

IMPACTS OF TRANSACTIONAL LEADERSHIP IN TEAM PERFORMANCE AMONG PUBLIC HEALTH CARE PROVIDERS IN BENUE STATE, NIGERIA

Orih, V.O., *Aguoru, C.N.V., Umogbai, M.E

Department of Business Administration, College of Management Sciences

Joseph Sarwuan Tarka University Makurdi

*Corresponding Author's E-mail: aguoru.victoria@uam.edu.ng

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ABSTRACT

This study determined the effect of transactional leadership as a leadership style on team performance among public healthcare providers in Benue State, Nigeria. A total of 117 employees of selected public healthcare non-governmental organizations (NGOs), namely the AIDS Prevention Initiative in Nigeria (APIN), AIDS Healthcare Foundation (AHF), and the Centre for Clinical Care and Clinical Research Nigeria (CCCRN) were studied using a cross-sectional survey research design and structured questionnaire for data collection. Data were analyzed using descriptive and inferential statistics. Results revealed that transactional leadership ($B = 0.016$, $\beta = 0.015$, $t = 0.190$, $p = 0.850$) had positive but statistically insignificant effects on team performance. Mean scores of responses of 3.37 to 4.25 exceeded the benchmark mean of 3.00, indicating an overall positive perception of transactional leadership. It was established that leaders closely monitor tasks to ensure compliance with standards ($M = 4.25$, $SD = 0.89$), suggesting that monitoring and supervision are the most prominent transactional leadership behaviours exhibited by supervisors. Therefore, there is need to complement appropriate leadership style with transactional leadership to enhance service quality, team and organizational performance among public healthcare providers in Benue State.

Keywords: Leadership styles, transactional leadership, organizational performance, public healthcare providers

INTRODUCTION

Effective leadership is therefore essential for enhancing team performance and sustaining organizational effectiveness in healthcare settings (Yukl, 2019; World Health Organization [WHO], 2020). Globally, the health sector faces increasing pressure arising from rising disease burdens, limited resources, workforce shortages, and growing expectations for quality and timely service delivery. These challenges have heightened the need for leadership approaches that can motivate healthcare workers, foster collaboration, and improve team outcomes (Northouse, 2022). Consequently, leadership styles such as transactional have received considerable attention in the literature as critical determinants of employee behaviour and performance in organizational settings (Bass & Avolio, 2018; Robbins & Judge, 2023). Transactional leadership is based on structured exchanges between leaders and followers through rewards, supervision, and corrective actions to ensure compliance and task accomplishment (Longe, 2019).

The leadership style employed within multisectoral programme teams can either foster collaboration, innovation, effective resource utilization, and high performance, or, alternatively, give rise to challenges such as incompatible organizational cultures, varying accountability systems,

power imbalances, and diminished trust, ultimately leading to disengagement and reduced efficiency (Guterman, 2023). Ineffective leadership may result in poor coordination, low morale, delayed responses, and compromised service quality, while effective leadership can enhance teamwork, accountability, and service delivery outcomes (Kan, 2024).

In Benue State, public healthcare NGOs such as the AIDS Prevention Initiative in Nigeria (APIN), AIDS Healthcare Foundation (AHF), and the Centre for Clinical Care and Clinical Research (CCCRN) operate in challenging environments characterized by high service demand, limited funding, and the need for rapid and coordinated responses to public health issues. Similarly, research from developing countries, including Nigeria, Uganda, Namibia, and South Africa, has demonstrated that leadership styles significantly influence employee morale, productivity, and service delivery, although institutional constraints and resource limitations often moderate these effects (Bhargavi & Yaseen, 2019; Iqbal et al., 2019; Pedro et al., 2024; Mntambo & Chan, 2024).

Effective team performance in public healthcare NGOs depends largely on leadership practices that can motivate, coordinate, and align diverse teams toward shared goals. However, observations and existing studies suggest that

variations in leadership styles within healthcare organizations often result in inconsistent team outcomes. In many cases, teams struggle with delayed task completion, uneven service quality, and slow responsiveness to emerging health needs. These challenges are frequently linked to leadership approaches that either overemphasize control and compliance or fail to adequately involve team members in decision-making processes.

The absence of context-specific evidence on the effect of transactional leadership styles on team performance creates a knowledge gap that limits the ability of public healthcare NGOs to adopt leadership practices that enhance team effectiveness. This gap features the need for an organized investigation into how transactional leadership style affect team performance among public healthcare NGOs operating in Benue State.

Research Questions

What is the effect of transactional leadership on team performance among public healthcare providers in Benue State, Nigeria?

Hypotheses

H₀: Transactional leadership has no significant effect on team performance among public healthcare providers in Benue State, Nigeria.

Theoretical Framework

Transactional leadership is characterized by a focus on structure, rules, rewards, and sanctions to ensure that team members meet organizational expectations. Leaders in this dimension monitor performance closely, clarify responsibilities, and provide incentives for achieving objectives. Transactional leadership is a style of leadership in which leaders focus on maintaining routine operations, monitoring performance, and ensuring that tasks are completed according to established standards. According to Bass (1990), transactional leadership involves leaders who manage performance through exchanges with followers, using rewards and punishments to achieve organizational objectives. Burns (1978) explains that transactional leadership occurs when leaders maintain routine operations by clarifying responsibilities, setting goals, and monitoring performance rather than inspiring significant change.

Transactional leadership involves an exchange process that results in follower compliance with leader request but not likely to generate enthusiasm and commitment to task objective. The leader focuses on having internal actors perform the tasks required for the organization to reach its desired goals (Boehnke et al, 2003). The objective of the transactional leader is to ensure that the path to goal attainment is clearly understood by the internal actors, to remove potential barrier within the system, and to motivate the actors to achieve the predetermined goals (House and Aditya, 1997). This style of leadership implies close monitoring for deviances, mistakes, and errors and then taking corrective

action as quickly as possible when they occur. Since, there is a chance to miss enthusiasm and commitment to the task objective, the team's output does not benefit from the extra effort of the team members. Northouse (2016) defines transactional leadership as an approach in which leaders promote compliance and task completion through contingent rewards and corrective actions, emphasizing structure and order. Robbins and Judge (2019) describe it as a style where leaders use formal authority to monitor work, provide feedback, and reward or discipline employees based on performance outcomes. Finally, Antonakis and House (2024) characterize transactional leadership as a style in which leaders focus on short-term goals, manage tasks efficiently, and reinforce standards through rewards or penalties rather than emphasizing long-term vision or transformational change.

Recent literature defines transactional leadership as a style of leadership grounded in exchange relationships between leaders and followers, where leaders set clear expectations and provide rewards or corrective actions based on performance to motivate employees toward organizational goals (Hutama et al., 2024). Transactional leadership is described as a leadership approach that focuses on establishing clear goals, expectations, and incentives for followers, using contingent rewards to recognize achievement and management-by-exception to address deviations from standards (Northouse, 2022). In contemporary research, transactional leadership is understood as a system of motivating followers through a structured framework of rewards and penalties, where performance outcomes are directly linked to incentives or corrective measures. Scholars also view transactional leadership as a leadership style that emphasizes maintaining the status quo through authority and clear task requirements, focusing on efficiency, routine activities, and achieving short-term objectives (Bass & Riggio, 2006). Furthermore, transactional leadership is conceptualized as a motivational exchange process in which leaders clarify roles, outline performance expectations, and reinforce compliance and productivity through contingent rewards and corrective actions (Bass, 1985; Bass & Avolio, 1994). While transactional leadership may be less focused on inspiration, it is effective in ensuring task completion, compliance, and accountability in structured environments such as healthcare NGOs (Northouse, 2022).

MATERIALS AND METHODS

Research Design

This study adopted a cross-sectional research design, which involves the collection of data at a single point in time to examine the relationship between transactional leadership and team performance of public healthcare providers in Benue State, Nigeria. The cross-sectional design was considered appropriate for this study because it allows the researcher to capture a snapshot of current practices, perceptions, and

outcomes of transactional leadership its effect on team performance indicators such as task completion, service quality, and responsiveness.

Population of the Study

The population of this study comprised all employees of selected non-governmental organizations (NGOs) in the public healthcare sector operating in Benue State, Nigeria. Specifically, the study focused on staff from APIN, AHF, and CCCRN, which are actively involved in healthcare service delivery within the State. According to the Human Resource departments of these NGOs (2025), the total staff population was as follows: APIN 138 employees, AHF 58 employees, and CCCRN 37 employees, giving a combined total population of 233 employees (Table 1).

Table 1: Population Distribution

Name of NGO	Number of Staff
APIN – AIDS Prevention Initiative in Nigeria	138
AHF – AIDS Healthcare Foundation	58
CCCRN – Centre for Clinical Care and Clinical Research	37
Total	233

Source: Human Resource Department the NGOs, 2024

Sample Size and Sampling Technique

The sample size for this study was determined using Yamane's (1967) formula for finite populations, which provides a scientifically acceptable method for calculating a representative sample from a known population. The total population of the study was 233 employees from APIN (138), AHF (58), and CCCRN (37). Yamane's formula is expressed as:

$$n = \frac{N}{1 + N(e)^2} \quad (1)$$

Where: n = sample size; N = total population (233); e = margin of error (0.05 for 95% confidence level). Therefore, $n = 147.25$

Therefore, the sample size for the study is approximately 147 respondent (Table 2). To ensure fair representation across the three NGOs, proportionate stratified random sampling was used. This technique divided the population into sub-groups (strata) based on organization and selected respondents proportionally from each stratum:

Table 2: Sample Size Distribution

Name of NGO	N _i	Formula Applied	n _i (Allocated Sample)
APIN – AIDS Prevention	138	$(138/233) \times 147$	87

Initiative in Nigeria				
AHF – AIDS Healthcare Foundation	58	$(58/233) \times 147$	37	
CCCRN – Centre for Clinical Care and Clinical Research	37	$(37/233) \times 147$	23	
Total	233		147	

Source: Researchers computation, 2025

The stratified random sampling technique was appropriate because it ensured that all NGOs were proportionally represented, and every employee within each organization had an equal chance of being selected, reducing sampling bias and enhancing the reliability of the findings.

Instrument for Data Collection

The instrument for data collection in this study is a structured questionnaire designed to obtain primary data from respondents in a standardized manner. The questionnaire is considered appropriate because it allows for the efficient collection of quantitative data from a relatively large number of respondents and facilitates easy analysis. It is divided into four main sections, with Section A focusing on respondents' demographic and work-related characteristics such as gender, age, educational qualification, years of experience, and organizational affiliation. Section B measures leadership styles within the NGOs, specifically transformational, transactional, and democratic leadership, by assessing leaders' behaviors, decision-making approaches, motivation techniques, and communication patterns. Section C examines team performance using indicators such as task completion, service quality, and responsiveness, while Section D captures respondents' perceptions of the overall influence of leadership styles on team effectiveness and performance outcomes. All items in the questionnaire will be measured using a five-point Likert scale ranging from Strongly Agree to Strongly Disagree, which enables respondents to express varying degrees of agreement and supports quantitative data analysis.

Validation of the Instrument

The validation of the research instrument was carried out to ensure that the questionnaire accurately measures the variables of the study and produces credible results. Content and face validity were adopted for this study. Content validity was ensured by carefully developing the questionnaire items in line with the study objective, research question, and variable namely transactional leadership and team performance measures (task completion, service quality, and responsiveness). The items were also derived from relevant literature and previously validated instruments on leadership and team performance to ensure adequate coverage of the study constructs. To further strengthen validity, the draft questionnaire was submitted to experts in management and public health administration, as well as the research

supervisor, for critical review. Their suggestions and corrections regarding clarity, relevance, wording, and alignment with the study objectives were incorporated into the final version of the instrument. Face validity was established by ensuring that the questions appeared clear, unambiguous, and relevant to the respondents within the selected public health NGOs.

Table 3: KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.	.854
Approx. Chi-Square Bartlett's Test of Sphericity	381.703
Df	5
Sig.	.000

Source: SPSS output, 2025.

Table 3 presents the results of the Kaiser Meyer Olkin (KMO) measure of sampling adequacy and Bartlett's Test of Sphericity conducted to assess the suitability of the data for factor analysis. The KMO value of 0.854 exceeds the minimum acceptable threshold of 0.60, indicating that the sample size is adequate and that the patterns of correlations among the variables are compact enough to yield reliable and distinct factors. This value is considered very good, suggesting that factor analysis is appropriate for the data. Furthermore, Bartlett's Test of Sphericity produced an approximate chi-square value of 381.703 with 5 degrees of freedom, which is statistically significant at $p = 0.000$. This significant result indicates that the correlation matrix is not an identity matrix, implying that meaningful relationships exist among the variables.

Reliability of the Instrument

To ensure the reliability of the research instrument for this study, a pilot study was conducted prior to the main data collection. The pilot test involved 87 staff members from Joseph Sarwuan Tarka University, Makurdi, who were not part of the actual study population, in order to avoid bias and contamination of the main survey results. These respondents were selected because they possess comparable organizational and team-based work characteristics relevant to the constructs under investigation. The pilot study was designed to assess the internal consistency of the questionnaire items measuring transactional leadership and team performance indicators as well as to identify ambiguities or inconsistencies in item wording. Reliability was evaluated using Cronbach's Alpha coefficient, which is a widely accepted statistical technique for measuring internal consistency in social science research. In line with established standards, a Cronbach's Alpha value of 0.70 or above was considered acceptable, indicating that the items within each construct reliably measured the same underlying concept (Nunnally, 1978). The results of the pilot test confirmed that the instrument was reliable and suitable for use in the main study.

Table 4: Reliability Test Results

Variable	Cronbach's Alpha
Transactional leadership	0.842
Team Performance	0.841
Average Reliability	0.822

Source: SPSS output, 2025.

Table 4 presents the results of the reliability analysis conducted using Cronbach's Alpha to assess the internal consistency of the study variables. The findings indicate that transactional leadership produced a high reliability coefficient of 0.842, indicating a strong level of consistency among its measurement items. In addition, the team performance construct recorded a Cronbach's Alpha value of 0.841, demonstrating that the items used to measure task completion, service quality, and responsiveness are internally consistent. The average reliability coefficient of 0.822 further confirms that the research instrument, as a whole, is highly reliable.

Data Collection

Data for this study was collected through the administration of a structured questionnaire to staff of selected non-governmental public healthcare organizations operating in Benue State, namely APIN, AHF, and CCCRN. The questionnaire was administered electronically using kobocollect to respondents in order to ensure ease of access, improve response rates, and enhance the accuracy of responses. The electronic method allows respondents to complete the questionnaire at their convenience using internet-enabled devices, thereby reducing time constraints and physical contact. The kobocollect link was shared with eligible respondents through official communication channels of the selected NGOs, accompanied by a clear explanation of the study's purpose and assurances of anonymity. This method was considered appropriate for the study due to its efficiency, cost-effectiveness, and suitability for collecting quantitative data from geographically dispersed respondents. Prior to the administration of the instrument, official permission was obtained from the management of the respective organizations, and the purpose of the study was clearly explained to the respondents in order to secure their informed consent.

Decision Rule

The decision rule for testing the hypotheses in this study is based on the level of significance of 0.05 (5%). Accordingly, the null hypothesis (H_0) will be rejected if the probability value (p-value) obtained from the statistical test is less than or equal to 0.05 ($p \leq 0.05$), indicating that the independent variable has a statistically significant effect on the dependent variable. Conversely, the null hypothesis will be accepted if the p-value is greater than 0.05 ($p > 0.05$), implying that the independent variable does not have a significant effect on team performance.

RESULTS

Response Rate

The response rate shows the total number of questionnaires administered, the number successfully retrieved, and the number of questionnaires excluded or not returned. The response rate is presented in Table 5.

Table 5: Response Rate of the Questionnaire

Questionnaire	Frequency	Percentage (%)
Questionnaire administered	147	100.0
Questionnaire returned	147	100.0
Questionnaire not returned	0	0.0
Total	147	100.0

Source: Field Survey, 2026.

The result presented in Table 5 shows that all the 147 copies of the questionnaire administered to the respondents were successfully retrieved and found suitable for analysis, representing a response rate of 100 percent. The complete retrieval of the questionnaires provided sufficient data for the study and enhanced the reliability of the findings.

Demographic Characteristics of Respondents

The demographic characteristics of the respondents were analysed to describe the profile of the participants involved in the study. The variables considered include gender, age, organization, years of work experience, and current position/role. The results are presented in Table 6.

Table 6: Demographic Characteristics of Respondents

Attribute	Frequency(n=147)	Percentage (%)
Gender		
Male	103	70.1
Female	44	29.9
Age (Years)		
20–29	6	4.1
30–39	82	55.8
40–49	54	36.7
50 and above	5	3.4
Organization		
APIN	87	59.2
AHF	37	25.2
CCCRN	23	15.6
Years of Work Experience		
1–5 years	38	25.9
6–10 years	81	55.1
11 years and above	28	19.0
Current Position/Role		
Staff	110	74.8
Team Lead	34	23.1
Management	3	2.0

Source: Field Survey, 2026.

The results presented in Table 6 show the demographic characteristics of the respondents. With respect to gender, the majority of the respondents, 103 (70.1%), were male, while 44 (29.9%) were female. This indicates that both genders were represented in the study, although male respondents constituted a larger proportion of the workforce in the selected public healthcare NGOs.

The age distribution reveals that most of the respondents, 82 (55.8%), were between 30 and 39 years of age, followed by 54 (36.7%) who were between 40 and 49 years. Only 6 (4.1%) respondents were aged between 20 and 29 years, while 5 (3.4%) were aged 50 years and above. This suggests that the majority of the respondents were within the economically active and professionally experienced age groups. Regarding organizational affiliation, the findings indicate that 87 (59.2%) of the respondents were from the AIDS Prevention Initiative in Nigeria (APIN), 37 (25.2%) were from the AIDS Healthcare Foundation (AHF), while 23 (15.6%) were from the Centre for Clinical Care and Clinical Research Nigeria (CCCRN). This distribution reflects the representation of the three selected public healthcare NGOs included in the study.

The distribution based on years of work experience shows that the majority of the respondents, 81 (55.1%), had between 6 and 10 years of work experience. Furthermore, 38 (25.9%) had worked for between 1 and 5 years, while 28 (19.0%) had over 11 years of work experience. This indicates that most respondents possessed adequate professional experience and were therefore well positioned to provide informed responses regarding leadership practices and team performance within their organizations. Finally, the findings on respondents' current positions indicate that 110 (74.8%) were staff members, 34 (23.1%) occupied Team Lead positions, while only 3 (2.0%) were in management positions. This suggests that the views expressed in the study were drawn largely from operational personnel who work directly within healthcare teams and are therefore well placed to assess the leadership styles practiced within their organizations and their influence on team performance.

Analysis of Respondents' Responses to Questionnaire Items

The independent variables considered in this study are transformational leadership, transactional leadership, and democratic leadership, while team performance constitutes the dependent variable. A five-point Likert scale was used to measure respondents' perceptions of each construct, with response options ranging from Strongly Agree (SA) to Strongly Disagree (SD). Descriptive statistics comprising frequencies, mean scores, and standard deviations were employed to analyse the responses to the questionnaire items.

Table 7: Responses on Transactional Leadership

Item	SA	A	N	D	SD	Mean Score	Standard Deviation
My supervisor rewards team members for meeting performance targets.	21	56	37	23	10	3.37	1.12
Clear expectations are set for team members' performance.	52	69	14	6	6	4.05	0.99
Leaders closely monitor tasks to ensure compliance with standards.	66	62	14	0	5	4.25	0.89
Corrective actions are taken when team performance falls below expectations.	61	62	14	6	4	4.16	0.95
Performance-based incentives motivate teams in my organization.	54	42	27	12	12	3.78	1.25

Source: Field Survey, 2026.

The respondents were asked to respond to the statements relating to transactional leadership, and the responses are summarized and presented in Table 7. To analyse the responses, respondents who selected Strongly Agree (SA) and Agree (A) were combined into one category of respondents who concurred with the statements, while those who selected Disagree (D) and Strongly Disagree (SD) were combined into another category representing those who opposed the statements. The two categories were subsequently compared, and appropriate interpretations were drawn. The comparison of responses indicates that the proportion of respondents who agreed with the statements on transactional leadership ranged from 52.4% to 87.1%, while the proportion of those who

disagreed ranged from 3.4% to 22.4% across the five measurement items. This suggests that respondents generally perceived transactional leadership practices to be evident within the selected public healthcare NGOs, although the level of agreement varied across specific leadership behaviours.

The finding is further supported by the mean scores, which ranged from 3.37 to 4.25, exceeding the benchmark mean of 3.00, indicating an overall positive perception of transactional leadership. The statement "Leaders closely monitor tasks to ensure compliance with standards" recorded the highest mean score ($M = 4.25$, $SD = 0.89$), suggesting that monitoring and supervision are the most prominent transactional leadership behaviours exhibited by supervisors. Conversely, the statement "My supervisor rewards team members for meeting performance targets" recorded the lowest mean score ($M = 3.37$, $SD = 1.12$), indicating comparatively weaker agreement regarding the use of reward-based motivation. The standard deviation values ranged from 0.89 to 1.25, indicating relatively consistent responses across most items, although the higher standard deviation for performance-based rewards suggests greater variation in respondents' perceptions of this practice. Overall, the findings imply that while transactional leadership behaviours such as performance monitoring, role clarification, and corrective supervision are commonly practiced within the selected public healthcare NGOs, the use of performance-based rewards and incentives appears to be less consistently implemented.

Test of Hypothesis Two

H02: Transactional leadership has no significant effect on team performance among public healthcare providers in Benue State, Nigeria.

To test this hypothesis, the effect of transactional leadership on team performance was examined using multiple linear regression analysis. The regression results show that transactional leadership has a positive regression coefficient ($B = 0.016$, $\beta = 0.019$); however, the relationship is not statistically significant ($t = 0.190$, $p = 0.850$). Since the computed p-value (0.850) is greater than the 5% level of significance ($\alpha = 0.05$), the null hypothesis is not rejected. The study therefore concludes that transactional leadership does not have a statistically significant effect on team performance among public healthcare providers in Benue State, Nigeria.

DISCUSSION OF FINDINGS

Although respondents generally agreed that transactional leadership behaviours such as performance monitoring, role clarification, and corrective supervision were practised within their organizations, these behaviours did not significantly explain variations in team performance after controlling for transformational and democratic leadership. This suggests that transactional leadership alone may be inadequate for enhancing team performance within public healthcare NGOs,

where innovation, collaboration, and employee commitment are critical.

This finding partially contrasts with Antonakis and House (2014), who argued that transactional leadership improves operational efficiency through clearly defined goals, contingent rewards, and corrective actions. It also differs from the findings of Alflayyeh and Alghamdi (2024), who reported that leadership styles, including transactional leadership, positively influence employee performance in private hospitals. However, the present finding supports the argument advanced by Sofi and Devanadhen (2019) that transactional leadership is effective mainly in structured environments requiring compliance with procedures but is less effective in promoting creativity, innovation, and long-term employee motivation. The implication is that while transactional leadership remains valuable for maintaining accountability and adherence to organizational standards, it should complement rather than replace other leadership styles in public healthcare organizations.

CONCLUSION

This study concludes that leadership style plays an important role in influencing team performance among public healthcare providers in Benue State, Nigeria. Although transactional leadership styles exhibited positive relationships with team performance, the effect was not statistically significant. The study therefore suggests the need to complement other established leadership styles with appropriate transactional leadership behaviours to improve team effectiveness, service quality, and organizational performance.

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