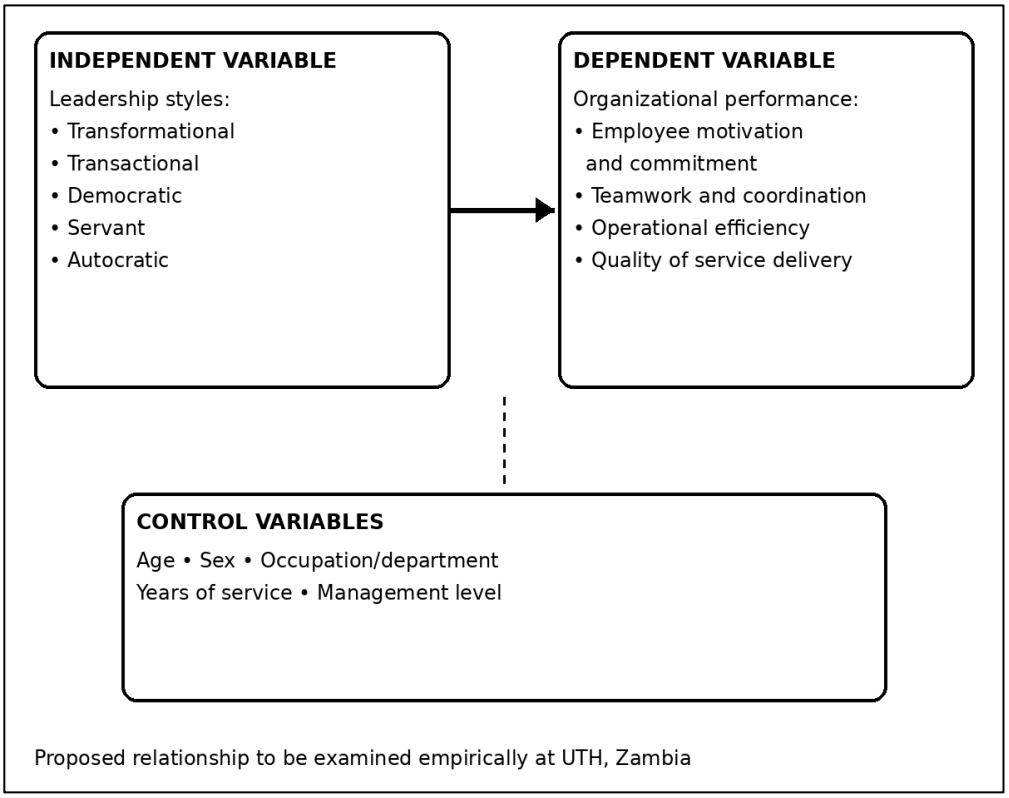


Fig 1 Conceptual Framework for Leadership Styles and Organizational Performance at UTH.

The framework assumes that leadership approaches may be associated with performance through their influence on staff motivation, collaboration, operational processes and service quality. Transformational, democratic and servant leadership may support participation and staff development; transactional leadership may reinforce standards and accountability; and autocratic leadership may constrain participation when used excessively. These are proposed relationships, not predetermined conclusions, and are assessed against the study findings. Age, sex, occupation or department, years of service and management level are included as control variables to account for possible differences in staff perceptions. The framework guided the study's data collection and interpretation of quantitative and qualitative evidence.

III. RESEARCH METHODOLOGY

The study adopted a mixed-methods explanatory research design. Quantitative data were collected through structured questionnaires, while qualitative data were obtained through semi-structured interviews with management personnel and departmental heads. The design was intended to provide both measurable evidence concerning relationships among variables and contextual explanations of staff experiences.

➢ *Study Population and Sampling*

The target population comprised 120 individuals working at or associated with UTH: 40 management and supervisory staff and 80 general employees. A mixed sampling strategy was used. Purposive sampling selected management personnel with direct leadership or supervisory responsibilities, while stratified random sampling was used for general employees from nursing, administration and technical support areas.

The study sample consisted of 80 respondents: 30 leaders and supervisors selected purposively and 50 general staff selected through stratified random sampling. Questionnaires were administered to the 50 general staff members, while semi-structured interviews were conducted with 30 key informants. This combination enabled triangulation between employee perceptions and managerial perspectives.

➢ *Data Collection*

The questionnaire contained closed-ended and Likert-scale questions covering leadership styles, leadership effectiveness, employee motivation, organizational performance and efficiency. Interviews with managers and supervisors explored leadership practices, challenges and perceived effects on performance. Participation was voluntary and respondents were assured of confidentiality and anonymity.

➢ *Data Analysis*

Quantitative data were analysed using SPSS and Microsoft Excel. Descriptive statistics included frequencies, percentages and means. Inferential analysis included regression analysis to assess the relationship between leadership styles and organizational performance. Qualitative interview responses were coded and grouped thematically around leadership behaviour, motivation, communication, employee efficiency and institutional outcomes. The mixed-methods approach enabled

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triangulation of numerical patterns and participant experiences.

➢ *Ethical Considerations*

The study addressed informed consent, confidentiality, voluntary participation and non-harm. The thesis reports that the research proposal was submitted to the University Teaching Hospital Research and Ethics Committee for formal approval before data collection. Participants were informed of the study's purpose and rights, and identifying information was excluded from reporting.

➢ *Analytical Model*

The regression model specified organizational performance as the dependent variable and transformational, transactional, democratic, autocratic and servant leadership as independent variables: $Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \beta_5X_5 + \varepsilon$. The coefficients indicate the direction and magnitude of the association between each leadership style and organizational performance while the model-level statistics indicate the combined explanatory power of the leadership variables.

IV. RESULTS

➢ *Respondent Characteristics*

The respondent profile presented in the thesis indicates a relatively experienced workforce. Sixty-five percent of respondents were between 30 and 49 years, 15% were aged 20–29, and 20% were aged 50 years and above. Female respondents constituted 52% and male respondents 48%, providing a near-balanced gender distribution. Approximately 45% of respondents were from medical departments, while administrative and technical/support personnel together represented another 45%; management accounted for 10%.

The thesis reports that 80% of respondents had served at UTH for more than five years, while 25% had more than 20 years of service. The management-level distribution was 10% top management, 25% middle management, 30% lower management and 35% non-managerial staff. The distribution allowed the study to incorporate perceptions from both those occupying leadership positions and employees who experience leadership decisions at operational level.

Table 1 Respondent Profile of the Study Sample.

Characteristic	Reported distribution
Sex	Female 52%; Male 48%
Age	20–29: 15%; 30–49: 65%; 50+: 20%
Occupation	Medical staff 45%; administrative/technical 45%; management 10%
Management level	Top 10%; Middle 25%; Lower 30%; Non-managerial 35%
Service experience	80% reported more than five years at UTH; 25% reported more than 20 years

➢ *Findings Organised by Research Objectives*

The results are presented in the same order as the four research objectives. Each objective is addressed through at least two findings, drawing on the descriptive statistics, regression output and qualitative themes reported in the study. Percentages and coefficients below are reproduced from the thesis tables; qualitative themes are presented as recurring explanations and are not assigned invented frequencies.

- *Objective 1: To Establish the Leadership Styles Practised at UTH*

Finding 1 — UTH was perceived to use a mixed set of leadership styles, with transformational leadership most frequently identified. Transformational leadership was reported by 35% of respondents, followed by autocratic leadership (25%) and transactional leadership (20%). Servant and democratic leadership were each reported by 10%. This distribution indicates that people-centred leadership practices coexist with hierarchical and compliance-oriented approaches in the hospital.

Leadership style	Perceived prevalence
Transformational	35%
Autocratic	25%
Transactional	20%
Servant	10%
Democratic	10%

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✓ *Leadership Styles Perceived as Practised at UTH*

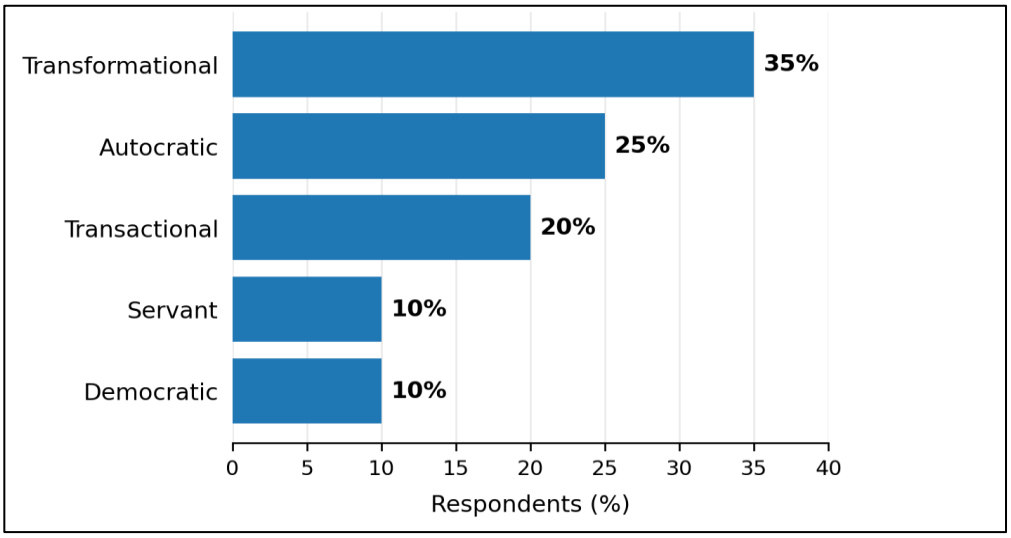


Fig 2 Leadership Styles Perceived as Practised at UTH

- *Visual Presentation of the Reported Prevalence of Leadership Styles*

Finding 2 — Respondents showed a stronger preference for transformational and supportive leadership than the pattern of current practice alone suggests. Transformational leadership was selected as the most suitable style by 55% of respondents, followed by servant leadership (20%) and democratic leadership (15%); transactional and autocratic leadership each received 5%. In addition, 70% rated their supervisors or managers as effective or very effective, and the mean score for encouragement of teamwork and shared decision-making was 4.1. The results therefore suggest that employees value clear direction when it is combined with participation, support and empowerment.

Table 2 Leadership Style Considered Most Suitable for UTH

Style considered most suitable	Percentage
Transformational	55%
Servant	20%
Democratic	15%
Transactional	5%
Autocratic	5%

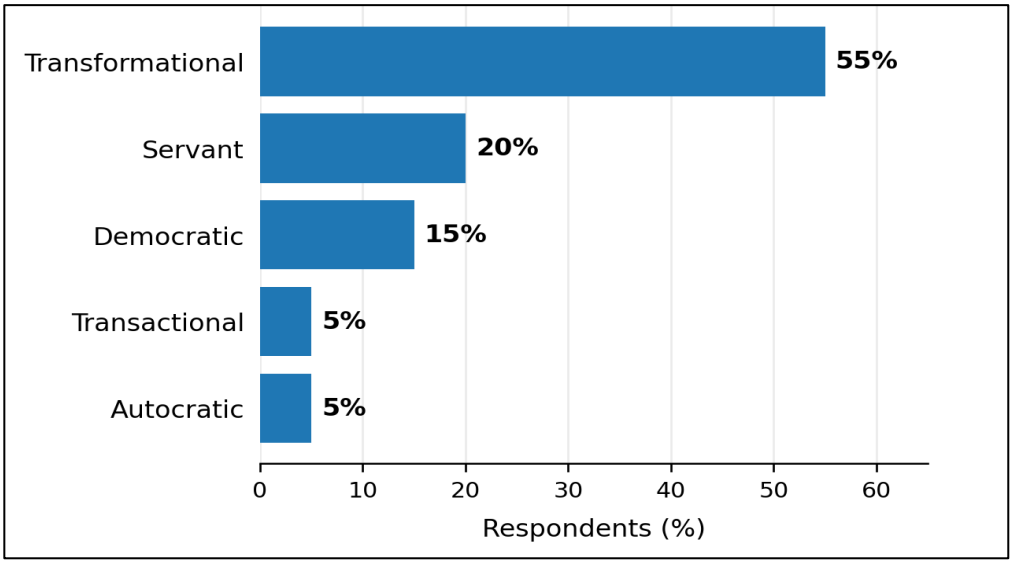


Fig 3 Leadership Style Preferred for UTH

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✓ Visual presentation of respondents' preferred leadership style.

- *Objective 2: To Determine the Relationship Between Leadership Styles and Organisational Performance at UTH*

Finding 1 — Respondents generally associated leadership with organisational performance and service outcomes. More than 70% rated the impact of leadership on organisational performance as positive or very positive. Sixty-five percent reported a positive impact on patient satisfaction. The mean score for leaders communicating a clear vision and achievable departmental goals was 4.0, while teamwork and shared decision-making recorded a mean of 4.1. These results indicate that staff perceived leadership as relevant to goal clarity, coordination and the quality of hospital services.

Table 3 Descriptive Indicators of Leadership and Organisational Performance

Performance indicator	Reported result
Positive/very positive leadership impact on organisational performance	More than 70%
Positive impact on patient satisfaction	65%
Clear vision and achievable goals	Mean = 4.0
Teamwork and shared decision-making	Mean = 4.1

Finding 2 — The reported regression model showed a strong and statistically significant association between the five leadership styles and organisational performance. The model recorded R = 0.872, R^2 = 0.761 and adjusted R^2 = 0.748; the reported F-statistic was 64.307 with $p < 0.001$. On the basis of this output, the null hypothesis of no relationship was rejected. The R^2 indicates that 76.1% of the variation in the performance measure was explained by the leadership-style variables in the reported model. The coefficients show positive associations for transformational, democratic, servant and transactional leadership, and a negative association for autocratic leadership (see Table 4 and Figure 5). These are associations within the reported model and should not be interpreted as proof of causation.

Table 4 Multiple Regression Model Summary

Model statistic	Reported value
R	0.872
R Square	0.761
Adjusted R Square	0.748
Standard error of estimate	0.427
F statistic	64.307
Significance	p < 0.001

Table 5 Regression Coefficients for Leadership Styles

Leadership style	B	Standardized Beta	t	p-value
Transformational	0.432	0.481	6.545	<0.001
Democratic	0.257	0.281	4.213	<0.001
Servant	0.184	0.193	3.172	0.002
Transactional	0.116	0.124	2.148	0.034
Autocratic	−0.138	−0.156	−2.654	0.009

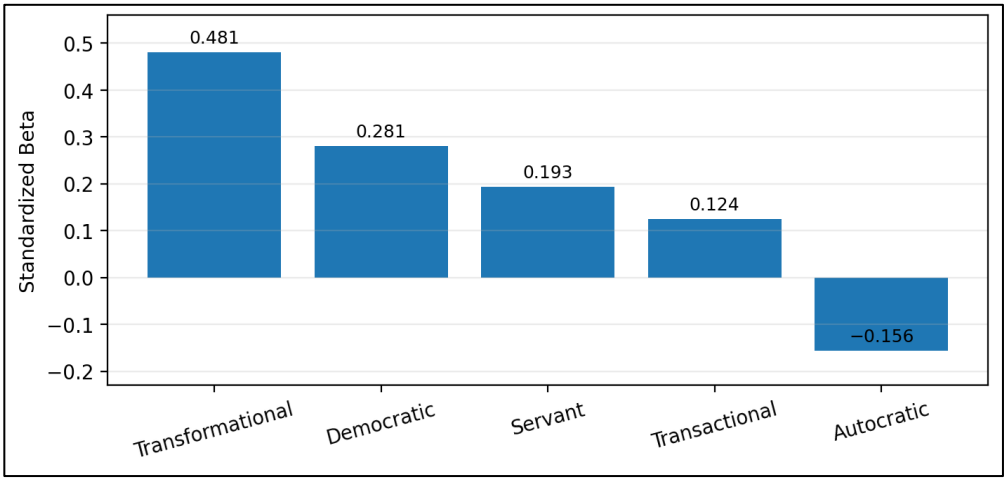


Fig 5 Standardized Regression Coefficients (Beta)

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Visual comparison of standardized regression coefficients. Positive values indicate positive associations; the negative value for autocratic leadership indicates an inverse association in the reported model.

- *Objective 3: To Assess the Effects of Leadership Styles on Employee Efficiency when Delivering Services at UTH*

Finding 1 — A substantial majority of respondents perceived leadership as having a positive effect on employee efficiency and productivity. Seventy-five percent rated leadership's effect on employee efficiency as positive or very positive, and 75% agreed or strongly agreed that leadership style directly affects staff productivity. This suggests that employees regard leadership behaviour as relevant to how consistently and productively they perform their duties.

Finding 2 — Supervisory support and staff wellbeing were also linked to employee efficiency. Seventy percent agreed or strongly agreed that supervisors provide adequate support and guidance, while 65% reported being satisfied or very satisfied with their jobs. Qualitative responses identified supportive supervision, timely feedback, clear communication, recognition and appropriate delegation as practices that help staff work efficiently. Conversely, weak planning, favoritism, inconsistent policy enforcement and delayed resource allocation were described as factors that interrupt work and slow responses to operational demands.

Table 6 Leadership and Employee-Efficiency Indicators

Employee-efficiency indicator	Reported result
Positive/very positive effect on employee efficiency	75%
Leadership directly affects staff productivity	75% agree/strongly agree
Adequate supervisory support and guidance	70% agree/strongly agree
Satisfied/very satisfied with jobs	65%

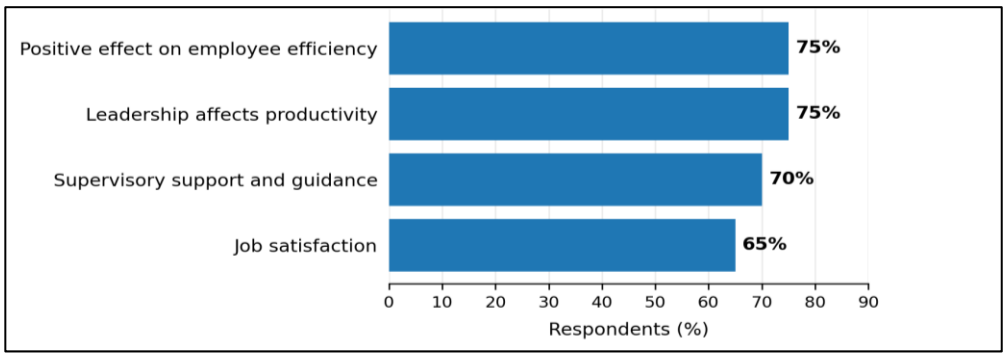


Fig 4 Leadership and Employee-Efficiency Indicators

✓ *Visual presentation of reported employee-efficiency and supervisory-support indicators.*

- *Objective 4: To Examine the Limitations of Leadership Styles in Enhancing Organisational Performance at UTH*

Finding 1 — Participants identified behavioural and structural barriers that limit the contribution of leadership to organisational performance. The recurring qualitative themes were: (i) communication gaps and limited transparency in decisions; (ii) bureaucratic delays and slow problem resolution; (iii) insufficient delegation, micromanagement and limited staff autonomy; (iv) weak interdepartmental coordination; (v) inadequate recognition, feedback and leadership development; and (vi) resource constraints, resistance to change and perceived interference in appointments. These themes show that leadership effectiveness is constrained not only by individual leadership style but also by the systems within which managers and employees operate.

Table 7 Qualitative Barriers Affecting Leadership Effectiveness at UTH

Barrier theme	What participants reported	Potential operational implication
Communication and transparency	Gaps in communication; limited explanation of decisions	Misunderstanding, weak trust and inconsistent implementation
Bureaucracy and decision delays	Slow approvals and delayed responses	Operational bottlenecks and slower problem-solving
Delegation and autonomy	Micromanagement and insufficient delegation	Reduced initiative and delayed action at departmental level
Coordination and resources	Weak interdepartmental coordination; resource constraints	Disruption to work processes and service continuity
Recognition and development	Weak feedback, recognition and inconsistent leadership training	Lower morale and limited staff development
Change and governance	Resistance to change and perceived interference in appointments	Reduced confidence and difficulty implementing reforms

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Finding 2 — The quantitative results reinforce concerns about overly centralized leadership. Autocratic leadership was identified as practised by 25% of respondents but was selected as the most suitable style by only 5%. In the regression model, autocratic leadership had a negative standardized coefficient (Beta = −0.156; B = −0.138; p = 0.009). In addition, 85% of respondents reportedly agreed that leadership reform could improve staff morale and service quality. Taken together, these findings point to the need to reduce unnecessary centralization and strengthen transparent, participatory and supportive management while retaining appropriate clinical and administrative accountability.

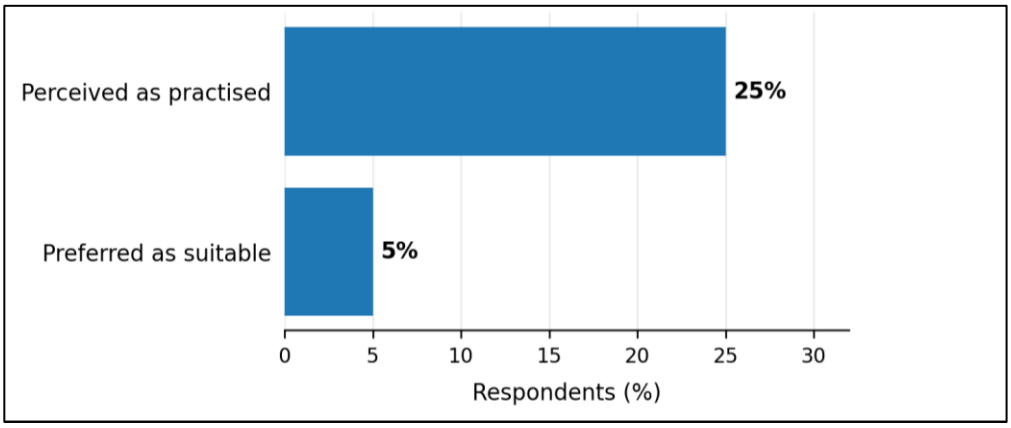


Fig 6 Autocratic Leadership: Practice and Preference

Visual comparison of the reported prevalence of autocratic leadership and the proportion preferring it as the most suitable style. The two measures represent different survey questions.

➢ *Synthesis of Findings Across the Four Objectives*

Across the four objectives, the evidence indicates that UTH has a hybrid leadership environment, but respondents most strongly preferred transformational, servant and democratic approaches. The reported regression model showed a strong overall association between leadership styles and organisational performance, with transformational leadership recording the largest positive standardized coefficient and autocratic leadership recording a negative coefficient. At employee level, respondents linked leadership with efficiency and productivity, particularly through supervisory support, communication, recognition and delegation. The main constraints were institutional and behavioural: bureaucracy, communication gaps, limited autonomy, weak feedback, resource constraints and inconsistent coordination. The central answer to the research question is therefore that leadership styles are significantly associated with organisational performance at UTH, but the contribution of leadership depends on how styles are practised and whether organisational systems enable staff to work effectively.

V. DISCUSSION OF FINDINGS

The first objective established that transformational leadership was the most frequently reported style at UTH, although autocratic and transactional approaches also remained visible. The difference between current practice and employee preference is important: while transformational leadership accounted for 35% of reported practice, 55% selected it as the most suitable approach. The preference for servant and democratic leadership further indicates that employees value support, participation and shared decision-making. This pattern is consistent with Zambian hospital evidence identifying transformational leadership as a prominent and preferred approach [6], and with wider healthcare reviews that associate relational leadership with positive workforce outcomes [8], [15]. The results support a blended approach that retains clear standards while strengthening employee voice and development.

The second objective examined the relationship between leadership styles and organisational performance. The reported regression model was statistically significant and explained 76.1% of the variation in the performance measure. Transformational, democratic, servant and transactional leadership had positive coefficients, while autocratic leadership had a negative coefficient. Descriptive results on perceived organisational performance, patient satisfaction, clear goals and teamwork were consistent with this pattern. The direction of the findings is broadly consistent with healthcare studies linking transformational or relational leadership with staff empowerment, job satisfaction and patient-safety outcomes [9], [11]. The results indicate a strong association in the reported model; because the study is cross-sectional and perception-based, they do not establish causation.

The third objective assessed employee efficiency in service delivery. Three-quarters of respondents perceived a positive effect of leadership on efficiency and agreed that leadership affects productivity. Supervisory support and job satisfaction were also reported by substantial proportions of respondents. The qualitative findings explain these patterns through communication, guidance, recognition, feedback and delegation. These mechanisms are consistent with evidence from Zambia and other healthcare settings that connects leadership practices with employee motivation,

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commitment, work environment and performance [6], [8], [12]. This suggests that leadership can support efficiency when employees understand expectations, receive timely support and have appropriate authority to resolve work-related problems.

The fourth objective examined limitations. Participants identified bureaucracy, weak communication, limited transparency, inadequate delegation, resource constraints, poor coordination and inconsistent feedback and leadership development. These findings reinforce the importance of institutional context: healthcare leadership reviews identify organizational resources, work environments and management systems as conditions that can shape the outcomes of leadership [10], [15]. The negative coefficient for autocratic leadership and the gap between its reported prevalence and employee preference reinforce the concern that excessive centralization may constrain participation and initiative. Leadership improvement therefore requires both behavioural change among managers and institutional reforms that improve communication, accountability, resources and decision-making processes.

VI. CONCLUSIONS

The study concludes that leadership style is closely associated with organizational performance at the University Teaching Hospital. Multiple leadership styles coexist within UTH, with transformational leadership identified as the most prevalent and most preferred approach. Autocratic and transactional approaches remain present, reflecting the hospital's hierarchical and highly regulated environment.

The reported regression results indicate a strong and statistically significant relationship between the combined leadership styles and organizational performance. Transformational, democratic, servant and transactional leadership recorded positive coefficients, while autocratic leadership recorded a negative coefficient. The results therefore support the alternative hypothesis reported in the thesis. At the employee level, leadership was perceived to influence motivation, job satisfaction, productivity, teamwork and efficiency.

The qualitative findings further demonstrate that effective leadership is associated with communication, support, recognition, participation, fairness, delegation and accountability. Leadership challenges include communication gaps, bureaucratic bottlenecks, inadequate delegation, weak feedback, resistance to change and inconsistent leadership development. Overall, the study indicates that improving leadership capacity and organizational systems can contribute to stronger employee engagement and service delivery.

Because the research design is cross-sectional and relies substantially on employee perceptions, the findings should be interpreted as evidence of association rather than definitive proof of causality. In addition, the discrepancy between the methodology's reported sample of 80 and the regression output's implied N of 100 should be resolved using the original dataset before publication.

RECOMMENDATIONS

- *Institutionalize Transformational and Participatory Leadership Development*

  UTH should strengthen leadership development programmes that build competencies in vision setting, motivation, communication, coaching, teamwork, conflict management and participatory decision-making.

- *Strengthen Continuous Professional Development and Mentorship*

  Continuous leadership training, coaching and mentorship should be provided across management levels, with particular attention to supervisors and emerging leaders.

- *Improve Internal Communication and Feedback*

  Management should establish reliable channels for two-way communication, including regular staff meetings, structured feedback mechanisms and accessible supervisory arrangements.

- *Strengthen Leadership Performance Appraisal*

  Leadership effectiveness should form part of management performance appraisal through clear indicators covering communication, staff development, ethical conduct, accountability and achievement of organizational objectives.

- *Promote Fair Recognition and Motivation Systems*

  Transparent mechanisms for recognizing employee performance should be strengthened to reinforce commitment and reduce perceptions of favoritism.

- *Increase Appropriate Delegation and Participatory Decision-Making*

  Departmental heads should have sufficient authority to address operational matters, while staff should be consulted on decisions affecting workflow and patient care where appropriate.

- *Strengthen Succession Planning*

  UTH should develop structured succession and mentorship systems to prepare future leaders and maintain institutional continuity when management positions change.

- *Integrate Leadership Reform with Broader Institutional Improvement*

  Leadership interventions should be accompanied by improvements in communication systems, resource planning, coordination and administrative processes so that leaders and employees have the organizational conditions required to perform effectively.

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STUDY LIMITATIONS

The study was conducted at one public teaching hospital, which limits direct generalization to all Zambian healthcare institutions. The cross-sectional design provides a snapshot of leadership perceptions rather than changes over time. Much of the evidence is perception-based and may therefore be influenced by individual experiences or departmental differences. The detailed methodology reports 80 respondents (30 leaders/supervisors and 50 general staff); however, the regression ANOVA table reports total degrees of freedom of 99, which implies 100 observations. This discrepancy cannot be reconciled from the manuscript alone. The regression model should therefore be re-run using the verified dataset of 80 respondents, and the regression tables and related interpretation confirmed before formal publication. The study also did not independently measure objective hospital performance indicators such as waiting times, clinical outcomes or financial efficiency.

CONTRIBUTION OF THE STUDY

The study contributes institution-specific evidence on leadership and organizational performance in a major Zambian public healthcare institution. Its contribution is both empirical and practical. Empirically, it combines descriptive perceptions, qualitative evidence and a reported regression model to examine leadership-performance relationships. Practically, it identifies specific organizational mechanisms—communication, participation, recognition, supervision, delegation and leadership development—through which leadership may influence employee efficiency and service delivery. The findings also contribute to the localization of leadership research by examining leadership theory within the institutional realities of Zambia's public health sector.

PRACTICAL IMPLICATIONS FOR HEALTHCARE MANAGEMENT

The findings have direct practical implications for the management of UTH and similar public healthcare institutions. First, leadership development should be treated as an institutional performance function rather than an individual professional-development activity. Managers at different levels require opportunities to develop skills in communication, coaching, conflict resolution, strategic planning, team management and change leadership. Such programmes should be linked to clearly defined organizational outcomes so that leadership development can be monitored over time.

Second, the study points to the importance of combining leadership behaviour with enabling organizational systems. A leader may communicate effectively and encourage staff participation, but these practices can have limited effect when decisions are delayed by excessive bureaucracy, resources are unavailable or responsibilities are unclear. Leadership reform should therefore be connected to improvements in delegation, information flows, planning and accountability. Departmental managers should know which decisions they can make independently and which require escalation.

Third, employee participation should be strengthened in operational decisions that directly affect service delivery. The reported mean score of 4.1 for teamwork and shared decision-making suggests that employees value participation. Structured mechanisms such as departmental meetings, quality-improvement teams and feedback forums can provide regular opportunities for frontline staff to identify operational problems and contribute solutions. Participation can also improve ownership because employees are more likely to support decisions when they understand how and why those decisions were made.

Fourth, the findings support the use of transparent recognition and feedback systems. Employees identified recognition, constructive feedback and fair treatment as important influences on morale and efficiency. A consistent recognition framework can acknowledge exceptional performance without creating perceptions of favoritism. Similarly, performance reviews should focus on coaching and improvement rather than only on identifying deficiencies. This approach is compatible with transformational and servant leadership principles while retaining the accountability associated with transactional management.

Fifth, leadership accountability should be incorporated into institutional performance management. Leadership effectiveness can be assessed through indicators such as staff engagement, communication quality, completion of departmental objectives, responsiveness to operational issues, staff development, ethical conduct and evidence of collaborative decision-making. Regular review of these indicators can help UTH identify areas requiring support and can strengthen continuity when managers change.

Finally, the study suggests that future leadership at UTH should combine vision with adaptability. Healthcare institutions face changing patient needs, technological developments, workforce pressures and resource constraints. Leaders therefore need the capacity to maintain standards while adapting their management approach to circumstances. The findings do not suggest that transactional or directive leadership should disappear; rather, they indicate that such approaches should be balanced with participation, support, empowerment and innovation. This balanced approach is consistent with the study's use of transformational, transactional, situational and democratic theories.

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