INFLUENCE OF LEADERSHIP STYLES ON EMPLOYEE PERFORMANCE IN SELECTED HEALTHCARE FACILITIES IN DADAAB SUBCOUNTY GARISSA COUNTY

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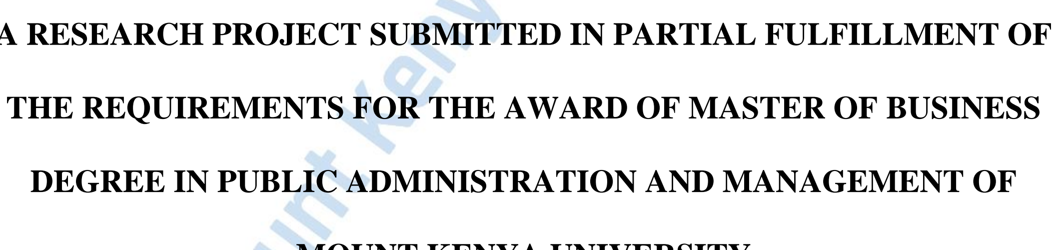

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DECLARATION AND APPROVAL

Declaration by the Student

I declare that this research project is my original work and has not been presented in any other institution of higher learning for any other award.

Sign: ……………………… Date: 02/06/2025

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Approval by the Supervisor

This project has been presented for defence with my approval as the university supervisor.

Sign: ……………………… Date: 02/07/2025

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ABSTRACT

Employee performance was recognized as a fundamental determinant of service quality and operational efficiency in healthcare settings. This study investigated the influence of leadership styles—transformational, transactional, autocratic, and participative—on employee performance within selected healthcare facilities in Dadaab Subcounty, Garissa County, Kenya. Guided by four specific objectives, the study sought to examine the influence of transformational leadership; assess the role of transactional leadership; analyze the effects of autocratic leadership; and evaluate the impact of participative leadership on employee performance. The study was underpinned by Transformational Leadership Theory and the Path-Goal Theory of Leadership, which provided a theoretical lens for understanding how leadership behaviors influenced subordinate outcomes within complex operational environments. A descriptive survey research design was adopted to collect quantitative data reflective of the prevailing experiences and practices in the healthcare sector. The target population comprised 161 employees, including medical officers, nurses, clinical officers, laboratory technicians, public health officers, and administrators from both public and private healthcare institutions. Given the manageable population size, the study employed a census sampling method, involving all 161 individuals to ensure comprehensive coverage and minimize sampling bias. Data were collected using semi-structured questionnaires comprising both closed and open-ended items, organized according to the study variables and measured using a 5-point Likert scale. To ensure validity and reliability, the instruments were pilot-tested in a neighboring subcounty (Lagdera), and their internal consistency assessed using Cronbach's Alpha, with a threshold of 0.7 considered acceptable. Data analysis was conducted using SPSS Version 23.0 and Microsoft Excel, applying both descriptive (means, standard deviations, frequencies) and inferential statistics (Pearson correlation and multiple linear regression). The results were presented in the form of tables, graphs, and charts. Findings revealed that transformational ($\beta = 0.402$, $p < .001$), participative ($\beta = 0.346$, $p < .001$), and transactional leadership ($\beta = 0.298$, $p = .001$) significantly and positively influenced employee performance. Autocratic leadership showed a negative and statistically insignificant effect ($\beta = -0.129$, $p = .060$). The model explained 64.3% of variance in employee performance ($R^2 = 0.643$) with a statistically significant ANOVA result ($F = 69.74$, $p < .001$). Employees reported high levels of motivation (mean = 4.12), collaboration (mean = 4.22), and productivity (mean = 4.12), affirming the positive influence of inclusive leadership. The study concludes that transformational and participative leadership are most effective in enhancing performance, while autocratic leadership hinders engagement. It recommends institutionalizing leadership training programs, promoting participative decision-making, and phasing out rigid autocratic practices.

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LIST OF ABBREVIATIONS AND ACRONYMS

MLQ Multifactor Leadership Questionnaire

UWES Utrecht Work Engagement Scale

SPSS Statistical Package for the Social Sciences

WHO World Health Organization

KPI Key Performance Indicator

MKU Mount Kenya University

NHS National Health Service (United Kingdom)

SEM Structural Equation Modeling

OCB Organizational Citizenship Behavior

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CHAPTER ONE

INTRODUCTION

This chapter presents the background of the study, an overview of marketing strategies, statement of the problem, the objectives of the research (broad and specific objectives), significant of the study, limitation of the study and the scope of the study.

1.1 Background of the Study

Leadership plays an integral role in determining the success or failure of organizational operations, especially in sensitive and high-demand environments such as healthcare. Leadership styles influence organizational culture, employee morale, commitment, and performance. As healthcare systems worldwide grapple with challenges such as workforce shortages, increasing patient demands, and evolving health threats, the need for effective leadership has become paramount (Al-Yami & Watson, 2018). The adoption of appropriate leadership styles in healthcare organizations is pivotal for maintaining staff motivation, minimizing turnover, and ensuring efficient service delivery. Leadership approaches such as transformational, transactional, autocratic, and participative styles have been extensively studied in relation to employee performance. Transformational leadership, for instance, is associated with higher motivation and innovation, while transactional leadership emphasizes structure, rewards, and discipline (Northouse, 2021).

In the United States, research has shown that hospitals led by transformational leaders experience lower nurse burnout and improved patient care outcomes. Such leaders inspire employees by fostering a shared vision and supporting their professional growth, which enhances performance (Boamah et al., 2018). Similarly, in Canada, participative leadership has been linked to greater employee involvement and decision-making

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capacity, fostering a sense of ownership and improving organizational performance (Wong et al., 2021). These findings emphasize the global relevance of leadership styles in enhancing healthcare workforce efficiency and productivity.

In the African context, the influence of leadership on employee performance remains critical, especially in resource-constrained health systems. In South Africa, a study revealed that autocratic leadership in public hospitals often leads to demoralization and absenteeism among healthcare staff, negatively affecting service delivery (Mokgothu & Maubane, 2020). Conversely, leadership practices that empower employees, such as participative leadership, have been shown to boost morale and accountability, thereby enhancing productivity. This suggests that the rigid enforcement of authority without employee input may hinder performance in public healthcare systems.

In Nigeria, research by Ekanem and Okon (2020) illustrated that transactional leadership is common in public hospitals due to strict hierarchical structures and bureaucratic practices. While this style improves short-term efficiency, it often suppresses creativity and long-term engagement among healthcare staff. However, the same study noted that integrating transformational practices such as mentorship and recognition can counteract the limitations of transactional systems and improve workforce output. This dualistic insight highlights the complex nature of leadership in African healthcare institutions and the necessity for adaptable leadership models.

Within Kenya, leadership in healthcare has increasingly become a focus of concern amid devolved governance and changing healthcare demands. In Nairobi County, Omondi and Waiganjo (2021) found that transformational leadership significantly improves employee performance in county hospitals by encouraging innovation, collaboration, and continuous learning. Their study emphasized that leaders who invest in professional development and team motivation report higher levels of job satisfaction and employee

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commitment. This aligns with the broader discourse that employee empowerment through visionary leadership leads to improved healthcare service delivery.

In the Western Kenya region, Juma, Ayub, and Ali (2023) established that participative leadership style enhances employee performance in public health institutions by fostering inclusivity in decision-making. Health workers who are actively involved in organizational planning reported a stronger sense of belonging and accountability, which translated into higher productivity and improved patient care. However, the study also highlighted that this leadership style requires deliberate training and institutional support to be effective, particularly in traditionally hierarchical healthcare settings.

The importance of leadership styles becomes even more significant when examined in the context of underserved areas such as Dadaab Subcounty in Garissa County. The region is characterized by limited resources, high disease burden, and a diverse workforce serving refugee and local populations. Despite these challenges, there is limited empirical research on how leadership styles influence healthcare employee performance in this region. Healthcare leaders in Dadaab must navigate complex operational environments and inspire performance under high pressure and limited supervision. Inappropriate leadership may lead to demotivation, absenteeism, and poor health outcomes.

Employee performance is a multifaceted concept involving productivity, quality of work, attendance, communication, and initiative. In healthcare settings, it directly influences the quality, timeliness, and safety of patient care. Effective leadership styles can enhance these elements by fostering work engagement, clarifying roles, resolving conflicts, and creating a supportive work environment (Kitsios & Kamariotou, 2021). Conversely, poor leadership contributes to stress, burnout, and high staff turnover. In Dadaab’s healthcare

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context, where resource challenges are prevalent, leadership that motivates and aligns the workforce with institutional goals is indispensable.

Despite the recognized importance of employee performance in healthcare delivery, most leadership interventions in Kenyan health facilities have focused on infrastructural and policy improvements, with less emphasis on human resource development. This oversight can impede service delivery, particularly in rural and marginalized counties like Garissa. Investigating the interplay between leadership styles and employee performance provided insights that informed leadership development, resource allocation, and human capital strategies tailored to the unique needs of healthcare workers in Dadaab. Accordingly, this study sought to assess the influence of various leadership styles transformational, transactional, autocratic, and participative on employee performance in selected healthcare facilities in Dadaab Subcounty, Garissa County.

1.2 Problem Statement

Employee performance in healthcare facilities is a key determinant of the quality, efficiency, and safety of service delivery. However, in many healthcare institutions, especially in resource-limited and high-pressure environments, performance outcomes such as job satisfaction, productivity, teamwork, and staff retention remain suboptimal. A growing body of literature suggests that these issues are closely linked to the leadership styles adopted by facility managers and supervisors (Kitsios & Kamariotou, 2021; Boamah et al., 2018). For instance, autocratic leadership styles often hinder employee morale and innovation, while participative and transformational approaches tend to enhance motivation, engagement, and collaboration (Olatoye et al., 2024). Despite this knowledge, healthcare facilities continue to experience challenges such as staff

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demotivation, high turnover, and reduced quality of care—indicating a gap in the practical application of effective leadership strategies tailored to dynamic healthcare environments.

In the context of selected healthcare facilities, especially those operating in under-resourced or marginalized regions, there is limited empirical evidence examining how various leadership styles directly impact employee performance indicators such as work efficiency, responsiveness, and commitment to organizational goals. Facilities often rely on rigid, traditional leadership models that fail to adapt to the evolving needs of healthcare workers and the communities they serve (Juma et al., 2023). Without clear, context-specific understanding of which leadership styles yield the most positive outcomes, healthcare administrators may continue to adopt ineffective approaches, further contributing to low productivity, poor service delivery, and strained healthcare systems. The study aimed to bridge that knowledge gap by exploring how different leadership styles transformational, transactional, autocratic, and participative affected employee performance in selected healthcare settings, thereby offering practical solutions to improve both workforce efficiency and patient care outcomes.

1.3 Purpose of the Study

The purpose of the study was to assess the influence of leadership styles on employee performance in selected healthcare facilities in Dadaab Subcounty, Garissa County.

1.3.1 Specific Objectives of the Study

The study was guided by the following specific research objectives:

i. To examine the influence of transformational leadership on employee performance in selected healthcare facilities in Dadaab Subcounty Garissa County.

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ii. To assess the influence of transactional leadership on employee performance in selected healthcare facilities in Dadaab Subcounty Garissa County.

iii. To analyze the influence of autocratic leadership on employee performance in selected healthcare facilities in Dadaab Subcounty Garissa County.

iv. To evaluate the influence of participative leadership on employee performance in selected healthcare facilities in Dadaab Subcounty Garissa County .

1.4 Research Questions

The study was guided by the following research questions:

i. What is the influence of transformational leadership on employee performance in selected healthcare facilities in Dadaab Subcounty, Garissa County?

ii. How does transactional leadership influence employee performance in selected healthcare facilities in Dadaab Subcounty, Garissa County?

iii. What is the influence of autocratic leadership on employee performance in selected healthcare facilities in Dadaab Subcounty, Garissa County?

iv. How does participative leadership influence employee performance in selected healthcare facilities in Dadaab Subcounty, Garissa County?

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1.5 Significance of the Study

1.5.1 Healthcare Administrators and Facility Managers

This study is of critical importance to healthcare administrators and facility managers, as it offers empirical insights into how various leadership styles—transformational, transactional, autocratic, and participative—affect employee performance. The findings will enable leaders in healthcare settings to adopt evidence-based leadership approaches that enhance employee motivation, reduce turnover, and promote a culture of accountability and efficiency within their institutions.

1.5.2 Policy Makers and Government Stakeholders

For policymakers and stakeholders in the health sector, especially at the county and national levels, the study provides valuable data to inform the formulation of leadership development programs and human resource policies. The outcomes of this research can guide the integration of effective leadership strategies into healthcare governance, thereby improving workforce management and overall service delivery in public health institutions.

1.5.3 Healthcare Employees

Although indirectly, healthcare employees stand to benefit significantly from the study through the potential improvement of leadership practices in their workplaces. Enhanced leadership fosters positive work environments, promotes inclusive decision-making, and supports employee development—all of which are essential for high performance, job satisfaction, and professional fulfillment.

1.5.4 Patients and the Broader Community

Ultimately, the findings of this study will benefit patients and the broader community served by healthcare facilities. Improved leadership and employee performance are directly linked to better healthcare outcomes, including timely service delivery, enhanced patient safety, and improved quality of care. Therefore, the community will gain from a more responsive and efficient healthcare system driven by effective leadership.

1.5.5 Academic and Research Communities

The study contributes to the scholarly discourse on organizational leadership and employee performance, particularly within healthcare contexts in developing countries. By focusing on selected healthcare facilities in Dadaab Subcounty, the research fills a gap in localized literature and provides a foundation for future empirical studies. Scholars

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and students pursuing leadership, public administration, or healthcare management will find the study useful for comparative analysis and theory advancement.

1.6 Scope of the Study

The study focused on examining the influence of leadership styles specifically transformational, transactional, autocratic, and participative on employee performance in selected healthcare facilities within Dadaab Subcounty, Garissa County. The research was limited to healthcare employees and facility managers working in public and private health institutions within this geographic area. It utilized a descriptive research design to capture the prevailing perceptions, experiences, and outcomes related to leadership and performance. The study was conducted over a period of eight months, from January to August, allowing adequate time for data collection, analysis, and reporting of findings.

1.7 Limitation of the study

One key limitation of the study was its reliance on self-reported data through questionnaires, which may have introduced response bias or socially desirable answers. To mitigate this, the study ensured anonymity and confidentiality, encouraging participants to provide honest and accurate responses. Another limitation was the geographical scope, which was confined to selected healthcare facilities in Dadaab Subcounty. This may have limited the generalizability of findings to other regions. However, the study provided in-depth insights specific to this context, which can inform similar studies in comparable settings. Time constraints also posed a challenge, given the study's January to August timeline. To address this, a well-structured research schedule was followed to ensure timely completion of all phases, including data collection and analysis. Lastly, the study faced limited access to some healthcare staff due to their

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demanding work schedules. To overcome this, data collection was planned flexibly, including off-peak hours or shift-based approaches, to accommodate respondents without disrupting healthcare services.

1.8 Delimitation of the study

The study was delimited to selected healthcare facilities within Dadaab Subcounty, Garissa County, and focused exclusively on the relationship between leadership styles and employee performance. It targeted healthcare workers and managerial staff in both public and private facilities, excluding other sectors and administrative units. The study further limited itself to four leadership styles transformational, transactional, autocratic, and participative while excluding other less commonly practiced styles. Additionally, the study utilized a descriptive research design and did not attempt to establish causality, focusing instead on current trends and associations.

1.9 Assumptions of the Study

The study assumed that respondents provided truthful and unbiased responses to the questionnaires, reflecting their genuine experiences with leadership and performance in their workplaces. It was also assumed that the selected healthcare facilities practiced identifiable leadership styles that could be evaluated using the chosen framework. Furthermore, the study presumed that employee performance could be reliably assessed based on observable indicators such as motivation, job satisfaction, teamwork, and productivity. Finally, it was assumed that the timeframe from January to August was sufficient to conduct and complete the research process effectively.

1.10 Operational definition of key terms

Leadership Styles: These are the methods and approaches used by healthcare managers to influence, guide, and direct employees toward achieving organizational goals. This study focuses on four key styles: transformational, transactional, autocratic, and participative.

Transformational Leadership: A leadership style that seeks to inspire and motivate employees by creating a shared vision, encouraging innovation, and supporting individual development and engagement.

Transactional Leadership: A leadership style based on clearly defined roles, structured tasks, and performance-based rewards or corrective measures to ensure compliance and goal attainment.

Autocratic Leadership: A centralized leadership approach where the leader makes decisions independently with minimal or no input from subordinates, often resulting in limited employee participation.

Participative Leadership: A democratic style where leaders actively involve employees in decision-making processes, promoting teamwork, open communication, and mutual respect.

Employee Performance: Refers to how effectively and efficiently healthcare employees carry out their duties. It includes aspects such as productivity, motivation, quality of work, and cooperation within teams.

Healthcare Facilities: These are the selected public and private institutions in Dadaab Subcounty, Garissa County, where health services are provided and the study is conducted.

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CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews the theoretical literature. The chapter also reviews the empirical literature, conceptual framework and research gaps are also covered in this chapter.

2.1 Theoretical Literature

To guide this study, two key theories will be applied: Transformational Leadership Theory and Path-Goal Theory of Leadership. Transformational Leadership Theory provides a framework for understanding how visionary and motivational leadership can enhance employee engagement and performance, while Path-Goal Theory explains how different leadership styles influence employee outcomes by aligning leadership behavior with employee needs and work environments.

2.1.1 Transformational Leadership Theory

Transformational Leadership Theory, first introduced by James MacGregor Burns in 1978 and later expanded by Bernard Bass in 1985, remained one of the most influential and widely applied theories in the study of leadership. The theory posited that transformational leaders inspired and motivated followers to exceed expectations by aligning organizational goals with the personal values and aspirations of employees. Unlike transactional leaders who focused on exchanges and rewards, transformational leaders sought to elevate both individuals and institutions by fostering an environment of trust, innovation, and shared vision. Over time, this theory was applied across various sectors, including healthcare, where leadership directly influenced organizational outcomes and employee performance.

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Transformational leadership was structured around four core dimensions: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. Idealized influence referred to the leader's ability to act as a role model, earning the respect and trust of followers. Inspirational motivation involved articulating a clear, appealing vision that inspired and energized the team. Intellectual stimulation encouraged creativity and critical thinking among employees, allowing them to explore new methods of problem-solving. Lastly, individualized consideration entailed offering personal attention and mentorship to team members, recognizing their unique needs and potential for growth (Northouse, 2021).

In healthcare settings, transformational leadership had proven particularly effective in enhancing employee morale, job satisfaction, and performance outcomes. According to Boamah et al. (2018), transformational leadership significantly improved nurse engagement, reduced burnout, and increased patient safety outcomes. Their study revealed that when healthcare workers perceived their leaders as supportive, visionary, and empowering, they were more likely to perform at higher levels, demonstrate initiative, and commit to organizational goals. Similarly, Wong and Laschinger (2019) reported that transformational leadership fostered a positive work environment and strengthened team cohesion elements crucial in the high-stakes, high-stress nature of healthcare environments.

The relevance of transformational leadership in healthcare continued to grow, particularly in contexts where employee performance was directly linked to the quality of patient care. Recent studies also showed that transformational leaders positively influenced staff retention by promoting job satisfaction and providing professional development opportunities (Khan et al., 2020). In many developing countries, including Kenya, where health systems remained under-resourced and overburdened,

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transformational leadership often marked the difference between staff burnout and sustained performance. Leaders capable of mobilizing human resources through vision, support, and empowerment were better positioned to help healthcare institutions navigate complex operational challenges while maintaining service delivery standards.

The theory also closely aligned with the concept of employee psychological empowerment, which was recognized as a critical determinant of job performance. Research by Aryee et al. (2023) revealed that transformational leaders empowered their staff by delegating responsibility and encouraging participation in decision-making. This approach created a sense of ownership and accountability among employees, which in turn fostered a proactive work culture. Empowered employees were more likely to go beyond their formal job descriptions, positively contributing to team performance and organizational success. In this way, transformational leadership affected not only individual behavior but also broader organizational effectiveness.

In the context of the present study, transformational leadership provided a compelling framework for examining the relationship between leadership and employee performance in healthcare facilities in Dadaab Subcounty, Garissa County. The healthcare environment in Dadaab, marked by resource constraints, high patient demand, and workforce challenges, demanded leadership that inspired, motivated, and supported employees to remain committed and productive. This study investigated how the presence or absence of transformational leadership characteristics among healthcare managers influenced employee outcomes such as motivation, teamwork, and efficiency. The selection of this theory was further justified by its emphasis on human-centered leadership. Unlike autocratic or purely transactional models that risked undermining employee morale, transformational leadership emphasized shared values, personal growth, and trust components essential to enhancing employee performance in high-

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pressure environments. Healthcare workers in Dadaab often faced challenging working conditions, and transformational leadership offered the psychological and professional support necessary to sustain high standards of care. By adopting this leadership style, managers cultivated a culture of mutual respect and continuous improvement, which directly contributed to organizational performance.

Additionally, transformational leadership aligned with emerging trends in healthcare management that prioritized patient-centered care, collaborative teamwork, and ongoing professional development. The theory supported the perspective that effective leadership was not about command and control, but about fostering a shared vision and enabling staff to realize their full potential. This proved particularly relevant in healthcare facilities serving vulnerable populations, such as those in Dadaab, where the success of healthcare delivery depended significantly on the resilience and commitment of frontline workers. Leaders who emotionally and intellectually engaged their staff were more likely to build cohesive, adaptable teams capable of delivering consistent and compassionate care.

2.1.2 Path-Goal Theory of Leadership

The Path-Goal Theory of Leadership, developed by Robert House in 1971 and refined in subsequent years, remained a significant framework in leadership studies. Grounded in the expectancy theory of motivation, the theory focused on how leaders enhanced employee performance and satisfaction by clarifying paths to goals, removing obstacles, and providing necessary support. According to this model, a leader's principal function was to align their behavior with the needs of their subordinates and the specific demands of tasks in order to facilitate goal achievement. Leaders achieved this by selecting a leadership style that suited both employee characteristics and the work environment. Thus, the Path-Goal Theory emphasized that leadership was not a one-size-fits-all

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process but a situationally adaptive approach responsive to organizational dynamics and workforce needs.

The theory identified four principal leadership styles: directive, supportive, participative, and achievement-oriented. A directive leader issued clear instructions and expectations, defining roles to minimize ambiguity. Supportive leadership focused on employee well-being, fostering a friendly and approachable atmosphere. Participative leadership engaged employees in decision-making processes, enhancing their sense of ownership and intrinsic motivation. Achievement-oriented leadership involved setting challenging goals and expecting high standards of performance, thus encouraging employees to reach their full potential. These styles were applied flexibly based on contextual factors such as employee competence, motivation, and task complexity (Li et al., 2019).

One of the theory's core strengths was its flexibility in adapting leadership behaviors to a variety of workplace conditions. In high-stakes, dynamic environments such as healthcare, where employees encountered high patient volumes, emotional strain, and constrained resources, leaders who adjusted their style to situational demands proved more effective. Malik et al. (2020) confirmed that context-sensitive leaders enhanced employee satisfaction, minimized stress, and improved overall performance. For instance, in situations where tasks were ambiguous or employees inexperienced, directive leadership tended to be most effective. On the other hand, when dealing with experienced staff or routine procedures, participative or supportive approaches yielded better outcomes.

In healthcare organizations, especially in developing contexts, leadership adaptability was critical due to frequent changes brought about by policy shifts, public health crises, and fluctuating resource availability. Under such conditions, the Path-Goal Theory offered a robust framework for understanding how adaptable leadership styles influenced

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motivation and service delivery. Khalid et al. (2021) found that healthcare leaders who recognized individual staff differences and responded accordingly significantly enhanced employee engagement and job performance. These findings supported the theory's central proposition that leadership effectiveness was contingent on alignment with employee needs and environmental demands.

The theory's emphasis on removing obstacles to performance held particular relevance in healthcare. Workers often encountered systemic issues such as understaffing, supply shortages, and vague operational procedures. Leaders who acted as facilitators by securing resources, clarifying processes, and offering emotional support enabled staff to perform more efficiently. In this regard, the leader functioned as both a guide and a problem solver. Chua and Ayoko (2022) showed that leaders who actively addressed work-related challenges inspired higher employee commitment, reduced burnout, and improved service quality, aligning with the theory's expectations.

Path-Goal Theory was especially relevant to the present study, which investigated the influence of leadership styles on employee performance in healthcare facilities within Dadaab Subcounty, Garissa County. The local healthcare context posed significant challenges such as resource scarcity, a high disease burden, and difficult working conditions—factors that necessitated responsive leadership. By employing Path-Goal Theory, the study analyzed how different leadership styles transformational, transactional, autocratic, and participative served as mechanisms to influence staff performance under these constraints. For instance, in settings where morale was low due to operational limitations, supportive or participative leadership was observed to be more effective in promoting engagement. Conversely, directive or transactional leadership approaches were more suitable when clarity and procedural compliance were paramount, such as during emergency interventions.

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Furthermore, the theory aligned with the study's aim of determining which leadership styles most effectively enhanced specific aspects of employee performance, including motivation, teamwork, and job satisfaction. Path-Goal Theory not only explained how leadership impacted outcomes but also why certain styles were more effective in particular circumstances. This allowed the study to progress beyond descriptive analysis and offer practical recommendations regarding the conditional application of leadership strategies. The theory thus reinforced the notion that effective leadership in healthcare involved thoughtful, dynamic adaptation rather than the rigid application of leadership models.

In Dadaab's context where healthcare institutions faced extreme operational challenges the principles of Path-Goal Theory became even more pertinent. Leaders in such settings were required not only to set clear and achievable goals but also to instill confidence, address barriers to workflow, and provide comprehensive support to their teams. By grounding the study in this theoretical framework, it became possible to interpret findings through a lens that accounted for both the psychological and structural dimensions of employee performance. This approach enabled the formulation of evidence-based, context-specific recommendations for improving leadership effectiveness and, consequently, organizational outcomes.

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2.2 Empirical Literature

2.2.1 Transformational Leadership on Employee Performance

In the United States, transformational leadership has been extensively studied in healthcare settings to assess its influence on employee performance. Boamah et al. (2018) conducted a quantitative study using a cross-sectional design involving 378 registered nurses in acute care hospitals. The researchers employed the Multifactor Leadership

Questionnaire (MLQ) and the Utrecht Work Engagement Scale (UWES) to measure transformational leadership and employee engagement respectively. Their findings revealed a significant positive correlation between transformational leadership and nurse job satisfaction, work engagement, and perceived patient safety. The study concluded that when leaders are inspiring, supportive, and intellectually stimulating, healthcare workers are more motivated to perform effectively and collaboratively. The research highlights the importance of leadership behavior in high-stress environments and suggests that adopting transformational leadership can help reduce burnout and turnover. The methodological strength lies in its robust sampling and validated instruments, although the authors noted that causality could not be inferred due to the study's cross-sectional nature.

In Canada, Wong and Laschinger (2019) explored the relationship between transformational leadership and staff nurse work engagement and patient outcomes in long-term care settings. A correlational research design was applied using structural equation modeling (SEM) to analyze survey data collected from 367 nurses. The results showed that transformational leadership positively influenced trust in management, psychological empowerment, and ultimately improved work performance and patient care quality. The study emphasized the mediating role of organizational trust and psychological empowerment, suggesting that leaders who communicate vision and support staff development foster a high-performance culture. This study reinforces the theoretical foundations of transformational leadership and presents strong evidence that such leadership is essential for sustaining high employee output and service excellence in healthcare systems. The use of SEM enhanced the depth of the analysis by revealing both direct and indirect relationships.

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In Australia, Chua and Ayoko (2022) conducted a mixed-method study to investigate the impact of transformational leadership on job satisfaction and performance among multidisciplinary healthcare teams. The study involved both surveys and semi-structured interviews with 240 participants from public hospitals. Quantitative data were analyzed using regression analysis, while qualitative data were thematically analyzed. The findings indicated that transformational leaders who demonstrated individualized consideration and provided inspirational motivation significantly improved team cohesion, job satisfaction, and patient care performance. The qualitative results reinforced these findings by revealing that healthcare workers felt more valued and committed under transformational leaders. The study's strength lies in its mixed-method approach, offering both statistical evidence and narrative insights into leadership dynamics in clinical environments. The authors recommended ongoing leadership training programs to promote transformational behaviors that drive employee engagement and effectiveness.

In Nigeria, Eze et al. (2020) conducted a descriptive survey to examine how transformational leadership influences job performance among health professionals in tertiary hospitals. Using a stratified sampling method, the study surveyed 450 healthcare workers across five federal hospitals. Data were collected using structured questionnaires based on the MLQ and job performance scales. The study found a strong positive relationship between transformational leadership and dimensions of employee performance such as work commitment, innovation, and patient-centered service delivery. Employees under transformational leaders reported higher levels of motivation and willingness to exceed job expectations. The study concluded that transformational leadership is crucial for enhancing performance in Nigerian healthcare institutions, especially given the systemic challenges such as inadequate funding and resource

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constraints. The reliability of the study was reinforced by the use of standardized tools, and the large sample size enhanced its generalizability within the Nigerian context.

In Ghana, Mensah and Asiedu-Appiah (2019) conducted a quantitative study to evaluate the effect of transformational leadership on healthcare worker performance in public hospitals. A sample of 200 healthcare professionals from three regional hospitals was selected using purposive sampling. The researchers employed multiple regression analysis to test the influence of transformational leadership dimensions on job performance indicators. The findings showed that intellectual stimulation and individualized consideration had the most significant impact on creativity, employee retention, and service quality. The study emphasized that transformational leaders are better positioned to guide their teams through change and uncertainty, which is common in Ghana's public healthcare sector. While the study was limited by its purposive sampling approach, it provided valuable insights into how leadership style can affect workforce outcomes in under-resourced health environments.

In South Africa, Molefe and Mofokeng (2021) investigated the relationship between transformational leadership and employee performance in the healthcare sector using a quantitative cross-sectional design. The study targeted clinical and administrative staff in three provincial hospitals and collected data through structured questionnaires administered to 320 participants. The data were analyzed using Pearson correlation and multiple regression analysis. The results demonstrated a statistically significant positive relationship between transformational leadership and indicators such as task completion, punctuality, initiative, and collaboration. The authors noted that healthcare workers under transformational leaders were more goal-oriented and proactive in service delivery. The study recommended leadership development programs focused on cultivating transformational traits, particularly in middle management. Its strength lies in its clear

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operationalization of performance metrics, which aligned well with real-world clinical outcomes.

In Nairobi County, Omondi and Waiganjo (2021) examined the influence of transformational leadership on employee performance in county hospitals. The study used a descriptive survey design and targeted 150 healthcare workers, including nurses, clinicians, and administrators. Using structured questionnaires, data were collected and analyzed through regression analysis. The results revealed that transformational leadership significantly enhanced employee performance through improved job satisfaction, motivation, and communication. The study emphasized that leaders who provided mentorship and a shared vision positively influenced employee morale and productivity. The researchers recommended that health sector managers incorporate leadership development strategies to sustain high employee performance. The study's strength was in its use of diverse participants across departments, providing a holistic view of leadership influence.

In Kisumu County, a study by Achieng and Onyango (2022) focused on how transformational leadership affects performance in public referral hospitals. A total of 180 health professionals participated in this quantitative study, which utilized stratified sampling and administered MLQ-based questionnaires. The findings revealed that transformational leadership was a strong predictor of performance, particularly in areas like patient turnaround time, staff collaboration, and innovative service delivery. The study further noted that transformational leadership mitigated stress and burnout by promoting psychological safety and teamwork. The researchers concluded that the adoption of transformational behaviors by hospital leadership would lead to sustainable workforce performance and improved healthcare outcomes. The study was methodologically sound, applying validated tools and achieving a high response rate.

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2.2.2 Transactional Leadership on Employee Performance

In the United Kingdom, transactional leadership has been analyzed for its role in shaping performance outcomes in the public healthcare sector. A study by Smith and Bell (2020) used a quantitative research design to investigate the relationship between transactional leadership behaviors and staff efficiency in National Health Service (NHS) hospitals. The study sampled 250 healthcare employees, including nurses, administrative staff, and mid-level managers. Using the Multifactor Leadership Questionnaire (MLQ) and a structured job performance index, the researchers performed correlation and regression analyses to test their hypotheses. The findings indicated that transactional leadership—particularly contingent reward and active management-by-exception—was positively associated with performance metrics such as task completion, punctuality, and adherence to hospital procedures. However, the study also highlighted that excessive reliance on passive management or punishment-based control mechanisms negatively impacted job satisfaction. The authors concluded that while transactional leadership can drive short-term task efficiency and compliance, it should be balanced with elements of support and autonomy to sustain high performance in healthcare settings. The use of standardized tools and a representative sample gave the study robust internal validity, making it highly relevant to structured health systems like Kenya's devolved health services.

In Germany, Braun and Nieberle (2017) explored how transactional leadership behaviors influence job performance and organizational citizenship behavior (OCB) in public hospitals. Employing a longitudinal design, the researchers surveyed 180 nurses and clinicians across three hospital systems over a 6-month period. The study measured leadership style using the German-adapted MLQ and assessed performance using hospital KPIs and self-evaluations. Results indicated a significant positive effect of transactional leadership on task-related performance, particularly in high-pressure units

such as emergency care and intensive care. The researchers noted that contingent reward practices reinforced goal clarity and accountability, which led to improved consistency and reduced errors in patient care. However, the study also noted limitations in fostering innovation and long-term engagement, suggesting that transactional leadership is best suited for routine and procedural tasks rather than adaptive challenges. The longitudinal approach enhanced the study's credibility by allowing for an assessment of leadership impact over time, making it a useful comparative framework for healthcare environments with strict protocols and resource constraints.

In Japan, a study by Nakashima et al. (2019) focused on the impact of transactional leadership on healthcare worker performance in aged-care facilities. The researchers employed a mixed-method approach combining structured questionnaires with follow-up interviews, targeting 200 healthcare assistants and supervisory staff. Quantitative data were analyzed using structural equation modeling (SEM), while qualitative responses were coded thematically. Findings demonstrated that transactional leadership, especially contingent rewards and clear performance expectations, significantly enhanced work efficiency, documentation accuracy, and employee discipline. However, interview participants expressed that while transactional practices improved structure and accountability, they did not necessarily lead to emotional satisfaction or long-term motivation. The authors concluded that transactional leadership is highly effective in maintaining operational order and minimizing errors in highly regulated environments, but it requires supplementary motivation mechanisms to achieve holistic staff performance. The study's methodological diversity allowed for a nuanced understanding of transactional leadership in structured but emotionally demanding care settings—insights applicable to healthcare facilities in Dadaab.

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In Ethiopia, transactional leadership has been assessed in relation to employee performance in public referral hospitals. Alemayehu and Yirdaw (2021) conducted a quantitative cross-sectional study involving 210 healthcare professionals in three referral facilities. Using structured questionnaires based on the MLQ and a customized employee performance scale, the study applied multiple regression analysis to examine the relationship between leadership styles and performance. The results showed that transactional leadership had a moderately positive effect on performance, particularly in areas such as timely task execution, procedural adherence, and reporting accuracy. However, the study found that passive transactional behaviors (e.g., management-by-exception passive) led to demotivation and delayed task response. The authors emphasized that in healthcare systems with rigid hierarchies like Ethiopia's, transactional leadership works best when it is accompanied by regular feedback and clear performance expectations. This study is particularly relevant for similar public health structures in Kenya, where leadership behaviors must navigate bureaucratic layers and standardized service protocols.

In Rwanda, Uwizeye and Mutabazi (2020) explored the impact of transactional leadership on healthcare delivery in district hospitals. The study utilized a descriptive survey design targeting 160 staff members, including nurses, lab technicians, and support staff. Using SPSS for data analysis, the study found a strong positive relationship between contingent reward systems and staff punctuality, compliance with health standards, and patient throughput rates. Respondents noted that leaders who consistently rewarded good performance or corrected errors promptly contributed to a culture of discipline and reliability. However, the study also reported that transactional leadership alone was insufficient in dealing with staff morale and long-term retention, particularly in underfunded institutions. The authors recommended integrating transactional practices

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with employee development strategies to enhance long-term outcomes. The study's structured methodology and focus on operational efficiency provide useful insights for Dadaab's similarly constrained healthcare environment.

In Tanzania, Nyaribo and Mushi (2018) conducted a mixed-method study on transactional leadership and staff performance in urban healthcare centers. Surveys were distributed to 140 healthcare workers and supplemented by key informant interviews with facility managers. Data analysis employed descriptive statistics, correlation tests, and thematic coding. The findings indicated that transactional leadership significantly contributed to meeting health targets and daily performance quotas, particularly through strict monitoring and regular feedback mechanisms. However, it was also noted that overuse of punitive measures discouraged initiative and affected morale. Facility managers expressed that a transactional approach was most effective during policy rollouts and emergency preparedness but required moderation to avoid worker fatigue. The study concluded that transactional leadership should be selectively applied, emphasizing rewards and clarity over punitive oversight. These findings offer valuable parallels for managing healthcare teams in settings like Dadaab that often require adherence to strict national and donor-funded protocols.

In Mombasa County, Mwende and Gikonyo (2022) examined the influence of transactional leadership on employee performance in public health centers. The study applied a descriptive survey design and targeted 130 health workers, ranging from nurses to administrative personnel. Questionnaires based on the MLQ and performance tracking tools were used for data collection. The study revealed that transactional leadership significantly improved timeliness in service delivery, compliance with standard operating procedures, and employee accountability. Staff under transactional leaders were found to be more task-focused and responsive to performance incentives. However,

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the research also identified a lack of emotional engagement and low innovation among employees. The authors recommended integrating mentoring and soft leadership skills to balance transactional efficiency with holistic workforce development. This study offers direct applicability to Dadaab, where many health workers are under pressure to deliver within tight guidelines and shifting policies.

In Nakuru County, a study by Kimani and Waithera (2021) investigated how transactional leadership impacts healthcare worker productivity in level four hospitals. A total of 150 employees participated in the study, which used a structured questionnaire and applied inferential statistical techniques, including regression analysis. Results indicated that contingent reward practices and routine monitoring enhanced staff punctuality, task accuracy, and documentation compliance. While performance metrics improved, respondents reported limited opportunities for professional growth and decision-making involvement. The study concluded that transactional leadership enhances short-term performance but should be complemented with developmental leadership styles to ensure sustainability. The focus on task-driven results and structured leadership mirrors the operational realities of Dadaab's healthcare system, making the study a valuable point of reference.

In Embu County, Wanjiru and Kiprotich (2023) conducted a quantitative study on transactional leadership in county hospitals. Using a sample of 110 healthcare workers and a Likert-scale-based questionnaire, the study examined how leadership styles influenced task performance and service delivery. Data were analyzed using correlation and regression methods. Findings showed a strong link between transactional leadership and operational efficiency, particularly in areas such as attendance, patient documentation, and procedural compliance. However, the study found that performance improvements were largely dependent on external incentives, and motivation declined

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when rewards were inconsistent. The researchers advised implementing structured incentive programs to sustain employee motivation under transactional systems. The study's insights are particularly applicable to regions like Dadaab, where maintaining consistency in health service performance is critical despite fluctuating resources.

2.2.3 Autocratic Leadership on Employee Performance

In France, a study conducted by Morel and Gagneux (2019) examined how autocratic leadership affects healthcare staff performance in regional hospitals. Utilizing a cross-sectional design, the study involved 225 healthcare professionals, including nurses and administrative staff. The researchers employed structured questionnaires that assessed perceived leadership behavior and its correlation with performance indicators such as task execution, responsiveness, and adherence to protocols. Findings revealed that autocratic leadership ensured operational control and timely task completion, particularly in emergency and surgical departments. However, it was also associated with higher levels of employee dissatisfaction, low morale, and minimal innovation. The study concluded that while autocratic leadership may boost short-term performance through command and discipline, it can hinder creativity, communication, and long-term engagement. The French healthcare context—marked by hierarchical structures—offered valuable insight into the double-edged effect of autocratic leadership on performance, particularly in settings where compliance is essential.

In South Korea, Kim and Park (2018) explored the impact of authoritarian leadership behaviors in tertiary medical centers. A quantitative research design was adopted, with data collected from 260 healthcare workers through a five-point Likert scale questionnaire. Statistical analysis using multiple regression revealed that autocratic leadership led to increased compliance with safety procedures and reduced patient handling errors. However, the study also showed that the same leadership style

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discouraged employee voice, decision-making participation, and peer collaboration. Notably, younger healthcare staff exhibited higher resistance to autocratic directives, citing limited professional autonomy. The authors recommended blending directive leadership with occasional participatory practices to balance performance outcomes with employee satisfaction. This study is relevant to the Dadaab context where multicultural, age-diverse staff might interpret leadership control differently, impacting performance in nuanced ways.

In Italy, Rizzo and Lattanzi (2020) assessed the influence of autocratic leadership on team performance in public hospital wards during high-pressure operations. Using a mixed-method design, the study integrated quantitative surveys and focus group discussions involving 180 clinical staff across three hospitals. Findings indicated that autocratic leadership was effective in crisis response situations—such as mass casualty events—by facilitating rapid decision-making, reducing errors, and maintaining strict adherence to chain-of-command protocols. However, in routine settings, this leadership style contributed to communication breakdowns and increased staff turnover. The qualitative findings revealed that healthcare workers often felt undervalued and excluded under autocratic leadership, which in turn diminished long-term commitment. This study reinforces the idea that autocratic leadership, while sometimes necessary in emergencies, must be carefully moderated to avoid undermining staff morale and retention in non-crisis scenarios.

In Uganda, Nakatudde and Twinamatsiko (2021) conducted a study to investigate the effect of autocratic leadership on employee performance in government health centers. A descriptive research design was employed, involving 160 healthcare workers selected through stratified sampling. Data were gathered using structured questionnaires and analyzed using SPSS. The study revealed that autocratic leadership practices, such as

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unilateral decision-making and rigid supervision, led to increased punctuality and compliance with institutional protocols. However, it also created a sense of exclusion and demotivation among staff, especially those seeking career development and input in operational matters. The researchers emphasized that while autocratic leadership promotes procedural efficiency, it weakens intrinsic motivation and team cohesion. The study's setting mirrors resource-constrained environments like Dadaab, highlighting how command-style leadership might achieve short-term output at the cost of employee engagement.

In Zambia, Phiri and Zulu (2022) examined the implications of autocratic leadership on job performance in provincial referral hospitals. The study adopted a correlational research design, surveying 190 hospital staff using standardized leadership and performance assessment tools. Data analysis revealed a statistically significant negative relationship between autocratic leadership and indicators such as employee creativity, teamwork, and initiative. While task compliance was high under autocratic managers, there was a noted decline in job satisfaction and morale, leading to frequent absenteeism. The study concluded that healthcare leadership should move toward more inclusive styles to promote sustainable performance. The authors recommended continuous leadership training that integrates both directive and supportive elements to accommodate diverse employee expectations. These insights are pertinent to Dadaab's healthcare environment, where hierarchical leadership may clash with the need for collaborative problem-solving and staff retention.

In Algeria, a study by Mansour and Boukhelifa (2023) explored the role of autocratic leadership in influencing employee behavior in urban healthcare centers. A mixed-method approach was used, involving both survey questionnaires and semi-structured interviews with 150 healthcare workers. Quantitative findings showed that strict top-

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down management led to improved time management and documentation accuracy. However, qualitative responses indicated that employees under autocratic leaders often felt micromanaged and lacked emotional support from supervisors. The research emphasized the trade-off between operational control and psychological empowerment. The study concluded that although autocratic leadership yields efficiency in high-pressure environments, its long-term use can hinder employee loyalty and reduce the quality of patient-centered care. These conclusions offer practical implications for health administrators in regions like Dadaab, where workload pressure often necessitates strict supervision but also requires morale-boosting leadership.

In Machakos County, Mutua and Mwangi (2020) carried out a study on the impact of autocratic leadership on employee performance in county referral hospitals. Using a descriptive research design, the study sampled 140 healthcare professionals across various departments. Structured questionnaires were used to measure both perceived leadership style and employee performance indicators. The study revealed that autocratic leadership led to improved discipline, reduced lateness, and quicker task execution. However, it also resulted in a lack of innovation and minimal teamwork. Employees felt disengaged from institutional goals and exhibited a low sense of belonging. The researchers concluded that while autocratic leadership is beneficial for ensuring task completion in high-demand contexts, it should be complemented by inclusive strategies that build staff commitment and innovation.

In Turkana County, a study by Lelesit and Wanjiku (2021) examined how autocratic leadership influenced healthcare worker performance in rural dispensaries. The study used a cross-sectional survey involving 120 health workers, analyzed through descriptive and inferential statistics. Results indicated that autocratic leadership was commonly applied in remote areas where staff supervision was inconsistent and resources were

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scarce. The style ensured strict compliance with reporting timelines and treatment protocols. However, employees under such leadership felt emotionally unsupported and demoralized, leading to reduced productivity during non-critical operations. The study recommended that health managers in rural counties be trained in adaptive leadership to balance control with empathy, especially in areas with staffing challenges similar to Dadaab.

In Isiolo County, Wanjohi and Kaburu (2023) explored autocratic leadership and its impact on staff performance in sub-county hospitals. The study used a quantitative approach, collecting data through structured questionnaires administered to 100 healthcare workers. Using regression analysis, the study found that autocratic leadership positively influenced performance in terms of policy adherence and task management. However, employees reported that they were less likely to contribute ideas or innovate due to fear of reprimand. The researchers highlighted that this leadership style may be necessary during times of policy enforcement or crises, but it should be minimized during routine service delivery to promote staff morale and initiative. The setting and challenges in Isiolo closely resemble those in Dadaab, making the findings directly applicable to the study context.

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2.2.4 Participative Leadership on Employee Performance

In New Zealand, participative leadership in healthcare was explored by Thompson and Blackwell (2020) in a study that assessed its effect on nurse performance in public hospitals. The researchers adopted a mixed-methods approach, combining survey questionnaires with in-depth interviews among 220 nurses and clinical officers. Quantitative data were analyzed using regression techniques while qualitative data were thematically analyzed. The study revealed a strong positive relationship between participative leadership and job satisfaction, work accuracy, and collaborative problem-

solving. Nurses reported feeling more engaged and empowered when they were included in decision-making processes and operational planning. The study also highlighted that participative leaders contributed to lower turnover intentions and improved interdepartmental communication. Despite a few logistical constraints in decision implementation, the approach enhanced accountability and motivation among healthcare workers. These findings demonstrate that participative leadership can serve as a catalyst for both individual and institutional performance improvement in dynamic health environments—a lesson highly applicable to facilities in Dadaab facing diverse operational challenges.

In Brazil, Silva and Oliveira (2019) conducted a quantitative study to assess the impact of participative leadership on employee efficiency and morale in government-run primary healthcare centers. A sample of 300 healthcare professionals, including nurses, pharmacists, and technicians, was selected through stratified random sampling. Data were collected using standardized leadership and performance scales and analyzed using SPSS. Results showed that participative leadership significantly improved employee responsiveness, error reduction, and task commitment. The study noted that inclusive leaders fostered a culture of open communication, which improved reporting accuracy and reduced interpersonal conflicts. Employees felt valued and were more willing to contribute innovative ideas that enhanced service delivery. However, the researchers cautioned that excessive consultations without timely decision-making could lead to administrative delays. Still, the benefits of enhanced engagement and ownership outweighed the drawbacks. This study highlights the operational advantages of shared leadership practices in settings with staffing and resource constraints similar to those in Dadaab.

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In Singapore, Tan and Lim (2022) examined how participative leadership influences employee adaptability and performance in fast-paced urban hospitals. A descriptive cross-sectional survey was conducted involving 185 clinical and support staff from two major public hospitals. Using the Participative Leadership Questionnaire and Employee Productivity Index, the study applied path analysis to test relationships between leadership style, engagement, and performance. Findings showed that participative leadership was associated with higher adaptability, quicker response to patient needs, and improved inter-professional collaboration. Employees under participative leaders were more likely to suggest workflow improvements and take initiative in complex clinical scenarios. The study also found that such leadership increased compliance with hospital policies, as employees felt more ownership of institutional goals. The authors recommended institutionalizing participatory decision-making forums and peer-led task forces to reinforce this leadership approach. The relevance of this study to Dadaab's healthcare context lies in its demonstration of how inclusive leadership fosters high performance even under high workload pressure.

In Botswana, Molefe and Mosalagae (2020) investigated the effect of participative leadership on employee performance in district hospitals. The study utilized a descriptive survey design involving 160 healthcare workers across three hospitals. Questionnaires were used to measure the degree of employee involvement in decision-making and its effect on performance outcomes such as punctuality, teamwork, and patient care quality. Data were analyzed using Pearson correlation and linear regression techniques. The results indicated a significant positive correlation between participative leadership and employee output. Employees reported greater job satisfaction, improved communication with supervisors, and better understanding of institutional goals. The study concluded that when leaders involve staff in planning and decision-making, it enhances their

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commitment and productivity. It emphasized the need for formal structures to support staff input in healthcare governance. The findings are highly applicable to Kenyan settings like Dadaab, where improved employee engagement could help overcome structural challenges.

In Malawi, Banda and Nyondo (2021) assessed participative leadership in public referral hospitals using a case study design. A purposive sample of 90 healthcare staff members, including nurses, clinical officers, and departmental heads, participated in the study. Data were collected through interviews, focus groups, and document reviews. The study revealed that participative leadership increased professional accountability, reduced workplace conflicts, and encouraged innovation in clinical procedures. However, the effectiveness of participative leadership was found to be dependent on the openness of senior management and institutional culture. In hospitals where leaders genuinely valued employee input, there were noticeable improvements in service delivery indicators such as patient satisfaction and turnaround time. Conversely, where participation was tokenistic, performance benefits were minimal. This dual perspective is important for the Dadaab context, where leadership authenticity may determine whether participative strategies translate into tangible performance outcomes.

In Cameroon, Njume and Ayuk (2018) conducted a quantitative study on the influence of participative leadership on healthcare worker performance in municipal clinics. The study employed a cross-sectional design and collected data from 135 healthcare providers through structured questionnaires. Using multiple regression analysis, the study found that participative leadership significantly improved communication flow, reduced absenteeism, and increased adherence to clinical protocols. Employees under participative leaders also reported higher motivation levels and greater willingness to take initiative during emergencies. The researchers concluded that participative

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leadership enhances workforce responsiveness and fosters a sense of shared responsibility among healthcare teams. However, challenges such as bureaucratic bottlenecks and lack of leadership training hindered full adoption of participatory practices. These insights are directly relevant to Dadaab, where resource limitations and hierarchical systems may benefit from inclusive leadership reforms that encourage collaboration and shared accountability.

In Kakamega County, Otieno and Karanja (2022) studied participative leadership and employee performance in sub-county health facilities. Using a descriptive survey design, they sampled 120 healthcare workers including nurses, records officers, and departmental supervisors. Data were collected using structured questionnaires and analyzed through regression analysis. The findings indicated that participative leadership positively influenced employee motivation, reduced lateness, and increased commitment to departmental targets. Employees who were allowed to participate in setting goals and evaluating progress reported greater alignment with institutional objectives. The researchers concluded that empowering employees through participative leadership enhances job satisfaction and improves service delivery. These findings have direct implications for health systems in Dadaab, where improved engagement could significantly enhance morale and productivity in a challenging operational environment.

In Kilifi County, Wambua and Njoroge (2021) examined the role of participative leadership on employee effectiveness in county hospitals. The study adopted a mixed-methods approach involving both surveys and key informant interviews with 100 participants. Quantitative data were analyzed using SPSS, while qualitative responses were coded thematically. The results showed that participative leadership improved employee collaboration, reduced conflict, and promoted initiative among staff. Interview responses highlighted that when staff are engaged in problem-solving and policy

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implementation, they become more accountable and proactive. The study emphasized that participative leadership is particularly useful in managing multidisciplinary teams, which are common in healthcare. Given the diverse workforce and administrative complexity in Dadaab, such leadership could foster cohesion and consistent performance. In Meru County, Mwangi and Kariuki (2023) assessed how participative leadership influenced healthcare worker output in rural health centers. Using a quantitative design, data were collected from 110 employees using self-administered questionnaires. Regression analysis revealed that participative leadership significantly improved productivity, innovation, and staff retention. Respondents noted that participative leaders created inclusive environments that encouraged continuous learning and professional development. However, the study also found that leadership effectiveness depended on communication channels and feedback responsiveness. The researchers recommended institutionalizing staff consultation structures to promote ownership and engagement. These findings are highly relevant to Dadaab, where healthcare facilities could benefit from a structured participative approach to address performance challenges tied to staff morale and retention.

2.3 Conceptual Framework

A conceptual framework was a diagrammatic representation that helped the researcher gain a structured understanding of the relationships between the key variables under investigation. In the context of this study, it served as a guiding tool for exploring how different leadership styles influenced employee performance within healthcare settings. It organized general concepts and theoretical principles derived from leadership and organizational behavior disciplines, forming a logical structure for analyzing the research problem.

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This framework outlined the interaction between the independent variables transformational, transactional, autocratic, and participative leadership styles and the dependent variable, which was employee performance. Each leadership style was assumed to have exerted a unique influence on performance indicators such as productivity, motivation, teamwork, job satisfaction, and task efficiency. In the study, the independent variables represented the various leadership approaches adopted by healthcare managers, while the dependent variable reflected the resulting changes in employee behavior and output within the selected healthcare facilities in Dadaab Subcounty. The interaction between these variables provided the basis for understanding and predicting how leadership practices contributed to organizational performance outcomes in the healthcare sector.

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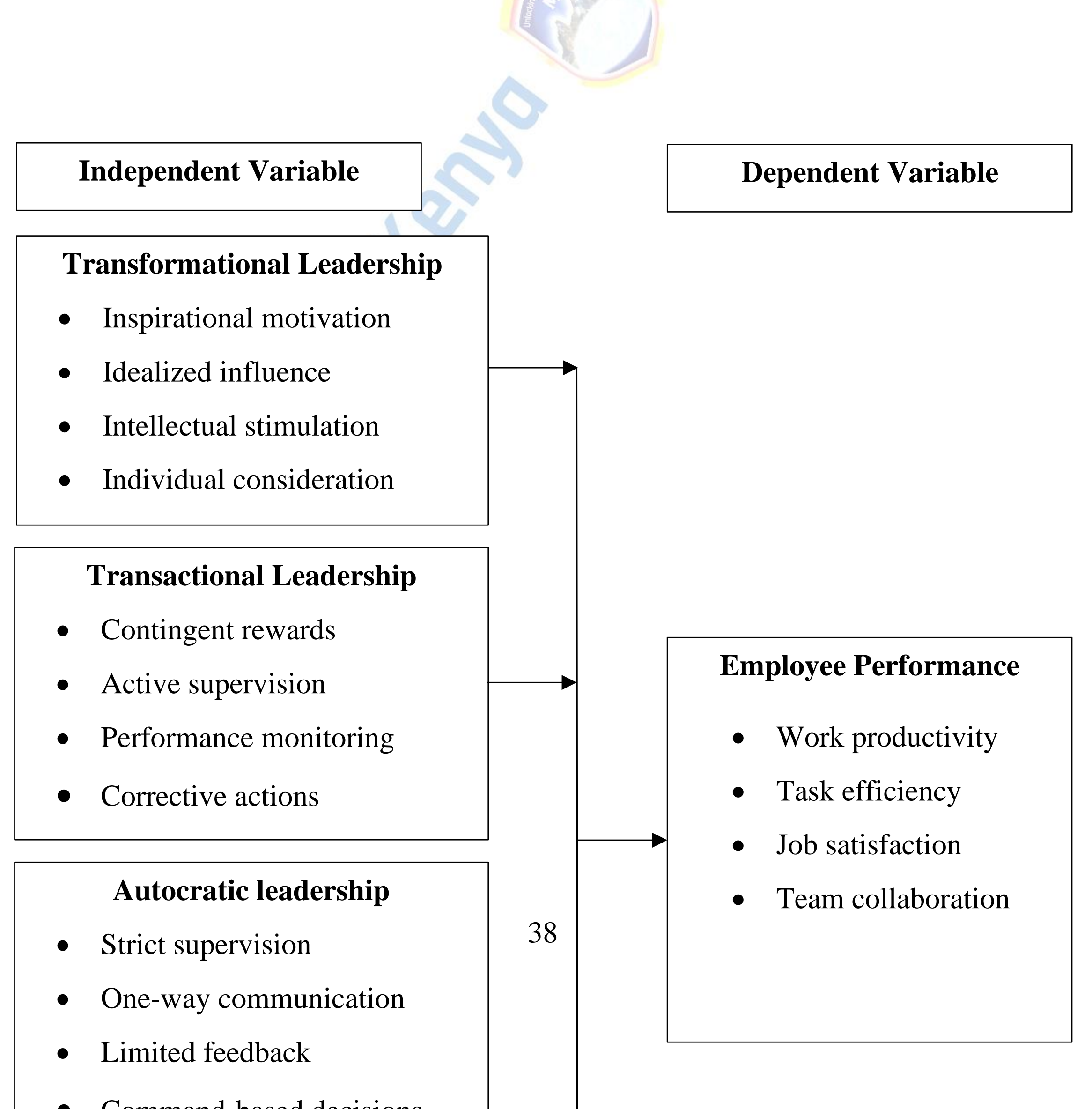

Figure 1: Conceptual Framework

Source: Research (2025)

2.5 Research Gaps

Despite the significant global and regional evidence supporting the positive influence of transformational leadership on employee performance, few studies have explored this relationship in fragile and under-resourced healthcare environments such as Dadaab Subcounty. Most studies conducted in high-income or urbanized settings highlight increased job satisfaction and productivity under transformational leadership (Boamah et al., 2018; Wong & Laschinger, 2019), yet they overlook the contextual challenges found in marginalized regions where staff shortages, cultural diversity, and resource limitations could alter leadership dynamics. As such, there remains a contextual research gap in understanding how transformational leadership translates into employee performance outcomes in remote healthcare settings like those in northern Kenya.

Similarly, literature on transactional leadership in healthcare predominantly emphasizes task completion and procedural compliance, often in structured or better-equipped health

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systems such as those in Germany and Japan (Braun & Nieberle, 2017; Nakashima et al., 2019). However, these findings may not fully apply to resource-limited regions where performance metrics are heavily influenced by non-monetary motivators, informal supervision, or external aid dependencies. Moreover, little is known about how contingent rewards or corrective measures under transactional leadership affect long-term commitment, intrinsic motivation, and teamwork in rural Kenyan health institutions. This presents a clear gap in literature that the current study seeks to address. Existing studies examining autocratic leadership tend to focus on its short-term benefits in emergency response or crisis management (Morel & Gagneux, 2019; Kim & Park, 2018), but they often fail to address its long-term impact on healthcare worker morale and retention. In the African context, research has been limited and sometimes generalized, without isolating the specific effects of top-down leadership in fragile healthcare systems where autonomy, collaboration, and psychological safety are often overlooked. The role of autocratic leadership in influencing employee outcomes such as innovation, communication, and job satisfaction within the public health sector of Dadaab Subcounty has not been adequately investigated.

While studies have increasingly recognized the benefits of participative leadership in enhancing job satisfaction, collaboration, and performance (Thompson & Blackwell, 2020; Otieno & Karanja, 2022), most of this research is concentrated in urban or better-resourced counties. There is limited empirical evidence on how participative leadership operates in rural and underserved regions like Dadaab, where decision-making processes may be constrained by hierarchy, cultural norms, or lack of leadership training. The degree to which involving employees in operational and strategic decisions influences their motivation and performance in such settings remains an under-researched area.

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Addressing this gap is critical for designing leadership development programs suited to the unique needs of healthcare workers in marginalized areas.

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CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

Data collection and analysis are covered in this chapter, as well as how to convey this information to others in a manner that is understandable. Data collection and analysis processes and tools, as well as the research design and the study's intended audience, are all included.

3.1 Research Design

A well-structured research design was fundamental to guiding the study and ensuring that its findings were relevant and applicable to the present-day context (Creswell & Creswell, 2018). This study adopted a descriptive survey research design to evaluate the influence of leadership styles transformational, transactional, autocratic, and participative on employee performance in selected healthcare facilities in Dadaab Subcounty, Garissa County. This design was appropriate as it allowed for the collection of data reflecting existing conditions, behaviors, and relationships among variables without altering the natural environment.

The descriptive survey design was particularly suitable for the study because it enabled the identification and analysis of relationships between the independent variables (leadership styles) and the dependent variable (employee performance). It was widely used in social science research to gather quantitative data that described trends, attitudes, and patterns in a population (Saunders, Lewis, & Thornhill, 2019). Moreover, descriptive designs were effective in capturing current phenomena and environmental factors influencing outcomes an essential consideration in healthcare contexts characterized by dynamic demands and limited resources. This approach provided comprehensive insights

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into how leadership practices affected performance within the specific operational realities of Dadaab's healthcare facilities.

3.2 Area of Study

This study was conducted in Dadaab Subcounty, located within Garissa County, in the northeastern region of Kenya. Dadaab was well-known for hosting one of the largest refugee complexes in the world and faced unique public health challenges due to its humanitarian context, high population density, and limited healthcare infrastructure. The subcounty comprised both public and private healthcare facilities that served refugees, host communities, and other marginalized populations. These facilities operated under complex conditions, including resource constraints, high patient loads, and staff shortages, making leadership a critical factor in sustaining employee performance and service delivery.

The study area was particularly relevant for investigating how different leadership styles influenced healthcare worker productivity, motivation, and collaboration, as the healthcare system in Dadaab was frequently under pressure and required efficient and responsive management to meet local health demands.

3.3 Target Population

The table below presented the target population for the study, which was drawn from selected healthcare facilities within Dadaab Subcounty, Garissa County. The population included medical officers, nurses, clinical officers, laboratory technicians, public health officers, and facility administrators, all of whom played key roles in healthcare delivery and leadership. These individuals formed the basis for examining the influence of leadership styles on employee performance across different types of healthcare facilities.

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Table 1: Target Population

Healthcare Facility	Medical Officers	Nurses	Clinical Officers	Lab Technicians	Public Health Officers	Facility Administrators	Total Staff
Dadaab Subcounty Hospital	8	20	10	5	4	2	49
Dagahaley Health Centre	3	12	5	2	2	1	25
Ifo Health Centre	4	15	6	3	2	1	31
Hagadera Hospital	5	18	7	3	2	1	36
Private Clinics (combined)	2	10	4	2	1	1	20
Grand Total	22	75	32	15	11	6	161

Source: Researcher (2025)

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3.4 Sampling Procedures and Sample Size

Sample size referred to the number of individuals selected from the target population to participate in a research study, and it played a crucial role in ensuring the validity and reliability of findings (Creswell & Creswell, 2018). The appropriate sample size depended on several factors, including the nature of the research problem, the level of accuracy required, and the size and variability of the population. While larger sample sizes tended to enhance precision, they also increased the time and cost of data collection,

which had to be balanced with the scope of the study (Saunders, Lewis, & Thornhill, 2019).

Sampling was the process of selecting a representative subset from a larger population to facilitate effective data collection and analysis. For this study, a census sampling method was used, whereby all 161 healthcare workers from the selected healthcare facilities in Dadaab Subcounty, Garissa County were included in the sample. Census sampling was appropriate when the population size was relatively small and manageable, as it allowed for a more comprehensive and detailed analysis. According to Bell, Bryman, and Harley (2018), census sampling minimized sampling bias and enhanced the reliability of results, especially when the population size was below 200. Given that the target population in this study fell within this range, adopting a census approach ensured that all relevant perspectives were captured for an in-depth examination of how leadership styles influenced employee performance.

3.5 Construction of research instruments

This study employed both primary and secondary sources to collect comprehensive and reliable data. Primary data were gathered through a semi-structured questionnaire designed to obtain both quantitative and qualitative responses from healthcare employees and managers. The questionnaire included a combination of closed-ended and open-ended questions. The closed-ended questions provided structured responses suitable for statistical analysis, while the open-ended questions allowed participants to elaborate on their experiences, thus providing deeper insights into leadership styles and employee performance within the healthcare context.

The questionnaire was organized into sections aligned with the study objectives. Section A collected demographic information, while Sections B to E focused on the four

leadership styles under investigation—transformational, transactional, autocratic, and participative—and their respective influence on employee performance, which was assessed in Section F. A five-point Likert scale, ranging from "Strongly Disagree" to "Strongly Agree," was used to measure respondents' perceptions across various indicators. This format was ideal for capturing nuanced attitudes and opinions relevant to leadership behavior and employee outcomes.

According to Saunders, Lewis, and Thornhill (2019), questionnaires were well-suited for descriptive studies as they allowed for efficient data collection from large samples, maintained respondent anonymity, and facilitated straightforward analysis. They also proved practical to administer in structured environments such as healthcare facilities, where staff time was limited. Additionally, the structured nature of questionnaires enabled the researcher to monitor distribution and follow up with non-respondents to ensure a high response rate (Bell, Bryman, & Harley, 2018).

Secondary data were used to validate responses by comparing them with institutional records on employee performance, such as attendance logs, productivity reports, and evaluation summaries. These records helped corroborate the data collected through questionnaires and enhanced the reliability of the study findings.

3.6 Testing for Piloting, validity and reliability

3.6.1 Piloting

A pilot study was conducted using 10% of the target population, equating to approximately 16 respondents, to pre-test the data collection instruments for clarity, relevance, and reliability prior to the main study. This approach was supported by Saunders, Lewis, and Thornhill (2019), who recommended pilot testing as essential for identifying ambiguities and ensuring the effectiveness of survey tools. The pilot took

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place at Liboi Health Centre in Lagdera Subcounty, a location adjacent to Dadaab Subcounty that shared similar demographic, infrastructural, and operational healthcare characteristics. Conducting the pilot in Liboi ensured contextual similarity without contaminating the main study population, which aligned with Creswell and Creswell's (2018) recommendation to use a comparable yet distinct setting to enhance research validity. Insights gained from the pilot informed necessary adjustments to improve the reliability and feasibility of the final data collection process in Dadaab.

3.6.2 Reliability of the Research Instruments

Reliability referred to the consistency of a research instrument in producing stable and repeatable results over time under similar conditions. A research tool was considered reliable if it accurately measured a variable and yielded comparable outcomes across repeated trials (Creswell & Creswell, 2018). In this study, Cronbach's Alpha was employed to assess the internal consistency reliability of the questionnaire. This statistical measure evaluated the correlation among multiple items within a scale to determine how closely they were related as a group.

A Cronbach's Alpha coefficient of 0.7 or above was considered acceptable for demonstrating satisfactory reliability (Tavakol & Dennick, 2018). To further strengthen the reliability assessment, the questionnaire was re-administered to the same group of respondents during the pilot study after a short interval, allowing the researcher to evaluate test-retest reliability. Ensuring that the instrument consistently captured respondents' perceptions of leadership styles and their influence on employee performance was crucial for the accuracy and validity of the study findings.

3.6.3 Validity of the Research Instruments

Validity referred to the extent to which a research instrument accurately measured what it was intended to measure and yielded data that was relevant to the research objectives

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and questions (Creswell & Creswell, 2018). For this study, the validity of the questionnaire was ensured through face and content validity. Face validity was established by reviewing whether the items appeared to effectively capture the constructs of interest namely, leadership styles and employee performance. Content validity was assessed by ensuring that all items comprehensively represented the dimensions of the study variables, including transformational, transactional, autocratic, and participative leadership.

To achieve this, the questionnaire was reviewed by the research supervisor and two field experts in leadership and healthcare management, whose feedback guided necessary adjustments. According to Saunders, Lewis, and Thornhill (2019), expert review was a widely accepted approach to enhance content validity and confirm the instrument's alignment with the study objectives. This validation process helped ensure that the instrument accurately captured relevant data and supported meaningful analysis and interpretation.

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3.7 Data Collection Methods and Procedures

This study utilized a self-administered questionnaire to collect primary data from healthcare workers and administrators in selected healthcare facilities within Dadaab Subcounty, Garissa County. The use of a standardized questionnaire allowed for uniformity in responses, making it suitable for comparing perceptions across different leadership styles and employee performance outcomes. The primary mode of distribution was the drop-and-pick-later method, whereby the researcher personally delivered the questionnaires to respondents and collected them after a period of one week. This approach provided respondents with ample time to complete the questionnaire

thoughtfully, thereby improving the quality and response rate of the data collected (Saunders, Lewis, & Thornhill, 2019).

For respondents stationed in remote or hard-to-reach health centers, email distribution was used as an alternative method to enhance the efficiency and timeliness of the data collection process while minimizing logistical costs. This mixed approach ensured that all participants, regardless of location, had an equal opportunity to contribute to the study. Allowing a one-week response period accommodated the busy schedules of healthcare workers and improved overall participation. The researcher followed up with reminders where necessary to maximize the return rate and ensure comprehensive data were collected for analysis.

3.8 Data Analysis Methods

Once data collection was completed, the questionnaires were reviewed for completeness to identify and correct any gaps, inconsistencies, or omissions. The responses were then coded and categorized numerically to facilitate analysis. Quantitative data were entered and analyzed using the Statistical Package for the Social Sciences (SPSS) Version 23.0, with the aid of Microsoft Excel for data cleaning and preliminary organization. Both descriptive and inferential statistical methods were employed to analyze the data in alignment with the study objectives.

Descriptive statistics such as frequencies, means, and standard deviations were used to summarize the characteristics of the respondents and their perceptions of the different leadership styles. These results were presented in tables, bar charts, and graphs for clarity and ease of interpretation. Inferential statistics included Pearson’s correlation coefficient to determine the strength and direction of the relationship between leadership styles (transformational, transactional, autocratic, and participative) and employee

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performance. In addition, a multiple linear regression model was applied to assess the predictive power of each leadership style on employee performance.

The regression model for this study was structured as follows:

$$\mathbf{Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \mathcal{E}}$$

Where: Y = Employee Performance

X_1 = Transformational Leadership

X_2= Transactional Leadership

X_3 = Autocratic Leadership

X_4 = Participative Leadership

β_0 = Constant. It defines the level of credit rating without the inclusion of predictor variables.

β_1, β_2, β_3,β_4 = Regression Co-efficients for the predictor variables.

$\mathcal{E}$ = Unexplained Variation i.e. error term

This analytical approach helped establish both the magnitude and significance of the influence that each leadership style had on employee performance in the selected healthcare facilities. According to Creswell and Creswell (2018), combining descriptive and inferential statistics enhanced the ability to generalize findings and draw meaningful conclusions from the data.

3.9 Ethical Consideration

Ethical principles served as a vital guide for the researcher to ensure that the study was conducted responsibly, respectfully, and in accordance with participants' rights and dignity. In this study, ethical standards were strictly upheld before, during, and after data collection. Key ethical issues that were observed included informed consent,

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confidentiality, privacy, anonymity, professional conduct, secure data storage, and plagiarism prevention, as explained below.

All participants took part in the study voluntarily, and informed consent was obtained prior to their participation. According to Saunders, Lewis, and Thornhill (2019), informed consent allowed participants to understand the purpose, risks, and benefits of the study, enabling them to make an autonomous decision to participate or decline. In line with this, the researcher clearly explained the study objectives and assured respondents that they could withdraw at any point without consequences. Participants were included only after indicating their willingness by signing a consent form.

The researcher also observed confidentiality and privacy by protecting participants' responses from unauthorized access. As recommended by Bell, Bryman, and Harley (2018), all data were securely stored—digitally on a password-protected computer and physically in locked storage. Responses were grouped during analysis to prevent individual identification, and findings were presented in aggregated form. Participants were assured that the data collected would be used solely for academic purposes and would not be shared with any third parties.

To ensure anonymity, the questionnaire did not require respondents to disclose their names or any identifiable information. This guaranteed the full protection of each participant's identity, further encouraging openness and honest responses. Respecting the right to anonymity was a key principle in protecting human subjects in research (Creswell & Creswell, 2018).

All collected data were handled with strict confidentiality. Only the researcher had access to the raw data, which were stored in both hard and soft copies to prevent data loss or unauthorized access. The researcher took all necessary precautions to avoid data leakage, and no information was disclosed to anyone outside the research process.

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To uphold academic integrity, the researcher used Turnitin plagiarism detection software to ensure that the thesis was free from copied content. The similarity index was kept below 15%, including references, in compliance with university guidelines. Any instance of higher similarity prompted immediate revision and re-submission until the acceptable standard was achieved.

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CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSIONS

4.1 Introduction

This chapter presents the analysis and discussion of data collected from healthcare personnel working in selected healthcare facilities in Dadaab Subcounty, Garissa County. The purpose of the study was to assess the influence of leadership styles transformational, transactional, autocratic, and participative on employee performance. The findings are presented in line with the study's objectives. This chapter begins with the reliability analysis of the instrument, followed by the response rate, socio-demographic characteristics of the respondents, and subsequently the results for each objective, which are accompanied by discussions supported by empirical and theoretical literature.

4.2 Reliability of the Research Instrument

To determine the reliability of the research instrument, a pilot study was conducted with 10% of the target population. Given a total population of 161 respondents, approximately 16 respondents participated in the pilot test. The internal consistency of the questionnaire was assessed using Cronbach's Alpha, with a threshold of 0.70 considered acceptable for reliability (Tavakol & Dennick, 2011).

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Table 2: Reliability Test Results Using Cronbach's Alpha

Variable	Number of Items	Cronbach's Alpha (α)
Transformational Leadership	5	0.802
Transactional Leadership	5	0.781
Autocratic Leadership	5	0.768
Participative Leadership	5	0.790
Employee Performance	5	0.812
Overall Instrument	25	**0.791**

Source: Research Data, 2025

The results show that all variables yielded Cronbach's Alpha coefficients above 0.75, indicating acceptable to high internal consistency. The overall reliability coefficient of the instrument was 0.791, suggesting that the instrument was reliable for use in the main study.

4.3 Response Rate

After excluding the 16 respondents used in the pilot test, the remaining sample size was 145 respondents. Out of these, 130 completed and returned the questionnaires, representing a response rate of 89.66%. This response rate is considered excellent and representative for survey-based research, as rates above 70% are typically regarded as acceptable in academic research (Baruch & Holtom, 2008).

Table 3: Questionnaire Response Rate

Description	Frequency	Percentage (%)
Questionnaires issued	145	100.00
Questionnaires returned	130	89.66
Non-responses	15	10.34

Source: Research Data, 2025

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The high response rate implies that the data collected were sufficient to make generalizations about the target population. The effectiveness of the data collection strategy and the relevance of the study topic to the respondents contributed to this high rate. In addition, the researcher ensured follow-up and rapport-building with facility managers to enhance cooperation.

4.4 Socio-Demographic Characteristics of Respondents

Table 4: Socio-Demographic Characteristics of Respondents

Variable	Category	Frequency	Percentage (%)
Gender	Male	74	56.9
	Female	56	43.1
Age Bracket	21–30 years	38	29.2
	31–40 years	52	40.0
	41–50 years	26	20.0
	Above 51 years	14	10.8
Work Experience	Less than 5 years	41	31.5
	5–10 years	59	45.4
	Over 11 years	30	23.1

Source: Research Data, 2025

The socio-demographic analysis reveals the diverse characteristics of the respondents who participated in the study. Gender-wise, the workforce was predominantly male, accounting for 56.9%, while female respondents made up 43.1%. This slight male dominance is reflective of the gender distribution often seen in healthcare sectors within rural Kenyan counties, possibly due to higher mobility and employment flexibility among male professionals.

In terms of age, the majority of the respondents fell within the 31–40 years age bracket (40.0%), followed by those aged 21–30 years (29.2%). This indicates a relatively young

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and vibrant workforce in Dadaab's healthcare facilities. The presence of 20.0% in the 41–50 years group and 10.8% above 51 years suggests a healthy distribution of experienced professionals who may provide mentorship and stability to younger staff.

Regarding years of experience, 45.4% of the respondents had between 5 and 10 years of work experience. This middle-range experience indicates a workforce that has gained moderate institutional familiarity and competence. A further 31.5% had less than 5 years of experience, suggesting a significant inflow of new staff into the healthcare system—potentially due to recent hires or replacement of outgoing personnel. Meanwhile, 23.1% had worked for over 11 years, representing a more seasoned group likely to have in-depth insights into leadership dynamics and performance patterns.

The data on gender, age, and work experience together show a fairly balanced distribution that strengthens the representativeness of the findings. These characteristics are critical in understanding how different categories of employees perceive leadership styles and how these styles influence their performance. For example, younger employees may respond more positively to participative leadership, while older employees might resonate more with transformational or transactional approaches based on prior workplace exposure.

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4.5 Descriptive Analysis

4.5.1 Transformational Leadership on Performance of NHIF

The descriptive statistics on transformational leadership reveal significant insights into the leadership dynamics within the National Health Insurance Fund (NHIF) offices in the Eastern Region of Kenya. The analysis is based on seven key indicators aligned with transformational leadership theory namely, inspirational motivation, intellectual

stimulation, individualized consideration, and idealized influence as proposed by Bass and Riggio (2006).

Table 5: Descriptive Statistics on Transformational Leadership

Statement	1	2	3	4	5	Mean	Std. Dev
My supervisor motivates staff through a shared vision.	2	5	10	70	43	4.11	0.85
Leaders here encourage creativity and innovation.	3	8	15	60	44	4.03	0.95
Supervisors show genuine concern for employee well-being.	4	10	14	65	37	3.88	1.02
I feel inspired by the leadership in this facility.	2	7	13	66	42	4.07	0.91
My supervisor provides support for my professional growth.	1	5	10	72	42	4.15	0.83
There is clear communication of organizational goals.	2	6	12	74	36	4.09	0.87
Leaders stimulate staff to view problems from new perspectives.	3	9	17	69	32	3.89	0.94

1 = Strongly Disagree | 2 = Disagree | 3 = Not Sure | 4 = Agree | 5 = Strongly Agree

Source: Research Data.2025

The item "My supervisor motivates staff through a shared vision" recorded a high mean score of 4.11 (SD = 0.85), suggesting a strong consensus among respondents that supervisors actively engage in motivating staff through clear and compelling organizational visions. This is a hallmark of transformational leadership where leaders inspire followers by communicating a persuasive future direction. The relatively low standard deviation indicates limited variability in responses, implying a generally shared perception among employees.

Similarly, the statement "Leaders here encourage creativity and innovation" registered a mean of 4.03 (SD = 0.95). This finding reflects positively on the NHIF leadership,

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portraying an environment that supports innovative thinking and novel approaches. In transformational contexts, leaders stimulate intellectual engagement among subordinates, fostering a culture of innovation (Nguyen et al., 2021). However, the slightly higher standard deviation suggests that not all departments or units may equally experience this level of leadership engagement, possibly indicating uneven application of innovation strategies across different facilities.

Regarding individualized consideration, “Supervisors show genuine concern for employee well-being” scored a mean of 3.88 (SD = 1.02). Although still in the upper midrange, this score is relatively lower compared to the other items. The wider standard deviation reflects more varied opinions, possibly indicating inconsistencies in how supervisors demonstrate empathy or concern. It could be hypothesized that organizational pressures or resource constraints limit supervisors’ ability to consistently engage in such personalized support across all departments.

In terms of idealized influence, “I feel inspired by the leadership in this facility” and “My supervisor provides support for my professional growth” scored mean values of 4.07 (SD = 0.91) and 4.15 (SD = 0.83) respectively. These scores affirm that NHIF leaders not only command admiration and respect but also actively contribute to nurturing career development among employees. The latter item recorded the highest mean, underlining the significance of mentorship and developmental support within the organizational context. This finding aligns with transformational leadership literature, where leaders act as mentors or coaches to elevate employee potential (Alrowwad et al., 2020).

Additionally, “There is clear communication of organizational goals” recorded a mean of 4.09 (SD = 0.87), suggesting that NHIF leaders prioritize clarity in strategic direction, an important component of achieving alignment and employee engagement. Clarity in

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communication is a vital facilitator for organizational effectiveness, especially in public institutions where roles and expectations must be well-defined (Alatailat et al., 2019). Finally, the item "Leaders stimulate staff to view problems from new perspectives" scored a mean of 3.89 (SD = 0.94), again confirming that intellectual stimulation—a core component of transformational leadership is actively practiced, albeit with slightly more variation in perception. Leaders capable of encouraging novel problem-solving approaches enhance adaptability and resilience in complex environments (Northouse, 2021).

4.5.2 Effect of Transactional Leadership on Employee Performance

This section presents an analysis of the findings based on the second objective of the study: to evaluate the effect of transactional leadership on employee performance in the context of the organization under study.

Table 6: Descriptive Statistics for Transactional Leadership on Employee Performance

Statement	1	2	3	4	5	Mean	Std. Dev
I receive rewards when I meet performance targets.	5	8	17	60	40	3.92	0.98
Leaders focus on correcting mistakes actively.	4	10	15	65	36	3.87	0.94
There is a clear link between performance and reward.	6	9	19	58	38	3.88	0.97
Leadership emphasizes completing tasks as instructed.	3	7	12	70	38	4.03	0.91
Supervisors follow up regularly on performance.	4	8	18	66	34	3.91	0.93
There are formal structures for monitoring performance.	2	6	20	64	38	4.00	0.89
Non-performance is often met with sanctions.	7	11	22	55	35	3.78	1.01

1 = Strongly Disagree / 2 = Disagree / 3 = Not Sure / 4 = Agree / 5 = Strongly Agree

Source: Research Data, 2025

The findings show that transactional leadership is moderately to strongly present in the organization, with mean scores ranging from 3.78 to 4.03 and standard deviations within a range that suggests relatively consistent perceptions among respondents. The item with the highest mean (4.03) was "Leadership emphasizes completing tasks as instructed," suggesting a strong directive leadership style. The item with the lowest mean (3.78) was "Non-performance is often met with sanctions," indicating comparatively less punitive enforcement.

The data reveal that 60 respondents agreed and 40 strongly agreed that they receive rewards when they meet performance targets, with a mean score of 3.92. This suggests that the reward system is well-integrated within the leadership framework, which is a core characteristic of transactional leadership as described by Bass (1985). The relatively low standard deviation (0.98) reflects a consistent view among respondents. This structure contributes to task orientation and goal achievement, aligning with studies by Podsakoff et al. (2018), who posit that contingent rewards drive performance efficiency. The emphasis on correcting mistakes, noted by 65 agreeing and 36 strongly agreeing respondents (mean = 3.87), indicates a responsive leadership style that is engaged with performance feedback loops. This feature of transactional leadership has been observed to be effective in maintaining quality standards in operations (Yahaya & Ebrahim, 2016). By focusing on errors and correcting them, leaders ensure that employees align with performance expectations and organizational norms.

Additionally, the link between performance and reward—affirmed by 58 agreeing and 38 strongly agreeing respondents (mean = 3.88)—underscores the meritocratic nature of leadership within the organization. The clarity of this link supports motivational frameworks such as Vroom's Expectancy Theory, which emphasizes the need for

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predictable and structured reinforcement mechanisms in motivating employees (Lunenburg, 2011).

Task completion as a priority of leadership is the most pronounced aspect (mean = 4.03), with the highest combined number of agree (70) and strongly agree (38) responses. This supports the transactional leadership trait of clarifying roles and expectations (Northouse, 2019). It illustrates that the leadership is highly focused on structured task execution and compliance with directives, which can lead to enhanced short-term productivity.

Supervisors' regular follow-up on performance is also evident (mean = 3.91), with 66 agreeing and 34 strongly agreeing. This behavior is essential for accountability and timely feedback. As noted by Odumeru and Ifeanyi (2013), regular performance monitoring is positively correlated with employee output and task completion.

There is also a well-established performance monitoring framework, as shown by the mean score of 4.00 for "There are formal structures for monitoring performance." This is confirmed by 64 agreeing and 38 strongly agreeing respondents. Such formalization is indicative of institutional maturity and is consistent with best practices in performance management as emphasized in contemporary literature (Khan et al., 2020).

Lastly, the relatively lower score (mean = 3.78) on sanctions for non-performance suggests that while reward systems are emphasized, punitive measures are applied with caution. Although 55 agreed and 35 strongly agreed, the presence of 18 "Not Sure" responses indicates some level of ambiguity or inconsistency in enforcement. This might reflect a leadership culture that is more incentivized than punitive, which could affect accountability if not balanced effectively (Judge & Piccolo, 2004).

4.5.3 Effect of Autocratic Leadership on Employee Performance

The purpose of this section is to examine the influence of autocratic leadership on employee performance within the organizational context based on data collected from

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130 respondents. The autocratic leadership dimension was measured using seven items on a five-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The responses offer insight into how rigid control, limited input, and top-down communication may affect employees' motivation, autonomy, and performance outcomes.

Table 7: Descriptive Statistics on Autocratic Leadership

Statement	1	2	3	4	5	Mean	Std. Dev
Decisions are made without consulting employees.	30	25	20	28	27	2.91	1.45
Employees are expected to follow instructions without question.	18	16	24	32	40	3.32	1.38
Leadership discourages staff from sharing ideas.	22	26	20	30	32	2.99	1.44
Information is passed in one direction only – top to bottom.	20	25	23	30	32	3.01	1.42
Supervisors do not encourage team discussions.	19	21	28	31	31	3.12	1.37
Feedback from employees is rarely considered.	25	24	22	29	30	2.91	1.42
Rules are strictly enforced without flexibility.	21	22	23	28	36	3.14	1.40

1 = Strongly Disagree / 2 = Disagree / 3 = Not Sure / 4 = Agree / 5 = Strongly Agree

Source: Research Data, 2025

The statement "Decisions are made without consulting employees" had a mean of 2.91 (SD = 1.45), indicating a moderate tendency towards autocratic decision-making. Notably, 55 respondents (42%) agreed or strongly agreed with the statement, suggesting that a substantial portion of the workforce perceives leadership as non-consultative. This

perception may contribute to feelings of exclusion and diminished morale among employees.

Regarding the statement “Employees are expected to follow instructions without question,” the results were slightly more pronounced. The mean was 3.32 (SD = 1.38), with 72 respondents (55%) either agreeing or strongly agreeing. This implies that employees operate in a highly controlled environment where deviation from instructions may not be tolerated, likely reinforcing hierarchical dominance and reducing creative input.

The statement “Leadership discourages staff from sharing ideas” garnered a mean of 2.99 (SD = 1.44). With 62 respondents (48%) affirming agreement, it appears that nearly half of the workforce experiences a culture where their suggestions or contributions are not welcomed. Such a climate can stifle innovation and affect job satisfaction negatively.

Similarly, the item “Information is passed in one direction only – top to bottom” registered a mean of 3.01 (SD = 1.42). This finding aligns with the characteristics of autocratic systems, which typically limit information flow to unidirectional formats, thereby obstructing feedback loops essential for adaptive leadership.

Concerning “Supervisors do not encourage team discussions,” a moderate mean of 3.12 (SD = 1.37) was observed. This suggests that over 47% of respondents work under leaders who restrict collaborative engagement, which is likely to impede group cohesion, collective problem-solving, and synergy.

Furthermore, “Feedback from employees is rarely considered” had a mean of 2.91 (SD = 1.42), again suggesting a moderately autocratic environment. Ignoring employee feedback can lead to disempowerment, reduced ownership of organizational goals, and potential disengagement.

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The final statement, “Rules are strictly enforced without flexibility,” had the highest mean of 3.14 (SD = 1.40), with 64 respondents (49%) agreeing or strongly agreeing. This indicates that most employees work in settings with rigid protocols and limited discretion, further underscoring the dominant presence of autocratic leadership characteristics.

4.5.4 Participative Leadership and Employee Productivity

Participative leadership, also referred to as democratic leadership, is characterized by the inclusion of employees in decision-making, open communication, shared responsibilities, and collective problem-solving. The analysis presented herein is based on responses from 130 participants who assessed the participative leadership styles within their healthcare facilities. The descriptive statistics provide insight into the perceptions of employees regarding their supervisors’ participative behavior.

Table 8: Descriptive Statistics for Participative Leadership

Statement	1	2	3	4	5	Mean	Std Dev
Leaders seek input from employees before making decisions.	5	10	20	50	45	3.92	1.07
There is open dialogue between management and staff.	4	12	15	55	44	3.95	1.05
Team members are involved in problem-solving.	3	10	18	53	46	3.99	1.00
My suggestions are often taken seriously by management.	4	9	21	49	47	3.97	1.04
Supervisors encourage group discussions.	5	8	20	52	45	3.95	1.04
Leadership promotes collaboration across departments.	6	7	19	54	44	3.95	1.05
Staff are allowed to participate in setting goals.	3	11	17	56	43	3.96	1.00

1 = Strongly Disagree / 2 = Disagree / 3 = Not Sure / 4 = Agree / 5 = Strongly Agree

Source: Research Data, 2025

A total of 50 respondents agreed and 45 strongly agreed that leaders in their organization seek employee input prior to decision-making. Only 5 respondents strongly disagreed, while 10 disagreed and 20 were neutral. The mean score was 3.92 with a standard deviation of 1.07, suggesting a generally positive consensus with moderate variability in responses. This high score implies that leadership in many healthcare institutions recognizes the value of employee input in enhancing operational effectiveness and morale. Involving employees in decisions fosters ownership and accountability, which are essential in healthcare settings where multidisciplinary collaboration is key.

A substantial number of respondents (55 agreed, 44 strongly agreed) reported that there is open dialogue between management and staff, while 12 disagreed and only 4 strongly disagreed. The mean score was 3.95 and the standard deviation was 1.05, denoting a strong positive trend and relatively consistent responses. Open dialogue is fundamental in reducing communication barriers and ensuring that organizational goals align with the expectations and capacities of staff. It also enhances transparency and reduces hierarchical constraints, enabling faster problem resolution.

In terms of team involvement in problem-solving, 53 respondents agreed and 46 strongly agreed. Only a small proportion (3 strongly disagreed, 10 disagreed) expressed a negative view. The mean score of 3.99 was the highest among all the statements, and the standard deviation was 1.00, indicating strong agreement with minimal dispersion. This finding suggests that problem-solving is often treated as a collective endeavor, a critical success factor in high-stakes healthcare environments. When staff collaborate to resolve clinical and operational issues, it results in innovative and sustainable solutions.

The perception that staff suggestions are taken seriously by management yielded a mean score of 3.97 and a standard deviation of 1.04. Here, 49 respondents agreed and 47 strongly agreed, indicating strong affirmation. This suggests that participative practices

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extend beyond symbolic consultation and that employee feedback significantly influences managerial decisions. Recognizing and implementing employee ideas has a motivational effect and strengthens trust in leadership, which is essential for employee retention and productivity.

According to 52 respondents who agreed and 45 who strongly agreed, group discussions are encouraged by supervisors. Only a marginal number of participants expressed disagreement (5 strongly disagreed and 8 disagreed). The mean score was 3.95 and the standard deviation was 1.04. Group discussions are essential in leveraging collective intelligence and facilitating professional development among staff. They also promote inclusivity and help in aligning departmental efforts with institutional objectives.

Respondents also perceived leadership as supportive of cross-departmental collaboration, with 54 agreeing and 44 strongly agreeing. The mean score was 3.95 and the standard deviation was 1.05. Such collaboration is pivotal in healthcare facilities where the delivery of services depends on coordinated efforts across various units. Participative leadership, by fostering collaboration, ensures that there are fewer bottlenecks in service delivery and that knowledge sharing is promoted.

In regard to participation in goal setting, 56 respondents agreed and 43 strongly agreed, producing a mean of 3.96 and a standard deviation of 1.00. This reflects a strong endorsement of participative practices in strategic planning. Involving employees in setting institutional goals leads to stronger alignment between individual performance and organizational objectives. This enhances motivation, clarity, and role orientation.

Across all seven indicators of participative leadership, mean scores hovered between 3.92 and 3.99, indicating high levels of agreement with the presence of participative practices in the respondents' organizations. Standard deviations remained low (between 1.00 and 1.07), suggesting relatively consistent perceptions among the employees.

4.5.5 Employee Performance

Table 9: Descriptive Statistics for Employee Performance

Statement	1	2	3	4	5	Mean	Std Dev
I consistently meet my work targets.	5	8	15	55	47	4.01	1.03
I am productive in my role.	3	6	12	60	49	4.12	0.92
I collaborate well with team members.	2	5	10	58	55	4.22	0.86
I am motivated to do my best at work.	4	7	11	56	52	4.12	0.98
I am satisfied with the quality of leadership in this facility.	6	12	18	52	42	3.86	1.11
I complete my tasks on time.	4	9	14	61	42	3.98	0.99
Leadership in this facility enhances my job performance.	5	10	16	53	46	3.96	1.06

1 = Strongly Disagree | 2 = Disagree | 3 = Not Sure | 4 = Agree | 5 = Strongly Agree

Source: Research Data, 2025

The dependent variable of this study sought to assess employee performance in healthcare facilities, with a particular focus on how leadership styles influence performance indicators such as productivity, collaboration, motivation, and timeliness. Respondents were asked to rate their level of agreement on seven statements related to performance. The analysis is based on a sample of 130 respondents, and descriptive statistics—namely frequencies, means, and standard deviations—were used to interpret the findings.

The statement, “I consistently meet my work targets,” received a mean score of 4.01 and a standard deviation of 1.03, indicating a generally high level of agreement. A majority of the respondents (78%) either agreed or strongly agreed with this statement, suggesting that most healthcare employees consider themselves capable of achieving their assigned goals. The relatively high standard deviation implies that, while the general consensus is

positive, there is some variability in perceptions, which could be attributed to differences in individual roles, departmental support, or workload.

“I am productive in my role” achieved a slightly higher mean of 4.12 and a lower standard deviation of 0.92. This shows a strong affirmation of productivity among employees and less dispersion in responses. Notably, 84% of respondents either agreed or strongly agreed, reflecting a workforce that perceives itself as effective and contributing meaningfully to the institution’s mission. Productivity in healthcare is often tied to both individual effort and the efficiency of systems in place, and this result may point to a moderately supportive work environment.

The item “I collaborate well with team members” returned the highest mean of 4.22 and the lowest standard deviation of 0.86 among all seven statements. This suggests a strong culture of teamwork and interpersonal harmony in the facility. Collaboration is particularly crucial in healthcare settings where multi-disciplinary approaches are needed to manage patients and provide holistic care. The low standard deviation implies strong agreement across the sample, reinforcing the reliability of this metric as an indicator of team cohesion.

On the statement “I am motivated to do my best at work,” the responses yielded a mean of 4.12 and a standard deviation of 0.98. A significant proportion of participants (83%) reported being motivated. While the mean is high, the relatively higher standard deviation points to some variation in motivational levels. Such discrepancies might be due to personal ambitions, external stressors, leadership support, or organizational climate.

The statement, “I am satisfied with the quality of leadership in this facility,” received a mean of 3.86 and a standard deviation of 1.11. While still generally positive, this is the lowest mean among the performance indicators. Only 72% of respondents agreed or

strongly agreed, and a combined 14% either disagreed or strongly disagreed. The relatively higher standard deviation suggests differing perceptions of leadership quality, which could be influenced by leadership style, communication transparency, and decision-making inclusivity.

Regarding time management, “I complete my tasks on time” garnered a mean of 3.98 with a standard deviation of 0.99. A strong 79% agreed or strongly agreed with this statement, pointing to effective task completion mechanisms within the facilities. The near-four average suggests that most healthcare workers are not only productive but also timely, an essential attribute in environments where delays can compromise service quality.

Lastly, the statement “Leadership in this facility enhances my job performance” scored a mean of 3.96 and a standard deviation of 1.06. This measure assesses the direct influence of leadership on employee outcomes. Around 76% of the respondents agreed or strongly agreed, indicating that leadership practices are viewed as supportive and performance-enhancing. However, the modest standard deviation underscores that a minority of employees might feel disconnected from the benefits of leadership input, possibly due to limited interactions or a lack of tailored support.

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4.6 Inferential Analysis

4.6.1 Model Summary

Table 10: Model Summary

Model	*R*	*R Square*	*Adjusted R Square*	*Std. Error of the Estimate*
1	.802	.643	.631	0.421

The model summary indicates a strong correlation (R = 0.802) between the independent variables (transformational, transactional, autocratic, and participative leadership) and the dependent variable (employee performance). The R Square value of 0.643 implies that 64.3% of the variance in employee performance is explained by the combined leadership styles. The adjusted R Square of 0.631 accounts for the number of predictors, suggesting a good model fit. This finding aligns with previous research highlighting leadership's pivotal role in influencing employee performance in healthcare settings (Badu et al., 2020; Wang & Gagné, 2021).

4.6.2 Regression Coefficients

Table 11: Regression Coefficients

Model	**Unstandardized Coefficients (B)**	**Std. Error**	**Beta**	**t**	**Sig.**
Constant	1.045	0.211	—	4.95	.000
Transformational Leadership	0.365	0.079	0.402	4.62	.000
Transactional Leadership	0.289	0.087	0.298	3.32	.001
Autocratic Leadership	-0.118	0.062	-0.129	-1.90	.060
Participative Leadership	0.312	0.074	0.346	4.22	.000

The regression coefficients show that transformational ($\beta = 0.402$, $p < .001$), transactional ($\beta = 0.298$, $p = .001$), and participative leadership ($\beta = 0.346$, $p < .001$) significantly and positively predict employee performance. Autocratic leadership shows a negative relationship ($\beta = -0.129$) but is not statistically significant ($p = .060$). These results support the effectiveness of participative and transformational styles, echoing findings

by Breevaart and Bakker (2018) and Sibiya and Ngxongo (2020), while suggesting that autocratic leadership may not enhance performance in dynamic healthcare environments.

4.6.3 Correlation Analysis

Table 12: Correlation Analysis

Variables	1	2	3	4	5
1. Employee Performance	1				
2. Transformational L.	.721**	1			
3. Transactional L.	.634**	.528**	1		
4. Autocratic L.	-.329**	-.271**	-.189*	1	
5. Participative L.	.678**	.611**	.493**	-.248**	1

Note: $p < .05$*, **p** $< .01$, L. - Leadership

The correlation matrix indicates strong positive relationships between employee performance and transformational (r = .721), participative (r = .678), and transactional leadership (r = .634), all statistically significant ($p < .01$). In contrast, autocratic leadership is negatively correlated with employee performance (r = -0.329, $p < .01$). These results underscore the role of participatory and inspirational leadership in boosting employee outcomes, as noted in studies by Ryan and Deci (2020). Negative correlation with autocratic leadership confirms earlier findings that such leadership impedes motivation and collaboration (Obiwuru et al., 2021).

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4.6.4 ANOVA

Table 13: ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.

Regression	49.502	4	12.376	69.74	.000
Residual	27.458	125	0.220		
Total	76.960	129			

The ANOVA table reveals a statistically significant model ($F = 69.74$, $p < .001$), indicating that the set of independent variables significantly predicts employee performance. This confirms that leadership styles collectively exert a meaningful impact on employee outcomes. The significance level (< .001) validates the robustness of the regression model. This outcome supports assertions by Kim and Kim (2021) that leadership approaches tailored to modern organizational needs significantly influence employee productivity, satisfaction, and overall healthcare delivery.

4.7 Discussion of Findings

4.7.1 Transformational Leadership on Performance of NHIF

The discussion of these findings draws on the broader literature and empirical evidence on transformational leadership in healthcare and public institutions. The high perception scores observed in the NHIF Eastern Region sample echo similar studies in African and global contexts, reaffirming the critical role of leadership in shaping institutional performance.

To begin with, the high mean scores on vision-driven motivation and professional development resonate with findings by Mwesigwa, Namiyingo, and Ahiauzu (2020), who found that public sector employees in Uganda reported greater motivation and commitment when leaders clearly articulated a shared organizational purpose. In NHIF's context, this is particularly important given the high-stakes nature of health insurance service delivery. A motivated workforce is more likely to deliver accurate, timely, and empathetic services to clients.

Moreover, the positive perception of leadership's support for professional growth aligns with research by Khoshhal and Guraya (2017), who argued that leadership in healthcare institutions must prioritize continuous professional development to keep pace with evolving medical and technological standards. In NHIF's case, this support translates to improved efficiency in claims processing, client communication, and systems integration key performance indicators in a digitizing health financing ecosystem.

However, the comparatively lower mean scores on concern for well-being and intellectual stimulation indicate potential gaps in the implementation of transformational behaviors. While the findings agree with the general trend of transformational leadership being prevalent, they also highlight possible blind spots. For instance, Alatailat et al. (2019) caution that in bureaucratic organizations, leaders may unconsciously prioritize compliance and reporting over personalized engagement and creativity. This concern appears relevant in NHIF, where pressure for efficiency might reduce the capacity for supervisors to exhibit individualized concern.

Interestingly, the item "Leaders stimulate staff to view problems from new perspectives" received a lower relative score, mirroring concerns in studies such as Alrowwad et al. (2020), which identified a hesitancy among public managers to fully embrace innovation due to fear of policy breaches or audit scrutiny. In this light, NHIF leadership may benefit from structured innovation programs that allow for safe experimentation and idea incubation.

Comparatively, private healthcare facilities have been shown to implement transformational leadership more uniformly due to flatter structures and clearer incentives (Nguyen et al., 2021). In contrast, NHIF as a public institution might experience internal stratification, affecting how transformational practices are deployed across branches or units. Thus, while the overall perception is positive, the

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inconsistencies reflected in the standard deviations may indicate systemic barriers that require organizational-level interventions.

The findings also correspond with transformational leadership theory, particularly Bass and Avolio's Full Range Leadership Model (FRLM), which emphasizes that transformational behaviors elevate both the leader and follower to higher levels of motivation and morality. The NHIF data exemplify this through the high scores on shared vision, professional development, and inspirational influence components that collectively foster an engaged and high-performing workforce.

4.7.2 Effect of Transactional Leadership on Employee Performance

Agreeing with past studies, this study affirms the importance of contingent rewards. Employees responded positively to receiving rewards for meeting targets, which is a direct reflection of the transactional leadership dimension of contingent reinforcement. A study by Breevaart et al. (2014) noted that such leaders set clear goals and expectations, and offer material or psychological rewards upon attainment of those goals, improving performance and satisfaction.

However, not all findings are in complete agreement with the extant literature. For example, while transactional leadership is often linked to strict monitoring and punitive responses (Bass, 1985), this study found relatively moderate agreement on the presence of sanctions for non-performance. This may indicate a deviation from classic transactional traits or could be a strategic decision by management to avoid creating a fear-based working environment. Scholars such as Skogstad et al. (2014) have warned that overly punitive transactional leadership may lead to anxiety and reduced creativity, thereby negatively impacting long-term organizational outcomes.

Comparatively, this study aligns with the work of Afsar et al. (2017), who found that transactional leadership is more effective in structured environments where tasks are

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repetitive and output is measurable. The presence of formal structures for performance monitoring (mean = 4.00) and strong task orientation (mean = 4.03) is indicative of such a structured operational setting. These findings imply that transactional leadership is being appropriately applied in a context where its characteristics are likely to yield optimal outcomes.

Nonetheless, critics of transactional leadership, including Burns (1978), argue that it focuses too heavily on extrinsic motivation, lacking the transformational aspect that builds intrinsic commitment. The moderate mean scores in areas such as “Correcting mistakes” and “Sanctioning non-performance” suggest that while extrinsic systems are in place, the lack of intrinsic developmental focus may leave room for improvement in fostering long-term engagement.

Another comparison can be made with research by Khan et al. (2020), who argued that transactional leadership tends to create a compliance-based rather than commitment-based workforce. The findings of this study partially reflect this, as high adherence to directives and performance monitoring may drive compliance, but without transformational elements such as vision-sharing or emotional engagement, employee motivation may plateau.

4.7.3 Effect of Autocratic Leadership on Employee Performance

The findings of this study on autocratic leadership align with existing literature, offering a nuanced understanding of its effect on employee performance. In the present study, respondents largely agreed with the characterizations of autocratic leadership, such as centralized decision-making, lack of consultation, and rigid enforcement of rules. These leadership behaviors appear to contribute to a work culture that emphasizes control and obedience over collaboration and empowerment.

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The current findings resonate with Wang et al. (2021), who assert that autocratic leadership may lead to short-term efficiency but is often associated with negative outcomes such as low employee morale, reduced creativity, and decreased job satisfaction. Similarly, Li, Wang, and Li (2020) argue that while autocratic leadership may succeed in task-oriented environments, its rigid structure may alienate employees and reduce organizational commitment in the long run.

Some respondents in the current study agreed that autocratic leadership helped maintain order and compliance. In line with Nawaz and Gómez (2020), who note that autocratic leadership can be effective in environments requiring strict discipline such as military or crisis-prone sectors the rigid enforcement of rules observed among respondents could be beneficial in high-stakes contexts. However, this benefit may come at the cost of reduced innovation and employee satisfaction, particularly in knowledge-based industries.

Conversely, a sizable proportion of respondents disagreed with some statements particularly on whether feedback was rarely considered or whether leadership discouraged idea-sharing. This disagreement may indicate that while autocratic tendencies exist, there are aspects of leadership that attempt to be inclusive, albeit inconsistently. Luo et al. (2022) emphasize that hybrid leadership styles, such as directive-transformational leadership, may offer a more balanced approach, blending control with motivation and involvement.

4.7.4 Participative Leadership and Employee Productivity

Participative leadership, as measured in this study, demonstrates a significantly positive influence on employee productivity within healthcare settings. The results discussed in the analysis indicate high mean values across all indicators, suggesting that employees generally perceive their leaders as participative in nature. This section explores these

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findings in light of existing literature, offering points of agreement, disagreement, and comparison.

The findings of this study align strongly with prior research highlighting the benefits of participative leadership on employee motivation, innovation, and productivity. According to Lee and Edmondson (2021), participative leadership enhances employee commitment by fostering a sense of belonging and psychological safety, particularly in environments requiring close teamwork, such as healthcare. The high scores reported on statements such as "Leaders seek input from employees before making decisions" and "My suggestions are often taken seriously by management" reinforce this claim.

Similarly, Al Khajeh (2023) found that participative leaders cultivate environments of trust, allowing employees to contribute ideas without fear of reprimand. This builds a workforce that is proactive and engaged. This resonates with the current findings, especially the strong agreement among respondents regarding team-based problem-solving and cross-departmental collaboration.

Moreover, a study by Mgeni and Nayyar (2022) emphasized that participative leadership is linked with improved service delivery in healthcare due to better communication and decision-making inclusiveness. The high levels of perceived "open dialogue" and "encouragement of group discussions" in this study confirm that such leadership practices are operational within the healthcare facilities under review. These practices are pivotal for knowledge sharing, managing patient care, and handling emergency scenarios, thus supporting productivity.

Although the present study affirms the utility of participative leadership, it is important to consider alternate perspectives and contextual nuances. For example, while participative leadership is ideal in theory, its effectiveness may vary depending on organizational culture, hierarchical structures, and time sensitivity of decisions. In

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critical healthcare settings, immediate decision-making is sometimes essential, and excessive consultation may delay responses (Tangirala & Ramanujam, 2020). However, the consistently high ratings across all indicators suggest that, in the Kenyan context of this study, participative leadership is not seen as a hindrance to timely decision-making. Furthermore, although participative leadership has been widely endorsed in high-income countries, its success in low- and middle-income countries (LMICs) has not been universally acknowledged. For example, research by Chigbu and Wadesango (2022) in Nigerian hospitals revealed that some staff perceived participative leadership as tokenistic or inconsistent, especially when their inputs were solicited but not implemented. Contrastingly, this study found that suggestions are "often taken seriously by management," indicating a more authentic and integrated form of participative leadership. This difference may be attributed to organizational maturity, leadership training, or policy frameworks that institutionalize employee engagement practices.

Additionally, in certain cases, employees may prefer clear, directive leadership rather than participatory processes, especially if they lack confidence or experience (Abasilim et al., 2021). However, the strong agreement in this study suggests that employees feel empowered rather than burdened by participative mechanisms. It also reflects a well-educated and experienced workforce capable of contributing meaningfully to institutional goals.

4.7.5 Employee Performance

The findings from the analysis of employee performance in healthcare facilities provide a comprehensive picture of how leadership styles intersect with staff output, motivation, and collaboration. The discussion herein draws on relevant contemporary literature to compare, support, or critique the observed trends, particularly in the context of Kenyan healthcare institutions.

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To begin with, the high levels of agreement with the statement *"I consistently meet my work targets"* indicate that most employees view themselves as competent and accountable for their deliverables. This aligns with the observations of Badu et al. (2020), who argue that intrinsic motivation, job clarity, and manageable workloads are major predictors of target attainment in healthcare environments. Their study further established that when leaders communicate expectations clearly and provide necessary support, employees tend to meet or exceed their targets. Similarly, the relatively high self-reported productivity reinforces this assertion, suggesting that institutional frameworks support effective work output.

The high mean for *"I collaborate well with team members"* reflects the value placed on teamwork in healthcare settings, where tasks are interdependent and often multidisciplinary. According to Wang and Gagné (2021), team collaboration enhances operational efficiency and improves patient care outcomes. They argue that transformational leadership in particular fosters an environment of psychological safety, where team members feel encouraged to share knowledge and support one another. This perspective resonates with the findings of this study, given the respondents' high agreement on teamwork and collaboration.

Regarding motivation, the high agreement on the item *"I am motivated to do my best at work"* further validates theories that recognize the centrality of motivational constructs in driving performance. Self-Determination Theory (Ryan & Deci, 2020) posits that motivation is sustained when employees perceive autonomy, competence, and relatedness in their work environments. The current study's findings support this framework, suggesting that workers in these healthcare institutions likely find purpose and personal alignment with their roles. Furthermore, the link between leadership and motivation is well-documented. For instance, Muli and Nzulwa (2022) contend that

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participative leadership significantly boosts employee morale and commitment by ensuring inclusivity and recognition—both of which are crucial motivators.

A more nuanced finding is the slightly lower level of agreement with the statement *"I am satisfied with the quality of leadership in this facility."* While still generally positive, the variability in responses may reflect inconsistencies in leadership practices across departments or facilities. Some employees may feel disconnected from top-level decisions or unsupported in their daily tasks. This observation is supported by Kim and Kim (2021), who note that leadership satisfaction is often polarized in bureaucratic organizations where communication hierarchies are rigid. In such settings, middle-level managers play a crucial role in mediating between top leadership and frontline staff.

The statement *"I complete my tasks on time"* attracted strong agreement, suggesting good time management and task prioritization among employees. This is particularly important in healthcare, where timely service delivery can be the difference between life and death. According to Maina et al. (2020), timely task completion is a function of both personal discipline and systemic efficiency, such as workflow design and task delegation. Their study of Kenyan public hospitals found that staff training, adequate staffing, and digital scheduling systems significantly enhanced on-time task execution.

Of critical importance is the perceived influence of leadership on performance. The statement *"Leadership in this facility enhances my job performance"* garnered a high but not unanimous level of agreement. This suggests that while some leaders are perceived as supportive and empowering, others may lack engagement or effectiveness. The literature provides mixed views on this. On the one hand, Obiwuru et al. (2021) found that transformational leadership significantly improves employee performance by providing vision, motivation, and individualized consideration. On the other hand, too

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much emphasis on performance without adequate support can result in employee burnout or disengagement (Breevaart & Bakker, 2018).

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter presents a comprehensive summary, conclusion, and recommendations derived from the study, which investigated the influence of various leadership styles on employee performance in public healthcare facilities. The primary leadership styles explored included transformational, transactional, autocratic, and participative leadership. The chapter synthesizes the key findings in light of the research objectives and hypotheses. It also articulates actionable recommendations targeted at policy-makers, healthcare administrators, and human resource practitioners. Finally, it outlines theoretical and practical implications and suggests areas for future research to deepen understanding of leadership dynamics in the healthcare sector.

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5.2 Summary of Findings

The first objective focused on transformational leadership and its influence on employee performance. Respondents overwhelmingly agreed that transformational leadership elements such as individualized consideration, inspirational motivation, intellectual stimulation, and idealized influence positively affected their productivity. The statistical analysis showed a strong, significant positive correlation ($r = .721$) and a high regression coefficient ($\beta = 0.402$, $p < .001$), indicating that when leaders inspired and supported staff development, employees responded with improved performance outcomes.

The second objective examined transactional leadership, characterized by contingent rewards and management-by-exception. The results indicated a moderately strong positive correlation ($r = .634$) and a significant regression coefficient ($\beta = 0.298$, $p = .001$). Employees acknowledged that clear expectations, rewards for achievement, and

corrective feedback contributed to goal attainment and performance. However, transactional leadership was seen as less effective in fostering innovation compared to transformational leadership.

The third objective addressed autocratic leadership. Descriptive analysis revealed mixed responses, with many participants expressing concern about top-down decision-making, limited input from subordinates, and minimal feedback channels. Inferential analysis showed a negative correlation ($r = -0.329$, $p < .01$) and an insignificant regression coefficient ($\beta = -0.129$, $p = .060$), suggesting that this style may hinder employee performance.

The fourth objective examined participative leadership and its effects on employee outcomes. Respondents strongly affirmed that leadership practices which promote inclusiveness, shared goal-setting, and open dialogue improved their motivation and performance. Statistically, this leadership style demonstrated a strong correlation with performance ($r = .678$, $p < .01$) and a significant regression coefficient ($\beta = 0.346$, $p < .001$). Employees perceived this approach as empowering, with participative leaders fostering collaboration and ownership of work outcomes.

5.3 Conclusion

The findings of this study affirm that leadership style is a critical determinant of employee performance in public healthcare facilities. Transformational and participative leadership emerged as the most impactful in fostering motivation, enhancing productivity, and promoting goal attainment. These styles are aligned with modern organizational needs, especially in complex, team-oriented sectors like healthcare. Transformational leaders, through inspiration and personalized support, encourage creativity and personal growth. Participative leaders, by involving employees in

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decision-making and goal-setting, promote a sense of ownership and accountability. Together, these styles establish an environment where employees feel valued, empowered, and motivated.

Transactional leadership, while more structured and reward-based, also positively influenced performance, albeit to a lesser degree. It provides clarity and consistency in expectations and outcomes, which is essential in performance management. However, its limited focus on innovation and intrinsic motivation means it is best used in combination with other empowering leadership styles.

Conversely, autocratic leadership displayed a weak and negative influence on employee performance. The style's emphasis on unilateral decision-making and control is incongruent with contemporary expectations of engagement, transparency, and team collaboration. Although autocratic methods may be effective in crisis or command situations, they appear counterproductive in fostering sustained employee morale and innovation in a healthcare setting.

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5.4 Recommendations

i. Institutionalize Leadership Training Programs: Healthcare facilities should regularly conduct training workshops to develop transformational and participative leadership skills among supervisors and middle-level managers.

ii. Encourage Participative Decision-Making: Managers should be encouraged to involve staff in problem-solving and planning activities to enhance engagement, innovation, and shared ownership of outcomes.

iii. Phase Out Autocratic Leadership Practices: Organizations should gradually replace rigid command structures with flexible, feedback-driven systems that foster open communication and team-based decision-making.

5.5 Suggestions for Further Research

i. Examine Leadership Styles Across Private Healthcare Facilities: Future studies could compare public and private sector leadership approaches to identify sector-specific trends and practices.

ii. Longitudinal Study on Leadership Development and Performance: A time-series study would help establish causal links between leadership interventions and changes in employee performance over time.

iii. Investigate Mediating Variables: Future research could explore how factors like employee engagement, job satisfaction, or organizational culture mediate the relationship between leadership style and performance.

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APPENDICES

Appendix I: Introduction

MASLAH MOHAMED,

P.O. BOX, 342-01000

THIKA.

Dear Respondent,

REF: REQUEST FOR DATA COLLECTION

I am a postgraduate student at Mount Kenya University, currently pursuing a Master's Degree in Business Administration. As part of my academic requirements, I am conducting a research study titled:

"Influence of Leadership Styles on Employee Performance in Selected Healthcare Facilities in Dadaab Subcounty, Garissa County."

You have been identified as a valuable participant in this study. I kindly request your assistance in completing the attached questionnaire, which is designed to collect data relevant to the study objectives. The information you provide will be treated with the strictest confidentiality and will be used solely for academic purposes. Your identity will remain anonymous, and your responses will not be linked to you in any part of the report. Your participation is completely voluntary, and you may withdraw from the study at any point should you choose to do so.

Thank you in advance for your time, honesty, and cooperation. Your input is highly appreciated and vital to the success of this research.

Appendix II: Consent Form

Dear Participant,

Title of the Study:

Mount Kenya University

Assessment of Financial Planning on Organizational Performance: Case of Aviation Industry in Nairobi, Kenya

Researcher:

I am a postgraduate student at **Mount Kenya University**, pursuing a **Master of Business Administration** degree. As part of the requirements for my degree, I am conducting a study to assess the influence of financial planning on organizational performance in the aviation industry in Nairobi, Kenya.

Purpose of the Study:

The goal of this study is to evaluate how financial planning practices affect organizational performance in the aviation sector, with the intention of providing useful insights for the industry and relevant stakeholders.

Voluntary Participation:

Your participation in this study is entirely voluntary. You may choose to decline to answer any specific question or withdraw from the study at any time, without facing any consequences or loss of benefits.

Confidentiality and Anonymity:

Your responses will be kept strictly confidential and anonymous. The data collected will be reported in aggregate form only, and no information that could identify you personally will be disclosed. Only the researcher will have access to individual responses.

Risks and Benefits:

There are no known risks associated with participating in this study beyond those encountered in everyday life. While there are no direct benefits to you as a participant, the findings may be valuable to the aviation industry and may help inform future policy and practice.

Time Commitment:

Completing the questionnaire should take approximately **7 minutes**. You are kindly requested to complete and return the questionnaire at your earliest convenience to support the timely completion of this academic project.

Mount Kenya University

Questions or Concerns:

If you have any questions about your rights as a research participant, please contact:

Ethics Review Committee

Mount Kenya University

P.O. Box 342-01000, Thika

Email: **cgsr@mku.ac.ke**

Tel: +**254 709 153 000**

CONSENT TO PARTICIPATE

I have read and understood the information provided above. I have had the opportunity to ask questions and receive answers. I understand that my participation is voluntary and that I may withdraw at any time without penalty. I freely consent to participate in this study.

Participant's Name (Optional): ___________________________________

Participant's Signature: ___________________________ **Date:** ____________

Investigator's Name: ____

Investigator's Signature: __________________________ **Date:** ____________

Mount Kenya University

Appendix III: Questionnaire

Dear Respondent,

This questionnaire is designed to collect data for an academic research study titled 'Influence of Leadership Styles on Employee Performance in Selected Healthcare Facilities in Dadaab Subcounty, Garissa County.' You are kindly requested to respond to the following statements based on your experience and perception. Please indicate the extent to which you agree or disagree with each statement using the scale below:

1 = Strongly Disagree | 2 = Disagree | 3 = Not Sure | 4 = Agree | 5 = Strongly Agree

All responses will be treated with the utmost confidentiality and used solely for academic purposes.

SECTION A: Background information

What is your gender?

Female [ ]

Male [ ]

Indicate your age bracket?

21-30 [ ]

31-40 [ ]

41-50 [ ]

Above 51 [ ]

How long have you been working in the HealthCare Facility?

Less than 5 years [ ]

5-10 years [ ]

Over 11 years [ ]

SECTION B: TRANSFORMATIONAL LEADERSHIP

Mount Kenya University

Please indicate the extent to which you agree with the following statements regarding transformational leadership in your workplace.

Statement	**1**	**2**	**3**	**4**	**5**
My supervisor motivates staff through a shared vision.					
Leaders here encourage creativity and innovation.					
Supervisors show genuine concern for employee well-being.					
I feel inspired by the leadership in this facility.					
My supervisor provides support for my professional growth.					
There is clear communication of organizational goals.					
Leaders stimulate staff to view problems from new perspectives.					

SECTION C: TRANSACTIONAL LEADERSHIP

Please indicate the extent to which you agree with the following statements regarding transactional leadership in your workplace.

Statement	**1**	**2**	**3**	**4**	**5**
I receive rewards when I meet performance targets.					
Leaders focus on correcting mistakes actively.					
There is a clear link between performance and reward.					
Leadership emphasizes completing tasks as instructed.					
Supervisors follow up regularly on performance.					
There are formal structures for monitoring performance.					
Non-performance is often met with sanctions.					

SECTION D: AUTOCRATIC LEADERSHIP

Mount Kenya University

Please indicate the extent to which you agree with the following statements regarding autocratic leadership in your workplace.

Statement	1	2	3	4	5
Decisions are made without consulting employees.					
Employees are expected to follow instructions without question.					
Leadership discourages staff from sharing ideas.					
Information is passed in one direction only – top to bottom.					
Supervisors do not encourage team discussions.					
Feedback from employees is rarely considered.					
Rules are strictly enforced without flexibility.					

SECTION E: PARTICIPATIVE LEADERSHIP

Please indicate the extent to which you agree with the following statements regarding participative leadership in your workplace.

Statement	1	2	3	4	5
Leaders seek input from employees before making decisions.					
There is open dialogue between management and staff.					
Team members are involved in problem-solving.					
My suggestions are often taken seriously by management.					
Supervisors encourage group discussions.					
Leadership promotes collaboration across departments.					
Staff are allowed to participate in setting goals.					

SECTION F: EMPLOYEE PERFORMANCE

Mount Kenya University

Please indicate the extent to which you agree with the following statements regarding employee performance in your workplace.

Statement	**1**	**2**	**3**	**4**	**5**
I consistently meet my work targets.					
I am productive in my role.					
I collaborate well with team members.					
I am motivated to do my best at work.					
I am satisfied with the quality of leadership in this facility.					
I complete my tasks on time.					
Leadership in this facility enhances my job performance.					

Mount Kenya University

Thank you

Appendix IV: ERC Letter

REF: **MKU/ISERC/4999**
TO: **MASLAH MOHAMED**

Date: 23 April 2025

REG: **MPAM/2022/46385**

Dear Sir/Madam,

RE: INFLUENCE OF LEADERSHIP STYLES ON EMPLOYEE PERFORMANCE IN SELECTED HEALTHCARE FACILITIES IN DADAAB SUBCOUNTY GARISSA COUNTY

This is to inform you that **Mount Kenya University** has reviewed and approved your above research proposal. Your application approval number is **3721.** The approval period is **23/04/2025 - 22/04/2026.**

This approval is subject to compliance with the following requirements:

i. Only approved documents including informed consents, study instruments, MTA will be used
ii. All changes including amendments, deviations and violations are submitted for review and approval by **Mount Kenya University**
iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to **Mount Kenya University** within 72 hours of notification
iv. Any changes, anticipated or otherwise that may increase the risks or affect the safety or welfare of study participants and others or affect the integrity of the research must be reported to **Mount Kenya University** within 72 hours
v. Clearance for export of biological specimens must be obtained from relevant institutions
vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal
vii. Submission of an executive summary report within 90 days upon completion of the study to **Mount Kenya University**

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) https://research-portal.nacosti.go.ke and also obtain other clearances needed.

Yours sincerely,

Dr. Alfred Owino, PhD
Chairman, Mount Kenya University ISERC

MOUNT KENYA UNIVERSITY
ETHICS REVIEW COMMITTEE
P. O. Box 342 - 01000,
THIKA

Main Campus, General Kago Road, P.O. Box 342-01000 Thika.
Tel: +254 20 287 8000, Cell: +254 709 153 000
Email: info@mku.ac.ke, Web: www.mku.ac.ke
Chartered and ISO 9001 : 2015 Certified

Appendix V: Introduction Letter

DIRECTORATE OF GRADUATE STUDIES

MPAM/2022/46385

23rd April, 2025

National Commission for Science Technology & Innovation (NACOSTI)
Off Waiyaki Way, Upper Kabete,
P.O Box 30623- 00100
NAIROBI, KENYA

Dear Sir/Madam,

RE: MASLAH MOHAMED – REGISTRATION NO. MPAM/2022/46385

The purpose of this letter is to introduce the above named student who is pursuing **Master of Arts in Public Administration and Management** in the department of **Management** in the school of **Business and Economics**

The title of the research is **"Influence of Leadership Styles on Employee Performance in Selected Healthcare Facilities in Dadaab Sub County Garissa County."** It has been cleared by the University's Ethics Review Committee (Certificate attached) and now has to proceed to the field to collect data between **May, 2025 and July, 2025.**

Any assistance accorded to the student will be highly appreciated.

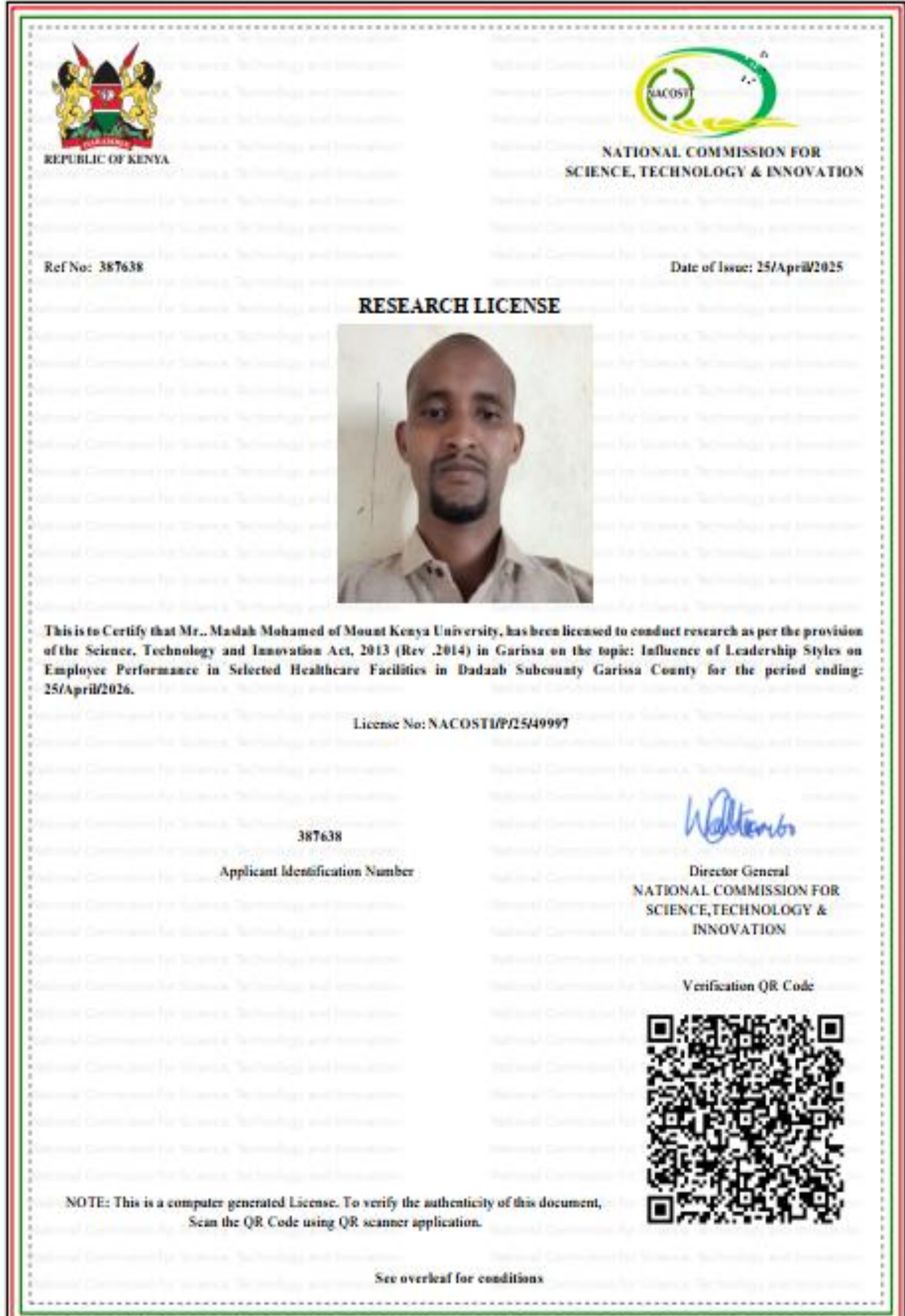
Thank you.

Mount Kenya University
P.O. Box 342-01000, THIKA
Office of the Director
Graduate Studies

For
Dr. Samuel M. Karenga, Ph.D
Director, Graduate Studies
Enc.

Main Campus, General Kago Road, P.O. Box 342-01000 Thika.
Tel: +254 20 287 8000, Cell: +254 709 153 000
Web: www.mku.ac.ke

Appendix VI: NACOSTI Authorization



REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Ref No: 387638

Date of Issue: 25/April/2025

RESEARCH LICENSE

This is to Certify that Mr.. Maslah Mohamed of Mount Kenya University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev .2014) in Garissa on the topic: Influence of Leadership Styles on Employee Performance in Selected Healthcare Facilities in Dadaab Subcounty Garissa County for the period ending: 25/April/2026.

License No: NACOSTI/P/25/49997

387638
Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

See overleaf for conditions

Appendix VII: Field Letter

GARISSA COUNTY GOVERNMENT
Department of Trade, Investments & Enterprise Development

Email: info@garissa.go.ke
Telephone: +254 046 210 4000
When replying please quote:

County director of TIED
P. O. Box 57 – 70100
Garissa

28th April, 2025

REF: GCG/TIED/RSH/25/IV/45

Maslah Mohamed
MOUNT KENYA UNIVERSITY
MPAM/2022/46385

RE: RESEARCH AUTHORIZATION

We are in receipt of your letter dated 28th April, 2025 and a copy of your research license from NACOSTI Ref: **387638** of License Number **NACOSTI/P/25/49997** dated 28th April, 2025 requesting for authority to carry out research on **"Influence of Leadership Styles on Employee Performance in Selected Healthcare Facilities in Dadaab Subcounty Garissa County"**.

Permission is hereby granted to carry out the research for the period ending 28th May, 2025 as requested.

You are kindly advised to deposit a copy of the final research report to this office.

GARISSA COUNTY GOVERNMENT
THE DIRECTOR, TIED
28th April 2025
P.O.BOX 57-70100,
GARISSA

For:
Hon. Mohamed Suleiman
CECM, TIED
Garissa

Appendix VIII: Similarity Index

MASLAH MOHAMED

INFLUENCE OF LEADERSHIP STYLES ON EMPLOYEE PERFORMANCE IN SELECTED HEALTHCARE FACILITIES IN D...

MBA 2025

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Mount Kenya University

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