

Strategic Leadership Practices and Organizational Performance in Public Healthcare Institutions in Bauchi State, Nigeria: A Cross-Sectional Study

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ABSTRACT

Healthcare institutions operate in complex environments characterised by resource constraints, workforce challenges, technological change, and increasing expectations for quality care. This study examined the association between strategic leadership practices and organisational performance in selected public healthcare institutions in Bauchi State, Nigeria. A quantitative cross-sectional survey was conducted among management and senior professional personnel across five public healthcare institutions representing primary, secondary, and tertiary levels of care. Of 130 questionnaires distributed, 112 were completed, yielding an 86.2% response rate. Strategic vision, communication, employee empowerment, strategic decision-making, change management, and organisational performance were assessed using a five-point Likert scale. Data were analysed using descriptive statistics, Pearson correlation, and multiple linear regression at a 5% significance level. Strategic vision (mean = 3.59), decision-making (mean = 3.57), and communication (mean = 3.52) were rated more favourably than employee empowerment (mean = 3.31) and change management (mean = 3.12). All leadership dimensions correlated positively with organisational performance ($r = 0.286-0.612$). The regression model was significant, $F(5,106) = 39.42$, $p < .001$, explaining 65.9% of performance variance ($R^2 = 0.659$). Strategic decision-making was the strongest predictor ($\beta = 0.312$, $p < .001$), followed by communication, vision, and empowerment, while change management was not independently significant. Strengthening strategic decision-making, communication, vision-setting, employee empowerment, and structured change-management processes may improve organisational performance in public healthcare institutions.

KEYWORDS: strategic leadership; organisational performance; healthcare management; strategic decision-making; employee empowerment; public hospitals; Nigeria; Bauchi State

1. INTRODUCTION

Healthcare institutions are complex organisations in which leadership decisions have important implications for service quality, workforce performance, resource utilisation, organisational effectiveness, and ultimately patient care. Contemporary healthcare systems face increasing pressures arising from technological advancement, demographic transition, evolving disease patterns, workforce shortages, resource limitations, health-sector reforms, and rising expectations for accessible and high-quality services. These challenges make effective leadership and governance central to sustainable healthcare delivery (Al-Sawai, 2013; World Health Organization [WHO], 2007, 2020).

Strategic leadership extends beyond routine administrative management. It involves the capacity of leaders to anticipate environmental changes, formulate long-term direction, communicate organisational priorities, empower employees, make informed decisions, allocate resources strategically, and successfully guide organisational adaptation. Ireland and Hitt (2005) conceptualised strategic leadership as the ability to anticipate, envision, maintain flexibility, think strategically, and empower others to create organisational change. Similarly, Boal and Hooijberg (2001) emphasised strategic flexibility, organisational learning, and adaptive capacity as important attributes of strategic leadership.

These capabilities have particular relevance to healthcare institutions because organisational performance cannot be assessed exclusively through financial outcomes. Public healthcare organisations are expected to simultaneously achieve quality service delivery, operational efficiency, employee productivity, patient responsiveness, institutional effectiveness, and equitable use of limited resources. The multidimensional nature of organisational performance therefore requires leadership approaches that can align people, processes, and resources with institutional objectives (Richard et al., 2009).

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Strategic vision is one important dimension of this process. A clear organisational vision establishes long-term direction, aligns employees with institutional priorities, and guides the allocation of organisational resources (Ireland & Hitt, 2005). Strategic communication converts that vision into collective organisational action by ensuring that employees understand institutional objectives, receive timely information, and can provide feedback. Within healthcare institutions, where service delivery depends on effective interaction among different professional groups, communication assumes particular importance for coordination and institutional performance.

Employee empowerment represents another critical strategic leadership practice. Empowerment involves providing employees with appropriate authority, autonomy, knowledge, resources, and opportunities to contribute to organisational decisions. Conger and Kanungo (1988) argued that empowerment strengthens employees' perceptions of competence and responsibility, while healthcare studies have associated structural empowerment with improved job satisfaction, organisational commitment, and performance (Laschinger et al., 2004; Wong & Laschinger, 2013).

Strategic decision-making is equally central to healthcare management. Decisions concerning human resources, budgeting, procurement, service expansion, quality improvement, infrastructure, and technology have long-term consequences for institutional performance. Evidence-based and systematically evaluated strategic decisions enable organisations to allocate scarce resources more efficiently and respond appropriately to emerging demands (Eisenhardt & Zbaracki, 1992; Elbanna, 2006). In healthcare settings, managerial and strategic decision-making competence has also been associated with hospital performance and organisational sustainability (Goodall, 2011; Lega et al., 2013).

Change management constitutes the fifth strategic leadership dimension examined in this study. Healthcare organisations are continuously exposed to regulatory reforms, technological innovation, workforce restructuring, new service-delivery approaches, and changing population needs. Successfully responding to these developments requires structured processes for communicating change, preparing employees, managing resistance, providing training, and monitoring implementation (Kotter, 2012).

Nigeria's public healthcare sector has experienced several reforms aimed at improving access, financing, quality, and institutional performance. Nevertheless, public healthcare institutions continue to operate under substantial resource constraints and management challenges. Recent Nigerian scholarship has consequently drawn increasing attention to strategic leadership and strategic management within healthcare institutions (Atiye, 2024; Ikuru & Opuala-Charles, 2024; Ojogiwa, 2021).

Despite growing interest in leadership and organisational performance, relatively limited evidence exists on the individual contribution of strategic leadership dimensions within public healthcare institutions in North-Eastern Nigeria. Many studies consider leadership as a broad construct or focus on sectors outside healthcare. Furthermore, the organisational characteristics and resource constraints of public healthcare institutions may limit the direct transferability of evidence generated in corporate or high-income settings.

The present study therefore examined strategic leadership practices and organisational performance in selected public healthcare institutions in Bauchi State, Nigeria. Specifically, it assessed the independent and combined contributions of strategic vision, strategic communication, employee empowerment, strategic decision-making, and change management to organisational performance.

2. METHODS

2.1 Study Design

The study employed a **quantitative cross-sectional survey design**. The design enabled data on strategic leadership practices and organisational performance to be collected from eligible respondents at a single point in time and allowed the relationships between the study variables to be assessed statistically.

2.2 Study Setting

The study was conducted in five selected public healthcare institutions in Bauchi State, Nigeria:

Abubakar Tafawa Balewa University Teaching Hospital (ATBUTH), Bauchi; Specialist Hospital Bauchi; Federal Medical Centre (FMC), Misau; Primary Health Care Centre, Gida Dubu; and Primary Health Care Centre, Low Cost.

The institutions represented different levels of public healthcare delivery and provided an opportunity to examine strategic leadership practices across tertiary, secondary, and primary healthcare settings.

2.3 Study Population and Participants

The study population comprised management, supervisory, and senior professional personnel involved in institutional leadership, departmental administration, strategic planning, staff supervision, policy implementation, and organisational decision-making.

Participants included medical directors and chief medical directors, heads of departments, unit heads, nurse managers, administrative officers, and senior healthcare professionals. These categories of respondents were considered appropriate because their organisational responsibilities placed them in positions to assess strategic leadership practices and institutional performance.

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Respondents were purposively selected based on their managerial or senior professional responsibilities and their ability to provide informed responses on the constructs under investigation.

2.4 Data Collection Instrument

Data were collected using a structured self-administered questionnaire developed from the study objectives, conceptual framework, and relevant literature on strategic leadership and organisational performance.

The instrument assessed six major constructs: strategic vision, strategic communication, employee empowerment, strategic decision-making, change management, and organisational performance.

Strategic vision assessed the clarity of institutional direction, communication of organisational vision, and alignment of staff activities with strategic priorities. Strategic communication assessed clarity, timeliness, information sharing, feedback, and interdepartmental coordination. Employee empowerment assessed autonomy, employee participation, provision of resources, and encouragement of staff contributions. Strategic decision-making assessed evidence use, evaluation of alternatives, timeliness, and alignment of resource allocation with institutional priorities. Change management assessed employee preparation, training, management of resistance, and monitoring of change initiatives. Organisational performance was assessed through perceived service quality, operational efficiency, employee productivity, and overall institutional effectiveness.

Items were measured using a five-point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree. The instrument was subjected to face and content review by relevant academic and management experts.

2.5 Data Collection

Questionnaires were administered to management and senior professional personnel across the five selected healthcare institutions. A total of **130 questionnaires** were distributed, of which **112 were correctly completed and available for analysis**, representing an overall response rate of **86.2%**.

Participation was voluntary. Respondents were informed about the purpose of the study, confidentiality of their responses, and their right to decline or discontinue participation. No personal identifiers were required, and completed questionnaires were analysed in aggregate.

2.6 Statistical Analysis

Data were coded, cleaned, and analysed using the Statistical Package for the Social Sciences (SPSS), Version 29. Descriptive statistics were presented as frequencies and percentages for categorical variables and means and standard deviations for the study constructs.

Pearson product-moment correlation was used to determine the direction and strength of the relationships between strategic leadership dimensions and organisational performance. Multiple linear regression was subsequently used to assess the independent contributions of strategic vision, strategic communication, employee empowerment, strategic decision-making, and change management to organisational performance.

The regression model was specified as:

$$OP = \beta_0 + \beta_1SV + \beta_2SC + \beta_3EE + \beta_4SDM + \beta_5CM + \varepsilon$$

where OP represents organisational performance; SV, strategic vision; SC, strategic communication; EE, employee empowerment; SDM, strategic decision-making; CM, change management; β_0 , the intercept; β_1 – β_5 , regression coefficients; and ε , the error term.

Regression assumptions were examined before interpretation. Variance inflation factor values ranged from 1.21 to 1.58, indicating no concerning multicollinearity. The Durbin-Watson statistic was 1.87. Examination of normal probability plots and residual scatterplots indicated that assumptions of normality, linearity, and homoscedasticity were reasonably satisfied. Statistical significance was set at $p < .05$.

3. RESULTS

3.1 Response Rate and Characteristics of Respondents

Of the 130 questionnaires distributed, 112 were returned correctly completed, yielding a response rate of 86.2%. ATBUTH contributed 36 respondents, Specialist Hospital Bauchi 26, FMC Misau 25, PHC Gida Dubu 13, and PHC Low Cost 12.

Among the 112 respondents, 64 (57.1%) were male and 48 (42.9%) were female. Most participants were aged between 31 and 50 years. More than half had over 10 years of work experience, while 51.8% possessed a postgraduate diploma, master's degree, or MBA and 14.3% had a PhD or professional fellowship.

Table 1. Selected demographic characteristics of respondents (N = 112)

Characteristic	Category	n	%
Gender	Male	64	57.1
	Female	48	42.9
Age	≤30 years	18	16.1

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Characteristic	Category	n	%
Work experience	31–40 years	39	34.8
	41–50 years	36	32.1
	>50 years	19	17.0
	≤5 years	16	14.3
	6–10 years	35	31.3
	11–15 years	34	30.4
	>15 years	27	24.1
Qualification	HND/BSc	38	33.9
	PGD/MSc/MBA	58	51.8
	PhD/Fellowship	16	14.3

3.2 Strategic Leadership Practices and Organisational Performance

Strategic vision recorded an aggregate mean of 3.59 ± 0.896 , indicating generally favourable perceptions of institutional direction and vision. Strategic decision-making followed closely with a mean of 3.57 ± 0.887 , while strategic communication recorded a mean of 3.52 ± 0.897 .

Employee empowerment had a lower mean of 3.31 ± 0.998 , indicating comparatively weaker staff autonomy and participation in organisational decision-making. Change management recorded the lowest score among the five leadership dimensions, with a mean of 3.12 ± 1.030 .

The mean organisational performance score was 3.55 ± 0.886 .

Table 2. Strategic leadership dimensions and their correlations with organisational performance

Construct	Mean	SD	Correlation with organisational performance (<i>r</i>)
Strategic vision	3.59	0.896	0.512**
Strategic communication	3.52	0.897	0.588**
Employee empowerment	3.31	0.998	0.447**
Strategic decision-making	3.57	0.887	0.612**
Change management	3.12	1.030	0.286**
Organisational performance	3.55	0.886	1.000

*****p* < .01, two-tailed.***

All five strategic leadership dimensions were positively and significantly correlated with organisational performance. Strategic decision-making demonstrated the strongest bivariate relationship ($r = 0.612$), followed by strategic communication ($r = 0.588$), strategic vision ($r = 0.512$), employee empowerment ($r = 0.447$), and change management ($r = 0.286$).

3.3 Multiple Regression Analysis

The regression model demonstrated a strong relationship between the combined strategic leadership variables and organisational performance ($R = 0.812$). The five dimensions jointly explained **65.9% of the variance in organisational performance** ($R^2 = 0.659$; adjusted $R^2 = 0.642$).

The overall model was statistically significant, $F(5,106) = 39.42$, $p < .001$.

Table 3. Multiple regression of strategic leadership practices on organisational performance

Predictor	B	SE	β	<i>t</i>	<i>p</i>
Constant	0.842	0.391	—	2.153	.034
Strategic vision	0.187	0.061	0.211	3.066	.003
Strategic communication	0.245	0.058	0.279	4.224	<.001
Employee empowerment	0.164	0.070	0.168	2.343	.021
Strategic decision-making	0.298	0.065	0.312	4.585	<.001
Change management	0.129	0.075	0.121	1.720	.089

Model statistics: $R = 0.812$; $R^2 = 0.659$; adjusted $R^2 = 0.642$; standard error of estimate = 0.3841; $F(5,106) = 39.42$; $p < .001$.

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Strategic vision, strategic communication, employee empowerment, and strategic decision-making independently predicted organisational performance after adjustment for the other leadership dimensions. Strategic decision-making was the strongest predictor ($\beta = 0.312$), followed by strategic communication ($\beta = 0.279$), strategic vision ($\beta = 0.211$), and employee empowerment ($\beta = 0.168$). Change management was positively associated with performance at the bivariate level but did not remain a statistically significant independent predictor in the multivariable model ($\beta = 0.121$, $p = .089$).

4. DISCUSSION

This study examined the contribution of five strategic leadership practices to organisational performance across selected public healthcare institutions in Bauchi State. The principal finding is that strategic leadership practices collectively demonstrated a strong association with organisational performance, explaining approximately two-thirds of its observed variance. However, the dimensions did not contribute equally. Strategic decision-making emerged as the strongest independent predictor, followed by strategic communication, strategic vision, and employee empowerment, whereas change management did not independently predict organisational performance.

The findings support the central proposition of strategic leadership theory that organisational outcomes are influenced substantially by the choices and behaviours of senior organisational leaders. They are particularly compatible with Upper Echelons Theory, which proposes that organisational strategies and outcomes reflect the decisions and characteristics of senior executives (Hambrick & Mason, 1984). In a resource-constrained healthcare setting, the ability of leaders to prioritise limited resources, communicate organisational direction, mobilise employees, and make evidence-informed decisions may therefore have substantial implications for institutional performance.

4.1 Strategic Vision and Organisational Performance

Strategic vision demonstrated a positive and statistically significant independent relationship with organisational performance. Respondents also rated strategic vision relatively favourably, with an aggregate mean of 3.59.

This finding is consistent with Ireland and Hitt's (2005) conceptualisation of strategic leadership, in which establishing strategic direction constitutes a fundamental responsibility of senior leadership. A clearly articulated vision provides organisational members with a shared understanding of long-term priorities and can align departmental activities and resource utilisation with institutional goals. Boal and Hooijberg (2001) similarly emphasised the importance of strategic direction, adaptive capacity, and organisational learning in sustaining institutional performance.

The finding has important relevance for healthcare organisations. Public healthcare institutions operate through multidisciplinary departments and professional groups that may otherwise pursue competing operational priorities. A shared institutional vision may strengthen coordination by establishing common objectives around service quality, efficiency, employee performance, and organisational effectiveness.

Nevertheless, one of the comparatively weaker strategic-vision items concerned regular review and updating of institutional strategic direction. This suggests that although long-term visions may exist, mechanisms for continually adapting those visions to emerging healthcare needs may require further strengthening.

4.2 Strategic Communication and Organisational Performance

Strategic communication was the second strongest independent predictor of organisational performance and demonstrated a relatively strong correlation with performance. The result emphasises that organisational strategies are unlikely to produce meaningful outcomes if strategic priorities are not clearly and consistently communicated to employees.

Effective communication is particularly important in healthcare institutions because service delivery requires coordination among clinicians, nurses, laboratory professionals, pharmacists, administrators, managers, and other professional groups. Poor information flow may affect coordination, policy implementation, employee engagement, and organisational responsiveness. Al-Sawai (2013) emphasised the importance of effective leadership among healthcare professionals, while Ojogiwa (2021) highlighted strategic leadership as an important component of effective healthcare service delivery.

The present study also identified comparatively weaker ratings for feedback channels and the prompt sharing of information relevant to strategic decisions. This suggests that communication within the selected institutions may remain more strongly oriented toward top-down information transmission than genuinely interactive strategic communication.

Strengthening formal briefings, interdepartmental meetings, feedback mechanisms, and opportunities for staff participation may therefore improve strategy implementation. This interpretation is consistent with the WHO framework, which identifies leadership and governance as fundamental components of effective health systems (WHO, 2007).

4.3 Employee Empowerment and Organisational Performance

Employee empowerment also significantly predicted organisational performance, although its independent contribution was smaller than those of strategic decision-making, communication, and vision.

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The positive finding is consistent with empowerment theory. Conger and Kanungo (1988) proposed that empowerment can strengthen employees' perceptions of competence and responsibility, while Spreitzer (1995) conceptualised psychological empowerment as an important determinant of employee motivation and organisational behaviour.

Evidence from healthcare settings similarly indicates that empowered professionals are more likely to demonstrate organisational commitment and positive work outcomes. Laschinger et al. (2004) showed the importance of workplace empowerment among nurses, while Wong and Laschinger (2013) linked empowerment with leadership, job satisfaction, and performance.

The relatively low aggregate employee-empowerment score of 3.31 deserves attention. In particular, employee involvement in institutional decision-making and autonomy within professional roles were not rated as highly as several other strategic practices. This suggests that decision authority may remain relatively centralised within the selected institutions.

Healthcare workers routinely make professional judgments at the point of service delivery. Consequently, appropriate delegation of authority, provision of resources, staff development, and inclusion of employees in decisions affecting their work may improve responsiveness and productivity. Empowerment should, however, occur within clearly defined accountability and professional-governance structures.

4.4 Strategic Decision-Making and Organisational Performance

Strategic decision-making emerged as the strongest independent predictor of organisational performance. It also recorded the strongest bivariate correlation with performance and a relatively favourable mean score.

This finding is particularly important in the context of public healthcare institutions where managers must make difficult decisions about limited human, financial, technological, and material resources. Decisions concerning workforce deployment, procurement, infrastructure, budgeting, service priorities, and quality improvement can have immediate and long-term effects on institutional performance.

The result is consistent with Elbanna's (2006) emphasis on rational and systematic strategic decision-making processes and with Eisenhardt and Zbaracki's (1992) treatment of strategic decision-making as a central organisational process. It also corresponds with literature emphasising managerial competence in healthcare institutions. Lega et al. (2013) argued for the importance of management in improving healthcare system performance and sustainability, while Goodall (2011) demonstrated the relevance of leadership to hospital performance.

The present findings are also pertinent to Nigerian literature examining strategic decision-making and organisational outcomes (Oluwatayo & Adetoro, 2020). The strong coefficient observed in this study suggests that, within resource-constrained public healthcare environments, how leaders make and implement major decisions may matter more than any other single strategic leadership dimension examined.

However, respondents gave a lower score to the timeliness of decisions than to evidence use and evaluation of alternatives. This may reflect bureaucratic approval processes commonly encountered in public institutions. Strengthening access to reliable organisational data, clarifying delegated decision authority, and establishing transparent resource-allocation criteria may therefore enhance performance.

4.5 Change Management and Organisational Performance

Change management presented a more complex pattern. It was positively and significantly correlated with organisational performance at the bivariate level but did not remain statistically significant when the other four strategic leadership dimensions were included in the regression model.

This finding indicates that change management should not be interpreted as irrelevant to organisational performance. Instead, its independent contribution may overlap with other strategic leadership functions such as communication, employee empowerment, vision, and decision-making. Effective change processes often depend on these same practices.

The comparatively low mean score for change management provides additional insight. Among the five strategic leadership dimensions, change management received the lowest overall rating. Respondents were particularly less favourable regarding management of resistance, employee preparation, training during implementation of new policies or technologies, and monitoring of change initiatives.

The finding contrasts with the theoretical expectation that structured change-management processes facilitate successful organisational adaptation (Kotter, 2012). One possible explanation is that organisational changes in public healthcare institutions may frequently originate from government policies, regulatory directives, national programmes, or externally determined reforms. Institutional managers may therefore be responsible for implementing changes they did not initiate, potentially reducing the degree to which change management functions as an independently developed strategic leadership capability.

The result suggests a need to strengthen change-management structures rather than abandon them. Staff engagement, preparatory communication, implementation training, monitoring, and mechanisms for addressing resistance should be deliberately incorporated into major organisational reforms.

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4.6 Combined Influence of Strategic Leadership Practices

Collectively, the five leadership dimensions explained 65.9% of the variance in organisational performance. This represents a substantial proportion and suggests that leadership practices constitute an important organisational resource within the selected institutions.

The result supports the broader strategic leadership perspective that sustainable organisational performance emerges from an interconnected set of leadership behaviours rather than a single leadership attribute (Hitt et al., 2020; Ireland & Hitt, 2005). It is also compatible with the Resource-Based View, under which effective leadership capability can be understood as an organisational resource that facilitates more productive deployment of human, financial, and material assets (Barney & Hesterly, 2019).

The findings also contribute context-specific evidence to ongoing scholarship on strategic management and leadership within Nigerian public healthcare organisations (Atiye, 2024; Ikuru & Opuala-Charles, 2024; Ojogiwa, 2021). Importantly, the results demonstrate that the individual dimensions of strategic leadership are not equally influential. Leadership-development programmes should therefore be targeted rather than assuming that equal investment in every leadership domain will produce identical performance gains.

5. PRACTICAL AND POLICY IMPLICATIONS

The findings have important implications for healthcare managers and policymakers in Bauchi State and similar resource-constrained settings.

The particularly strong contribution of strategic decision-making suggests that healthcare leadership-development programmes should place considerable emphasis on evidence-based management, use of organisational data, priority-setting, resource allocation, risk assessment, and evaluation of strategic decisions.

Communication mechanisms should also be strengthened. Institutional leaders should establish predictable channels for communicating priorities and policy changes while creating credible mechanisms through which employees can provide feedback. Communication should be treated as a strategic management process rather than only an administrative function.

Employee empowerment requires greater attention. Healthcare professionals should be appropriately involved in decisions affecting their work, provided with the resources required to exercise delegated responsibilities, and encouraged to propose service-improvement initiatives.

Finally, change management should become a more deliberate institutional capability. Major reforms, new technologies, and policy changes should be accompanied by staff preparation, consultation, training, implementation support, and systematic monitoring.

At the policy level, strategic leadership competencies could be incorporated into leadership-development programmes, recruitment criteria, performance management, and succession planning for medical directors, heads of department, unit heads, and other senior managers within the public healthcare system.

6. STRENGTHS AND LIMITATIONS

This study provides evidence from public healthcare institutions representing different levels of healthcare delivery and simultaneously examines five distinct strategic leadership dimensions. The relatively high questionnaire response rate and use of multivariable regression also strengthen the analysis.

Several limitations should nevertheless be considered. First, the cross-sectional design establishes associations but cannot determine temporal or causal relationships between leadership practices and organisational performance. Second, both leadership practices and organisational performance were assessed through self-reported perceptions, creating potential for common-method and social-desirability bias. Third, purposive selection of management and senior professional personnel limits statistical generalisation to the broader healthcare workforce. Fourth, the study was restricted to selected public healthcare institutions in Bauchi State; findings may therefore differ in private, faith-based, or public institutions elsewhere in Nigeria. Finally, organisational performance was assessed using perceived indicators rather than independently verified clinical, financial, patient-satisfaction, or operational records.

Future research should incorporate longitudinal and mixed-method designs, objective institutional performance indicators, and wider geographical and organisational settings. Qualitative interviews with senior healthcare leaders and frontline professionals may also help explain why change management made a relatively weak independent contribution in the present study.

7. CONCLUSION

Strategic leadership practices demonstrated a strong association with organisational performance among selected public healthcare institutions in Bauchi State, Nigeria. Strategic vision, strategic communication, employee empowerment, and strategic decision-

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making each independently predicted organisational performance, while strategic decision-making emerged as the most influential leadership practice.

Although change management was positively correlated with organisational performance, it did not demonstrate a statistically significant independent effect after adjustment for the other leadership dimensions. Its comparatively low mean rating suggests that change-management practices may be less firmly institutionalised than other dimensions of strategic leadership.

These findings indicate that improvements in healthcare organisational performance cannot depend solely on financial and infrastructural investments. Public healthcare institutions should also strengthen the strategic capabilities of their leaders, particularly in evidence-based decision-making, communication, organisational vision, and employee empowerment. Structured change-management processes should simultaneously be strengthened to improve institutional adaptability and the implementation of healthcare reforms.

DECLARATIONS

Ethics Approval and Consent to Participate

The study documentation indicates that permission was sought from participating healthcare institutions. Participation was voluntary, respondents were informed of the purpose of the study, confidentiality and anonymity were maintained, and completion and return of the questionnaire constituted informed consent.

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