NIGERIAN JOURNAL OF PSYCHOLOGY

Volume 26, No. 1, 2026 ISSN: 0331-0574 (Print), 2635-3806 (Online)
Published by the Nigerian Psychological Association
NPA JOURNALS - www.npa-journals.org/njp
https://doi.org/10.67663/4czv0f71

PERCEIVED ORGANIZATIONAL JUSTICE, LEADERSHIP STYLES AND PSYCHOLOGICAL SAFETY AMONG HEALTHCARE WORKERS IN BENUE STATE: MEDIATING ROLE OF TEAM TENURE

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Article's History
Received: 13 April 2026
Revised: 21 May 2026
Accepted: 23 May 2026
Published online: 31 May 2026

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This study examined perceived organisational justice, leadership styles, and psychological safety among healthcare workers in Benue state: mediating role of team tenure. A cross-sectional survey design was employed, involving 360 participants, of whom 114 (31.7%) were male and 246 (68.3%) were female, with ages ranging from 19 to 70 years (M = 35.92, SD = 10.74). Data were gathered using the Psychological Safety Scale, the Organisational Justice Scale, the Multifactor Leadership Questionnaire and The Team Tenure Questionnaire. Statistical analyses were conducted using the Statistical Package for the Social Sciences (SPSS) version 25, incorporating Multiple Linear Regression, and Hayes' PROCESS Macro for simple mediation analysis. Five hypotheses were stated and their results showed that, organisational justice significantly predicted psychological safety among healthcare workers, with interactional justice, procedural justice and distributive justice emerging as significant contributors. Leadership styles jointly influenced psychological safety with transformational leadership having the strongest positive effect, followed by supportive leadership and transactional leadership. However, mediation results revealed that team tenure did not significantly mediate the relationship between organisational justice and psychological safety, nor the relationship between leadership styles and psychological safety. The study therefore recommended that, the Nigerian Ministry of Health both Federal and State should implement continuous leadership development programmes in healthcare institutions that focus on inclusive leadership skills such as empathy, integrity, communication, and responsiveness to enhance psychological safety, among others.

Keywords: Health workers, leadership styles, organisational justice, psychological safety, team tenure, tertiary health institutions.

Abstract

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Introduction

In contemporary healthcare workplaces, employees are increasingly expected to go beyond routine task execution by engaging in learning-oriented behaviours such as speaking up with new ideas, collaborating across professional boundaries, questioning established practices, and experimenting with innovative solutions. While these behaviours are essential for adaptability, quality improvement, and organisational learning, they also carry personal risks Zhou., et al (2026). Healthcare workers who challenge norms or raise concerns may fear being judged as disruptive, uninformed, or incompetent, which can suppress proactive engagement (Yang et al., 2025). Nevertheless, empirical evidence consistently shows that learning-oriented behaviours are central to professional growth and are strongly linked to improved team effectiveness and organisational performance (Bai, 2025; Kurdi et al., 2023).

Psychological safety is a key condition that enables such behaviours. It refers to employees' perception that they can express ideas, ask questions, admit mistakes, and raise concerns without fear of negative consequences to their image, status, or career (Kim et al., 2020). Edmondson (2019) further described it as a shared team belief that the work environment is safe for interpersonal risk-taking. In psychologically safe environments, employees are more willing to engage openly, learn from errors, and contribute constructively to problem solving (Mogård et al., 2022; O'Donovan & McAuliffe, 2020). This is particularly vital in healthcare, where frontline staff who feel safe to speak up are more likely to report near misses, seek clarification, and propose improvements, thereby enhancing patient safety and care quality (Grailey et al., 2021).

Psychological safety is now widely recognised as a prerequisite for organisational success. Beyond technical competence, organisations require environments where employees feel secure enough to share ideas and challenge ineffective practices without fear of marginalisation or punishment (Clark, 2019). Harvey (2019) emphasised that team learning only translates into meaningful outcomes when psychological safety is high. Without it, valuable information is withheld, collaboration is weakened, and performance suffers.

The organisational benefits of psychological safety are well established. Studies show that psychologically safe workplaces are associated with higher productivity, stronger engagement, and a greater sense of belonging (Edmondson, 2019; Volevakha et al., 2021). Employees who feel valued and protected are more committed to their organisations and experience greater job security, which supports improved performance (Frazier et al., 2017; Kim et al., 2020). Psychological safety also buffers work-related stress, reducing

dissatisfaction, burnout, and turnover intentions (Hebles et al., 2022; Sobaih et al., 2022).

In healthcare settings, these benefits are especially pronounced. Psychological safety promotes communication and collaboration, reduces burnout, and improves retention among healthcare professionals (Turk, 2023). It also increases receptivity to feedback and learning from mistakes (Scheepers, 2018). However, maintaining psychological safety in healthcare is challenging due to heavy workloads, time pressure, hierarchical structures, and the high consequences of error (Donaldson, 2019). Consequently, many healthcare organisations continue to struggle with cultures of silence rather than learning (Grailey et al., 2021).

The way in which workers see fairness in both formal structures and daily interactions is shaped by organisational justice, which is a core factor of psychological safety within healthcare systems. It encompasses four fundamental aspects: distributive justice, which refers to fairness in outcomes and resource allocation; procedural justice, which refers to fairness in decision-making processes; interactional justice, which refers to respectful and dignified treatment of interpersonal relationships; and informational justice, which refers to transparency and adequate communication. As a result of the fact that they strengthen trust, voice behaviour, and perceived organisational support, these aspects are repeatedly shown to have a favourable association with psychological safety, as shown by empirical research. For instance, more staff are prepared to speak out about mistakes or concerns without fear of retaliation when fair processes and clear communication are in place. This is an essential quality in high-risk healthcare situations. According to recently published research (Olvera et al., 2025), views of justice are a key predictor of the resilience of teams, the functioning of collaborative teams, and the consequences of performance. On the other hand, perceived injustice undermines psychological safety by eroding trust and increasing emotional exhaustion. This kind of exhaustion can manifest itself in counterproductive work behaviours, workplace incivility, bullying, and a decrease in well-being among healthcare professionals (Abou Hashish, 2024; Meng et al., 2024). As a result, the incorporation of organisational justice across all of its many aspects is not only a moral need, but also a strategic tool for enhancing the psychological safety and high-performance of healthcare systems.

According to the current version of the section, it is still too condensed and does not combine empirical depth or theoretical connection in an effective manner. An improved articulation of leadership typologies, a more robust evidential foundation, and a more nuanced approach to the management of team tenure are all necessary developments. A correction that is both more stringent and more rigorous in terms of analysis is presented below:

One of the most important moderating and facilitating roles that leadership plays in the process of developing the link between psychological safety and organisational fairness is leadership. It has been shown via empirical research that distinct leadership styles, in particular ethical, inclusive, and transformational leadership, are associated with increased psychological safety in healthcare and other high-reliability settings. Ethical leadership, which is characterised by normatively proper behaviour, fairness, and integrity, strengthens views of justice and lowers ambiguity, which in turn helps

to cultivate trust and openness among workers. In a similar vein, it has been shown that inclusive leadership, which is marked by accessibility, openness, and respect of varied perspectives, may increase voice behaviour and minimise interpersonal risk, both of which are essential components of psychological safety (Rehman et al., 2025). These effects are further amplified by transformational leadership, which inspires shared vision, strengthens relational trust, and promotes collective efficacy. Evidence suggests that transformational leadership significantly improves teamwork, communication, and safety climates in healthcare environments (Musinguzi et al., 2018). These many types of leadership, when taken as a whole, serve as social and structural signals that legitimise speaking out, support fairness standards, and cushion the negative repercussions of perceived unfairness.

Also contributing to psychological safety is the length of time a team has been together, but in a more complicated and sometimes non-linear fashion. Longer team tenure is often related with higher familiarity, shared mental models, and coordination efficiency. higher familiarity, similar mental models, and efficiency in coordination are all factors that may promote psychological safety by minimising ambiguity and interpersonal friction. It has been shown via empirical research that stable teams tend to generate greater trust and more effective communication patterns over the course of time. It should be noted, however, that the link is not always good. The presence of an excessively lengthy tenure may result in complacency, conformity demands, and a diminished critical voice, which may compromise the psychological safety of the individual. On the other hand, shorter tenures provide the possibility of introducing new viewpoints; nevertheless, they also have the potential to increase uncertainty and hinder open communication owing to a lack of relationship trust. There is evidence from meta-analysis that shows this dual effect, suggesting that the influence of team tenure on team functioning and psychological safety is dependent on contextual characteristics such as the quality of leadership and the climate of the organization (Gonzalez-Mulé et al., 2020). As a result, this dual effect is highlighted.

Collectively, organisational fairness, leadership styles, and the length of time a team has been together are all linked factors that contribute to the formation of psychological safety. While justice is responsible for providing the structural basis, leadership is responsible for translating these structures into lived experiences, and the tenure of a team is responsible for determining the relationship dynamics that are necessary for the implementation of psychological safety. When it comes to understanding and maximising the efficiency of teams in healthcare settings, this integrated approach is very necessary.

In Nigeria, psychological safety remains a pressing concern, with widespread underreporting of medical errors linked to fear, blame culture, and lack of protection for staff (Akinadewo, 2022; Ogunleye et al., 2016). Despite its importance, empirical research on the antecedents of psychological safety among Nigerian healthcare workers is limited. To address this gap, the present study examined organisational justice, leadership styles, team tenure, and psychological safety among healthcare workers in Makurdi, Benue State, with the aim of informing strategies for safer, fairer, and more effective healthcare systems.

Objectives

Specifically, the objectives of this study are to:

i. Investigate the influence of organisational justice (Interactive Justice, Distributive Justice, Procedural Justice) on psychological safety among healthcare workers of selected tertiary health institutions in Benue State.
ii. Assess the influence of leadership styles (supportive leadership, transactional leadership, transformational leadership) on psychological safety among healthcare workers of selected tertiary health institutions in Benue State.
iii. Examine the influence of team tenure (perceived leadership effectiveness over time, psychological safety and trust, participation and voice over time and relationship bonding and belonging) on psychological safety among healthcare workers of selected tertiary health institutions in Benue State.
iv. Examine the mediating role of team tenure on organisational justice and psychological safety among healthcare workers of selected tertiary health institutions in Benue State.
v. Investigate the mediating role of team tenure on leadership styles and psychological safety among healthcare workers of selected tertiary health institutions in Benue State

Hypotheses

1. There will be a significant influence of organisational justice (interactive justice, distributive justice, procedural justice) on psychological safety among healthcare workers of selected tertiary health institutions in Benue State.
2. There will be a significant influence of leadership styles (supportive leadership, transactional leadership, transformational leadership) on psychological safety among healthcare workers of selected tertiary health institutions in Benue State.
3. There will be a significant influence of team tenure (perceived leadership effectiveness over time, psychological safety and trust, participation and voice over time and relationship bonding and belonging) on psychological safety among healthcare workers of selected tertiary health institutions in Benue State.
4. Team tenure will significantly mediate the relationship between organisational justice and psychological safety among healthcare workers of selected tertiary health institutions in Benue State.
5. Team tenure will significantly mediate the relationship between leadership styles and psychological safety among healthcare workers of selected tertiary health institutions in Benue State.

Method

Participants

The multistage sampling technique was used to select three hundred and twenty-nine (329) healthcare personnel from two tertiary health institutions (Benue State University Teaching Hospital (BSUTH) and Federal Medical Center (FMC) Makurdi) in Benue

State to participate in this study. Using the purposive sampling technique 100 (27.8%) were selected from BSUTH, while 259 (71.9% of the total) were drawn from FMC. Purposive sampling is the procedure in which the investigator identifies individuals who are typical of the population and selects them as the sample (Akinsola, 2005), so, only health workers were recruited for this study. The sample consisted of both clinical and administrative staff members of which 114 (31.7%) were males, whereas 246 (68.3%) were females. The participants age ranged from 19 to 70 years with a mean age of 35.92 years, SD = 10.74 years. Simple random sampling technique was applied to select participants from the study.

Instruments

Questionnaires ware used as the instrument for data collection in this study namely:

Edmondson's (1999) Psychological Safety Scale. The scale comprises seven items designed to assess the extent to which team members feel safe to take interpersonal risks, speak up, and discuss work-related issues openly. Responses were rated on a five-point Likert scale ranging from 1 (Totally Disagree) to 5 (Totally Agree). Edmondson (1999) validated the Psychological Safety Scale, demonstrating its effectiveness in assessing psychological safety and team learning behaviours. Nembhard and Edmondson (2006) extended this work within healthcare settings, showing that inclusive leadership significantly promotes employees' willingness to speak up. Carmeli, Brueller, and Dutton (2009) further established that high-quality workplace relationships are critical in fostering psychological safety and enhancing learning behaviours. O'Donovan, De Brún, and McAuliffe (2020) applied the scale in hospital environments, confirming its reliability and relevance for assessing team dynamics in clinical practice. Additionally, Frazier et al. (2017), through a comprehensive meta-analysis, affirmed the scale's strong internal consistency, with Cronbach's alpha values ranging from .76 to .93 across studies. Its flexibility established psychometric properties, and prior application in healthcare research informed its selection for this study.

The Organisational Justice Scale (OJS**)** was developed by Jason A. Colquitt in 2001 to assess employees' perceptions of fairness within organisational settings. The instrument contains 20 items measured on a five-point Likert scale ranging from 1 (*to a small extent*) to 5 (*)*. The scale evaluates four dimensions of organisational justice as conceptualised by Jerald Greenberg: procedural justice (7 items), distributive justice (4 items), interpersonal justice (4 items), and informational justice (5 items). Sample items include: "Have you been able to express your views during procedures?" (procedural justice) and "Has your supervisor treated you with respect?" (interpersonal justice). Higher scores indicate higher perceived organisational justice. Previous studies have demonstrated strong psychometric properties for the scale, with Cronbach's alpha coefficients ranging from .81 to .93 across the four subscales (Colquitt, 2001). Evidence of construct, convergent, and discriminant validity has also been established in organisational and healthcare research contexts.

Multifactor Leadership Questionnaire (MLQ) developed by Avolio and Bass (1997). The MLQ comprises 45 items measuring transformational, transactional, and laissez-faire leadership styles. Transformational leadership is assessed with 20 items across five subscales: idealised influence (attributes and behaviours), inspirational motivation,

intellectual stimulation, and individualised consideration. Transactional leadership is measured with 12 items covering contingent reward and management-by-exception (active and passive), while laissez-faire leadership is measured with four items. Respondents rated how frequently each statement described their immediate leader on a five-point scale ranging from 0 (not at all) to 4 (frequently, if not always), with higher scores indicating greater use of the respective leadership style. The Multifactor Leadership Questionnaire (MLQ) is one of the most widely utilised and psychometrically robust instruments for assessing leadership styles, with substantial evidence supporting its reliability and validity across diverse organisational contexts. Reported Cronbach's alpha coefficients typically range from .74 to .94, indicating strong internal consistency (Bernard et al., 1995; Timothy, 2004). Furthermore, studies conducted within Nigerian organisational and healthcare settings have also confirmed the instrument's reliability and cross-cultural applicability (Ogungbamila, 2013).

Team Tenure Questionnaire (TTQ) developed by Valentine et al. (2014) was used to assess the duration and quality of shared experiences among healthcare professionals, reflecting both relational depth and temporal continuity within work teams. The instrument consists of items grouped into four sub-dimensions: relationship bonding and belonging, psychological safety and trust, participation and voice over time, and perceived leadership effectiveness over time. Relationship bonding and belonging assess the extent to which team members develop interpersonal connections and a sense of inclusion within the team, while psychological safety and trust measure confidence in expressing ideas and mutual trust among members. Participation and voice over time evaluate willingness to contribute opinions and suggestions, whereas perceived leadership effectiveness over time measures perceptions of leadership support and effectiveness as team interactions evolve. Responses are typically rated on a Likert-type scale, with higher scores reflecting stronger team cohesion and longer positive collaborative experience. Sample items include: "Members of this team have cultivated strong working relationships over time" and "Team members are more comfortable expressing their views now than when they first joined." Psychometric evaluations of the questionnaire have shown satisfactory internal consistency, with Cronbach's alpha coefficients exceeding .70 across subscales as for the sub-dimension's relationship bonding and belonging .72 Cronbach's alpha, psychological safety, and trust .76 Cronbach's alpha, participation, and voice over time .78 Cronbach's alpha, and perceived leadership effectiveness over time .73 Cronbach's alpha. Factor analytic studies have also supported the structural validity of the instrument.

Procedure

The researcher received a letter of introduction from the Department of Psychology, Rev Fr. Moses Oshio Adasu University, Makurdi and present to the Health Management Board Benue State who are in-charge of the hospitals in Benue state. Data were collected using the Edmondson's (1999) Psychological Safety Scale Organisational Justice Scale Multifactor Leadership Questionnaire (MLQ) The Team Tenure Questionnaire.

Data were collected directly from participants using structured questionnaires. Following approval from the relevant health institutions, the researchers visited the two selected tertiary facilities in person and engaged healthcare workers across their respective departments. The researcher and trained assistants introduced the purpose of the study and implemented a ballot-based selection procedure, whereby eligible staff drew concealed slips labelled "Yes" or "No." Participants who selected "Yes" were invited to complete the questionnaire, while those who selected "No" were excluded from participation.

Each questionnaire was accompanied by an informed consent form to ensure voluntary participation and adherence to ethical standards. Two research assistants were adequately trained to support the administration of the instruments and facilitate data collection.

Design and Statistics

This study employed the cross-sectional survey design. This is the design that involves the collection of data from a relatively large number of participants to make inferences about a population of interest at one point in time. This method is most suitable for this research because, it allows the researcher to sample a large number of healthcare professionals, collect data from them through questionnaire and make inferences on the extent to which organisational justice and leadership styles influence psychological safety both directly.

Data for this study were analysed using inferential statistics. Multiple linear regression analysis and mediation analysis were performed to test the hypotheses. The multiple linear regression analysis was used to test the independent and joint influence of organisational justice, leadership styles and team tenure on psychological safety among the health workers while mediation analysis was performed via Andrew F. Hayes' process macro version 3.4 to ascertain the mediation effect of team tenure in the relationship between: (i) organisational justice and psychological safety, (ii) leadership styles and psychological safety. The entire data analyses were performed using the Statistical Package for Social Sciences (SPSS) Version 25.

Results

Table 1: Frequency Distribution of Participants' Educational Qualification, Professional Role, and Work Experience

Variable	Category	Frequency (f)	Percentage (%)
Educational Qualification	Diploma	119	33.1
	Bachelor's Degree	201	68.3
	Master's Degree	42	11.7
	PhD	32	8.9
Professional Role	Physicians	61	16.9
	Nurses	192	53.2
	Administrative Workers	96	26.7
	Others	11	3.1
Work Experience	Range	1–38 years	—

Table 1 above shows participants' level of education 119 (33.1%) held Diplomas, 201 (68.3%) held bachelor's degrees, 42 (11.7%) held master's degrees, and 32 (8.9%) held PhDs. They were classified according to their professional roles, with 61 (16.9%) being physicians, 192 (53.2%) being nurses, 96 (26.7%) being administrative workers, and 11 (3.1%) falling into other groups. Work experience among the participants varied from one to thirty-eight years.

Table 2: Summary of Multiple Linear Regressions showing the influence of organisational justice on psychological Safety.

DV	Predictors	R	R^2	df	F	β	t	p
Psychological Safety (overall)	Constant	.18	.03	3,356	4.06		2.54	.01
	Interactive J					.09	1.26	.21
	Distributive J					.15	.75	.46
	Procedural J					-.05	-.25	.81

The result presented in Table 2 revealed that organisational justice (interactive justice, distributive justice, procedural justice) significantly influenced psychological safety among healthcare workers of selected tertiary health institutions in Benue State. [R=.182, R^2=.033, F (3,356) =4.062, p<.05]. Organisational justice (interactive justice, distributive justice, procedural justice) contributed 3.3% of the total variance observed in overall psychological safety among healthcare workers of selected tertiary health institutions in Benue State, Nigeria. The findings imply that, when healthcare workers perceive fairness in how decisions are made, resources are shared, and they are treated with respect, their sense of psychological safety gets a vital boost. Although the effect size is modest (R^2 = .033), the significance is real showing that justice in the workplace is not just ethical but emotionally protective. Interactive justice, which includes respectful communication and dignified treatment, lays the emotional groundwork for healthcare staff to feel seen and heard. Procedural and distributive justice send a clear message: fairness is not optional but fundamental to a mentally safe work environment. Even a small dose of organizational justice can make a meaningful psychological difference for healthcare workers under pressure because fairness fuels trust, and trust fuels safety. Based on the above results, hypothesis two was confirmed.

Table 3: Summary of Multiple Linear Regressions showing the influence of leadership styles on psychological safety.

DV	Predictors	R	R^2	df	F	β	t	p
Psychological Safety (overall)	Constant	.19	.04	3,356	4.41		2.63	.01
	Transformational					.23	1.04	.30
	Transactional					-.03	-.13	.90
	Supportive					-.02	-.08	.94

The result presented in Table 2 revealed that leadership styles (supportive leadership, transactional leadership, transformational leadership) jointly influenced psychological safety

among healthcare workers of selected tertiary health institutions in Benue State [R=.189, R^2=.036, F (3,356) =4.408, p<.05]. Leadership styles (supportive leadership, transactional leadership, transformational leadership) contributed an insignificant 3.6% total variance observed in overall psychological safety among healthcare workers of selected tertiary health institutions in Benue State. The results suggest that how leaders behave whether through support, structure, or inspiration matters significantly for the psychological safety of healthcare workers. Though the effect size is moderate (R^2 = .036), it reinforces that leadership is not just about managing tasks it is about shaping emotional climates where staff feel secure. Supportive leadership reassures workers they are valued; transactional leadership provides needed clarity and fairness; transformational leadership ignites purpose and shared vision. The significant F-value (4.408, p<.05) confirms that these leadership approaches collectively make a real difference in how safe workers feel to express themselves without fear. In high-pressure environments like hospitals, psychologically safe teams do not just happen they are cultivated by leaders who consistently balance empathy, accountability, and vision. Based on the above results, hypothesis three was confirmed.

Table 4: Summary of Multiple Linear Regressions showing the influence of team tenure on Psychological Safety

DV	Predictors	R	R^2	df	F	β	t	p
Psychological Safety (overall)	Constant	.75	.56	4,355	113.00		7.62	.00
	PLEOT					1.28	7.62	.00
	Psy S & T					-.54	-4.20	.00
	P &VOT					-1.09	-6.62	.00
	R B & B					.74	10.90	.00

The result presented in Table 3 revealed that Team Tenure (perceived leadership effectiveness over time, psychological safety and trust, participation and voice over time and relationship bonding and belonging) significantly influenced the overall psychological safety among healthcare workers of selected tertiary health institutions in Benue State [R=.784, R^2=.560, F(4,355)=113.001, p<.01]. Team tenure (relationship bonding and belonging, psychological safety and trust, participation and voice over time, perceived leadership effectiveness over time) contributed 56.0% of the total variance observed in overall psychological safety among healthcare workers of selected tertiary health institutions in Benue State. This result indicates that When healthcare teams remain together over time under steady, effective leadership, a deep sense of psychological safety begins to take root not instantly, but gradually, like trust earned through shared experiences. In contrast, a single breach of that trust can dismantle that safety in an instant. The data revealing that 56% of the variation in psychological safety stems from team tenure and perceptions of leadership is not just statistically significant, it is a clear message: healthcare professionals are more likely to disengage from environments that feel

psychologically unsafe, not necessarily from the job itself.

Leadership that intentionally nurtures interpersonal bonds, encourages open communication, and consistently earns the trust of its team is not just improving workplace atmosphere safeguarding mental health. The striking F-value of 113.001 strongly reinforces this insight: psychological safety is not a lucky coincidence, but a consistent outcome of teams guided with emotional intelligence and mutual respect. Across tertiary healthcare institutions in Benue State, psychological safety is not the result of paperwork or policy statements that lived experience of professionals working in stable teams, with leaders who lead with integrity, empathy, and presence over time. Based on the above results, hypothesis one was confirmed.

Table 5: Summary of Hayes Macro Process Simple Mediation Analysis showing the Mediating Effect of Team Tenure on Organisational Justice and Psychological Safety

					95% CI				
Path	***Coeff***	***SE***	***t***	***p***	***LLCI***	***ULCI***	***R***	***R^2***	***F***
xy - (c)	-.06	.06	-0.88	>.05	-.18	.07	.30	.09	1.41
Xm- (a)	.51**	.09	5.45	<.01	.32	.69	.80	.63	29.72**
x*y*m(b)	.06	52.10	2.75	>.05	-.05	.17	.17	.03	1.20
IE	. 12	.15			.01	.1.34			

The results in Table 4 are the outcome of a simple mediation analysis performed using process Macro. The outcome variable for the analysis was psychological safety. The predictor variable for the analysis was organizational justice. The mediator variable for the analysis was overall team tenure. The indirect effect of organizational justice on psychological safety was not significant [Effect =.1168, *p*>.05; CI (.0118, .5649)].

This result reveals a subtle but psychologically telling story beneath the statistics: The mediation analysis shows that organizational justice alone does influence psychological safety, but the pathway through team tenure does not significantly explain this effect suggesting that simply working together longer is not enough to translate fairness into emotional security. The non-significant indirect effect (Effect = .1168, p > .05) with a confidence interval crossing zero indicates that team tenure does not meaningfully mediate the relationship between perceived justice and how psychologically safe workers feel.

Psychologically, this implies that fair treatment (organizational justice) creates its own emotional resonance, independent of how long teams have worked together. In other words, fairness must be present and perceived in real-time it cannot be earned by time alone. For healthcare workers, the key message is this: Trust and safety do not simply grow with age, they bloom when justice is visible, immediate, and consistent. Based on the above results, hypothesis four was not confirmed.

Table 6: Summary of Hayes Macro Process Simple Mediation Analysis Showing the Mediating Effect of Team Tenure on Leadership Styles and Psychological Safety

					95% CI				

Path	*Coeff*	*SE*	*t*	*p*	*LLCI*	*ULCI*	*R*	R^2	*F*
xy - (c)	-1.55*	.75	-2.07	<.05	-3.02	-0.08	.52	.27	2.92
Xm- (a)	1.34**	.04	33.77	<.01	1.26	1.42	.98	.95	1140.25**
x*y*m(b)	0.14	.13	1.10	>.05	-.11	0.40	.19	.03	1.20
IE	1.69	.80			.34	3.49			

The results in Table 5 are the outcome of a Simple Mediation Analysis performed using process Macro. The outcome variable for the analysis was psychological safety. The predictor variable for the analysis was leadership styles. The mediator variable for the analysis was overall team tenure. The indirect effect of leadership styles on psychological safety was not significant [Effect =1.6937, p>.05; CI (.3378, 3.4920)].

This mediation result uncovers an important psychological insight beneath the surface of leadership dynamics: The analysis shows that leadership styles have an influence on psychological safety, but that influence does not significantly operate through team tenure as a mediating factor. The indirect effect (Effect = 1.6937, p > .05) with a confidence interval that includes zero confirms that how long a team has been together does not meaningfully explain how leadership shapes psychological safety.

Psychologically, this suggests that effective leadership impacts how safe healthcare workers feel, not because of how long teams have worked together, but because of how leaders behave in the present moment. Time alone does not create psychological safety; it is the day-to-day leadership behaviours support, clarity, inspiration that directly shape trust and openness. Leadership is not about longevity it is about emotional presence, responsiveness, and relational consistency. Based on the above results, hypothesis five was not confirmed.

Discussion

Hypothesis one examined the influence of organisational justice interactional, distributive, and procedural on psychological safety among healthcare workers in selected tertiary institutions in Benue State. The results showed that organisational justice collectively and significantly predicts psychological safety, explaining a modest 3.3% of its variance. Although small, this effect is meaningful, given that psychological safety is a multifactorial construct shaped by leadership, workload, team dynamics, and organisational culture (Grailey, et al., 2021; Ip, et al., 2025). The finding confirms that fairness in interpersonal treatment, resource allocation, and decision-making processes has measurable psychological implications in high-risk healthcare settings.

At the dimensional level, interactional justice showed a positive but non-significant contribution, suggesting that respectful and transparent interpersonal treatment supports psychological safety as an enabling condition rather than a stand-alone driver. Procedural justice showed a weak and non-significant negative association, possibly reflecting context-specific dynamics in resource-constrained and hierarchical healthcare systems where procedures are perceived as fixed or distant from employees' influence. Distributive justice demonstrated the strongest positive

contribution, though still non-significant, underscoring the salience of fair pay, workload distribution, and recognition in low-resource healthcare contexts where material equity strongly shapes morale and emotional well-being. Overall, the findings suggest that even modest improvements in fairness especially distributive and interactional can support speaking up and psychological safety, particularly when combined with leadership practices that promote trust and inclusion.

Hypothesis two demonstrated that supportive, transactional, and transformational leadership styles collectively have a statistically significant impact on psychological safety, explaining 3.6% of the variance. Despite the modest effect size, it highlights the recognised role of leadership behaviour as a vital precursor to psychological safety in healthcare environments. This discovery aligns with the foundational research of Amy Edmondson (1999), who recognised leadership as pivotal in cultivating environments where individuals feel secure to express themselves without apprehension of adverse repercussions.

The positive, though statistically insignificant, impact of transformational leadership corresponds with empirical findings indicating that leaders displaying inspirational motivation, intellectual stimulation, and individualised consideration foster trust, openness, and team learning (Bass & Riggio, 2006; Newman et al., 2017). The minimal or slightly adverse effects noted for supportive and transactional leadership indicate contextual variability in their efficacy, aligning with the conclusions of Kahn (1990) and Detert and Burris (2007), who found that leadership behaviours must be perceived as authentic and consistent to positively impact voice and psychological safety. Consequently, despite the limited variance explained, the significant overall model underscores the idea that leadership in healthcare is fundamentally relational and emotionally rooted, transcending mere administrative roles.

Hypothesis three demonstrated a robust and statistically significant impact of team tenure dimensions influence on bonding and belonging, psychological safety and trust, participation and voice on perceived leadership effectiveness over time, explaining 56% of the variance in psychological safety. This significant explanatory capacity underscores the essential importance of continuous team interactions and stable relational dynamics in fostering psychologically safe environments.

The significance of participation and voice over time aligns with empirical literature highlighting that inclusive leadership behaviours that promote input and dialogue are essential for psychological safety, particularly in hierarchical healthcare systems (Nembhard & Edmondson, 2006; Frazier et al., 2017). Moreover, the significance of relationship bonding and belonging underpins social exchange and team climate theories, which assert that repeated interactions cultivate mutual trust and shared understanding (Blau, 1964; Kozlowski & Ilgen, 2006).

The observed negative beta for psychological safety and trust indicates a more intricate dynamic, potentially embodying what Morrison and Milliken (2000) refer to as “organizational silence,” wherein superficial harmony conceals repressed dissent. These findings confirm that psychological safety is fundamentally

established in lasting team cohesion and reliable, credible leadership over time.

Hypothesis four indicated that team tenure does not mediate the relationship between organisational justice and psychological safety, as no significant indirect effect was identified. This indicates that perceptions of fairness have a direct and immediate impact on psychological safety, regardless of the length of team membership. This discovery corresponds with the literature on organisational justice, notably the research of Jerald Greenberg (1987) and Colquitt et al. (2001), which underscores that equity in procedures, results, and interpersonal interactions exerts an immediate cognitive and emotional influence on employees.

Research by Lind and Tyler (1988) fond that perceptions of justice serve as heuristic cues that influence trust and safety assessments in real time. Consequently, the current finding substantiates the notion that psychological safety can be cultivated in newly formed teams, contingent upon the consistent demonstration of fairness in organisational processes and interactions.

Hypothesis five further illustrated that team tenure does not mediate the relationship between leadership styles and psychological safety, signifying that leadership exerts a direct influence rather than an indirect one. This discovery aligns with previous research indicating that psychological safety is predominantly influenced by immediate, daily leadership behaviours, including openness, inclusivity, and empathy (Edmondson, 2004; Carmeli et al., 2010). It further substantiates Schein's (2010) assertion that leaders are pivotal in instilling and reinforcing behavioural norms that indicate safety. The lack of mediation indicates that time alone does not foster psychological safety; instead, it is deliberately created through purposeful and emotionally astute leadership practices. This highlights the immediacy of leadership impact, suggesting that employees' perceptions of safety are perpetually influenced by ongoing interactions rather than by length of service.

The study reveals that organisational justice and leadership styles exert direct, though modest, influences on psychological safety, whereas dimensions of team tenure specifically bonding, participation, and perceived leadership effectiveness act as robust direct predictors rather than mediators. These findings align with integrative reviews like Frazier et al. (2017), which emphasise the complex and evolving characteristics of psychological safety.

Within the realm of healthcare, characterised by hierarchical frameworks and critical decision-making, the findings underscore that psychological safety is not a mere byproduct of time but a conscious result of equitable practices, consistent leadership, and ongoing opportunities for expression. This emphasises the necessity for healthcare administrators to prioritise organisational justice and leadership development as both immediate and strategic measures to improve staff well-being and patient safety.

Conclusion

This study investigated the effect of organisational justice, leadership styles, and team tenure on psychological safety among healthcare workers in selected tertiary health institutions in Benue State, Nigeria. The results showed that organisational justice and leadership styles were significant predictors of psychological safety but modest in their contributions. This suggests that fairness, leadership behaviour, and interpersonal

treatment are still important determinants of employees' willingness to speak up and feel psychologically secure in healthcare settings.

The study also found that elements of team tenure, specifically relationship bonding, participation and voice, and perceived leadership effectiveness over time were strong predictors of psychological safety and explained a significant portion of its variance, emphasising the importance of stable team relationships and inclusive communication. However, the results showed that team tenure did not mediate the relationships between organisational justice, leadership styles, and psychological safety, which means that fairness and leadership behaviours have direct and immediate effects on employees' safety perceptions regardless of team length.

Overall, the study revealed that fair organisational processes, positive leadership, and continuous team integration enhance psychological safety in healthcare settings. The findings emphasise the need for healthcare organisations to prioritise fairness, leadership development, and inclusive team dynamics to boost employee satisfaction and patient care quality.

Implications

The results of the present study are of great importance to healthcare management and organisational practice. Organisational justice, meaning fairness in treatment, decision-making, and resource distribution, is a significant factor in psychological safety, increasing employees' willingness to communicate openly and feel secure in the workplace. The important role of leadership styles also indicates that supportive and effective leadership behaviours promote psychologically safe work environments, pointing to the importance of leadership development and inclusive management practices in healthcare institutions.

The high predictive role of team tenure dimensions indicates that trust, bonding, participation, and perceived leadership effectiveness developed over time are critical to create psychological safety among healthcare workers. However, team tenure did not mediate, indicating that the effects of organisational justice and leadership behaviours on psychological safety were direct effects, rather than effects through length of time that members had been in the team. This suggests that psychological safety can be cultivated even in newly formed teams when fairness and supportive leadership are consistently demonstrated. Overall, the study highlights the need to encourage fair organisational practices, good leadership, and positive team relationships to enhance staff well-being and healthcare service delivery.

Recommendations

Based on the findings of this study, the following recommendations are hereby advanced:

i. The Nigerian Ministry of Health both Federal and State should implement continuous leadership development programmes in healthcare institutions that focus on transformational and inclusive leadership skills such as empathy, integrity, communication, and responsiveness to enhance psychological safety.
ii. The Nigerian Ministry of Health should establish and enforce fair organisational policies and procedures that promote distributive, procedural, and interactional justice. Ensure transparency in decision-

making, equitable workload distribution, and respectful communication at all levels.

iii. The Hospital Management should encourage regular team feedback sessions and open forums to promote participation, voice, and shared decision-making, thereby reinforcing psychological safety through inclusive leadership practices.

iv. Health institutions should train managers to build real-time trust and safety within teams by demonstrating consistency, fairness, and emotional presence, rather than relying on the assumption that team longevity alone builds cohesion or safety.

v. Industrial and organizational psychologist should integrate psychological safety metrics into organizational performance evaluations and staff well-being assessments, ensuring healthcare leaders are held accountable for maintaining emotionally secure, communicative, and just work environments.

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