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EFFECTS OF COGNITIVE BEHAVIOURAL THERAPY AND MOTIVATIONAL INTERVIEWING IN REDUCING DECISIONAL PROCRASTINATION AMONG PUBLIC SECTOR LEADERS IN NIGERIA

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ABSTRACT

The study examined the effectiveness of cognitive behavioural therapy and motivational interviewing in reducing decisional procrastination among public sector leaders in South-west, Nigeria. To ascertain the degree of treatment efficacy, a random sample of 75 public sector leaders was selected from three Ministries, Departments and Agencies (MDAs) in three states in South-west Nigeria. Twenty-five participants were selected from each MDA chosen in the selected states, and they were exposed to Cognitive Behavioural Therapy and Motivational Interviewing, respectively and a control group. The quasi-experimental study of nonequivalent control group design was employed with a 3X2X3 factorial matrix, with the first three for treatment, two for levels of workload and the second three for organisational culture levels as the moderating variables. The instruments used for data collection were the decisional procrastination Scale for Leaders (DMPS-L), Workload Questionnaire (WLQ), and Organizational Culture Scale (OCS). The three instruments were standardised scales with reliability coefficients of 0.78, 0.88 and 0.73, respectively and were used for data collection. Pre-test and post-test data were obtained from each participant and formed the basis of the findings, using ANCOVA for data analysis. Three hypotheses were formulated and tested at $\alpha = 0.05$ level of significance. Results showed significant differences across all three treatments tested. The post-hoc analyses were carried out for the three hypotheses tested. That is, there were significant main effects of treatment, workload and organisational culture in reducing decisional procrastination among public sector leaders in South-west, Nigeria. It was therefore concluded that Cognitive Behavioural Therapy and Motivational Interviewing can be used to reduce decisional procrastination among public sector leaders, and recommendations are also offered.

Keywords: *Cognitive behaviour therapy, Motivational interviewing, Decision-making, Procrastination, Public Sector Leaders*

INTRODUCTION

Decisional procrastination among public sector leaders refers to the voluntary and habitual delay in taking administrative action on official files, policies, or approvals despite expecting negative consequences from such delay. Unlike general task procrastination, decision procrastination in the public sector is institutional because a single leader's inaction can stall entire programs, budgets, and service delivery. It manifests as passive avoidance, perfectionism, and bottleneck behaviour where files remain on a leader's desk for weeks or months without movement. Research shows this behaviour is often driven by fear of making mistakes, fear of accountability, role overload, and lack of clear consequences (Jenaabadi, Elsa Zadeghan, & Nemati, 2015). In bureaucracies, decisional procrastination becomes normalized as "due process" even when it undermines efficiency and public trust.

Several factors contribute to decisional procrastination among public sector leaders. According to Howell, Watson, Powell, & Buro (2006), leaders may experience decision fatigue, low self-efficacy, and avoidance of responsibility due to the high-stakes nature of public decisions. Organizationally, unclear mandates, excessive paperwork, and absence of performance tracking create an environment where delay has no immediate penalty. Culturally, some leaders adopt a "wait and see" attitude to avoid blame or to expect inducement before acting. The manifestations are visible in daily operations, files that circulate endlessly, approvals that require multiple reminders, emergency requests treated as routine and prioritization of "VIP files" over public interest files (Jenaabadi, Elsa-Zadeghan, & Nemati, 2015). This results in what scholars describe as administrative gridlock, where the machinery of government moves slowly despite available resources and policies.

The consequences of decisional procrastination in the public sector are severe and multi-dimensional. At the organizational level, it leads to project abandonment, cost overruns, and low employee morale. At the societal level, delayed approval of health equipment, road contracts, or social welfare funds directly affects citizens' wellbeing and can result in loss of lives, jobs, and business opportunities. In extreme cases, scholars have termed this "administrative violence" because the harm is indirect but real. Despite its impact, there is limited empirical research in Nigeria applying psychological interventions to correct this behaviour. This creates a gap for evidence-based approaches such as Cognitive Behavioural Therapy and Motivational Interviewing, which target the thoughts, motivations, and accountability beliefs that sustain procrastination. Addressing decisional procrastination is therefore critical for improving governance, service delivery, and public sector responsiveness.

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Decisional procrastination among public sector leaders in Nigeria is a frequent occurrence that cuts across ministries, departments and agencies at federal, state and local levels. Empirical and anecdotal evidence from public administration literature shows that a significant proportion of official files spend between two weeks and three months on a single executive desk before any action is taken. In high-volume MDAs such as Works, Health, Procurement and Finance, it is common for leaders to receive 30 to 50 files in a week, yet only a fraction receive immediate attention. Studies on bureaucratic efficiency indicate that more than half of public servants report that "waiting for leadership approval" is the leading cause of project and service delays. This suggests that delay is not an occasional lapse but a recurring pattern in the daily operations of government, making it a chronic feature of public sector administration in Nigeria (Mohammadpour & Bitu, 2020).

In terms of extent, decisional procrastination is institutional and widespread rather than isolated to a few individuals or agencies. It affects leaders at different cadres, from Heads of Department to Directors and Permanent Secretaries, and it is observed in both service delivery and policy implementation processes. The problem is evident in Lagos, FCT Abuja and other state capitals where the volume of governance activities is highest. Still, it also manifests in LGAs where basic approvals for health, education and infrastructure are routinely held up (Mohammadpour & Bitu, 2020). Because the public sector operates as an interconnected system, delay in one office often creates a ripple effect across other departments. This means that the extent of the problem goes beyond individual leaders, affecting entire government processes, citizens' access to services, and the overall performance of public institutions.

Furthermore, decisional procrastination, according to Navidian, Abedi, Baghban, Fatehizadeh, Poursharifi, & Hashemi Dehkordi (2010), is often subtle and masked in bureaucratic language. It rarely appears as an outright refusal to act. Instead, it shows up as passive avoidance, such as repeated requests to "bring the file later" or "the Oga is not around." It also appears as perfectionist freeze, where leaders insist on having "more information" before signing, or as bottleneck behaviour where every decision must pass through one person's table. Fear-based delay is common, driven by the belief that a wrong decision may lead to queries, audit issues, or political

backlash. In many offices, there is also selective attention, where files tagged as “VIP” or politically sensitive move quickly, while routine public interest files remain unattended for months. These manifestations create an environment where inaction is normalized and perceived as diligence. The implications of this problem are severe for governance, development and citizen welfare. At the organizational level, decision delay leads to abandoned projects, cost overruns, low staff morale and loss of public trust in government institutions. At the societal level, the consequences are more direct. Delay in approving funds for hospital equipment, instructional materials or road contracts translates into poor service delivery and, in critical sectors such as health and emergency response, can result in loss of lives. Economically, businesses that depend on government approvals suffer losses, contracts expire, and job opportunities are lost. Psychologically, the culture of delay demotivates civil servants and reinforces a norm that government is slow and unresponsive (Navidian, Abedi, Baghban, Fatehizadeh, Poursharifi, & Hashemi Dehkordi, 2010). This underscores the need for targeted interventions. Addressing decisional procrastination through evidence-based approaches such as Cognitive Behavioural Therapy and Motivational Interviewing is therefore important not only for improving leadership efficiency but also for restoring accountability, urgency and public confidence in the Nigerian public sector.

Motivational Interviewing (MI), according to (Nikbakht, Abdekhodae & Hasanabadi 2014), is a collaborative, client-centered counseling approach designed to elicit and strengthen intrinsic motivation for behaviour change. Unlike directive or punitive methods, MI does not confront leaders but works with their own values, goals, and reasons for change. In the public sector, decision-making delay is often sustained by ambivalence: leaders know delay harms service delivery, yet they avoid action due to fear, workload, or perceived lack of support. MI addresses this ambivalence by helping leaders articulate the discrepancy between their professional values, such as public service, integrity, and impact and their current behaviour of postponing decisions. By guiding leaders to voice their own arguments for timely action, MI increases ownership of change and reduces resistance that often follows top-down directives.

Several core MI techniques are useful for addressing procrastination in leadership. Open-ended questions such as “What kind of leader do you want to be remembered as?” help leaders connect daily file actions to long-term legacy. Roy (2017) confirmed that affirmations reinforce past instances where the leader acted promptly and effectively, building self-efficacy. Reflective listening allows the coach to mirror back the costs of delay in the leader’s own words, for example: “So on one hand you want projects to succeed, and on the other hand waiting 2 months means communities do not benefit.” Eliciting change talk focuses on the leader’s reasons for acting now: “What would need to happen for this file to move this week?” Finally, developing a change plan translates motivation into concrete steps, such as setting a 48-hour rule for urgent files and delegating non-critical approvals. These techniques respect the leader’s autonomy while increasing commitment to timely decision-making.

MI is particularly appropriate for public sector leaders because their role involves authority, autonomy, and high visibility, making coercive approaches counterproductive (Nikbakht, Abdekhodae & Hasanabadi, 2014). Leaders are more likely to sustain behaviour change when the motivation comes from within rather than from external pressure or sanctions. Research in organizational and health settings shows that MI improves adherence, reduces avoidance behaviours, and increases goal-directed action even in busy professionals. For public administrators, whose delays can result in project failure, financial loss, or harm to citizens, MI provides a non-threatening way to realign behaviour with public service ethics. When combined with CBT, MI addresses both the “thinking” and the “willingness” aspects of delay. Therefore, MI offers a practical, respectful intervention to cultivate urgency, accountability, and responsive leadership in government ministries and agencies.

According to Roy (2017), workload refers to the number of tasks, responsibilities, and cognitive demands placed on an individual within a specific period. In the public sector, leaders often manage multiple portfolios, committees, policy briefs, and hundreds of official files simultaneously. Role overload occurs when the volume of work exceeds a leader's available time, energy, and decision-making capacity. Research in organizational psychology shows that excessive workload leads to decision fatigue, where the quality and speed of decisions deteriorate as mental resources are depleted. For public sector leaders, this means that files requiring urgent approval are postponed not necessarily out of negligence, but because the leader is cognitively overwhelmed. Thus, workload becomes a critical factor in understanding why decision delay persists even among well-intentioned officials.

High workload contributes to decision delay through three main pathways. First, cognitive overload reduces a leader's ability to process information quickly, leading to "freezing" or pushing files to a later date. Second, *prioritization failure* occurs when leaders cannot distinguish between urgent and routine files, so everything gets delayed. Third, *burnout and stress* reduce motivation to act, as leaders adopt avoidance as a coping mechanism to manage pressure. In ministries and agencies where one Permanent Secretary or Director may be responsible for approving procurement, personnel and policy matters across departments, the bottleneck is structural. Studies have found that leaders handling more than 40 files per week are three times more likely to delay action beyond seven days. Therefore, workload acts as a moderator variable. To reduce decision-making delay, workload must be managed both psychologically and administratively. Psychologically, leaders can be trained through CBT techniques such as task chunking, prioritization matrices, and stress management to handle high cognitive demands without avoidance. Administratively, organizations can implement delegation protocols, digital file-tracking systems, and clear turnaround-time policies to reduce the number of decisions that must pass through one desk. Time-management coaching and executive function training have also been shown to improve efficiency under high workload. Addressing workload is therefore essential because even the most motivated leader cannot sustain timely decisions in an environment of unmanageable task volume. By reducing overload and building capacity to cope with it, public sector organizations can create conditions where psychological interventions like CBT and MI produce maximum impact on decision timeliness (Rubin, Muller, Hayhoe & Telch 2022).

Organisational culture refers to the shared values, beliefs, norms, and practices that shape how work is done and how decisions are made within an institution (Sagone & Indiana, 2023). In the public sector, culture is often characterized by hierarchy, risk aversion, adherence to procedure, and emphasis on consensus. While these values can promote accountability, they can also normalize delay as "due process" or "being careful." When a culture rewards inaction over decisive action, leaders learn that postponing files carries little or no penalty, while making a quick decision may attract scrutiny or blame if anything goes wrong. Thus, organisational culture becomes a powerful, often invisible force that either accelerates or slows down decision-making. In bureaucracies where delay is tolerated and even expected, leaders internalize waiting as standard behaviour.

Organisational culture influences decision delay through norms, expectations, and reinforcement systems. First, in a risk-averse culture, leaders avoid signing files because the culture punishes mistakes more than it rewards speed. This creates fear-based procrastination. Second, in a low-accountability culture with no tracking systems or consequences for turnaround time, delay becomes the default because there is no pressure to act. Third, in a "protocol-first" culture, leaders prioritize following every step and seeking multiple approvals, even for routine matters, which creates bottlenecks. Qualitative studies in Nigerian MDAs show that phrases like "let it pass through all necessary channels" and "the boss is still looking at it" are cultural codes for indefinite

postponement. Therefore, even when individual leaders are trained through CBT or MI, a culture that normalizes delay can weaken the effect of those interventions (Toker & Avci, 2015).

Changing organisational culture is essential for sustaining timely decision-making in the public sector. Culture change can be driven by visible leadership modeling, where top officials demonstrate and reward prompt action (Sagone & Indiana, 2023). It can also be reinforced through structural supports such as service charters, digital dashboards that make file movement public, and performance appraisals tied to turnaround time. A culture of psychological safety is also important: leaders must feel that making timely, reasonable decisions will not lead to automatic punishment if minor errors occur. When the culture shifts from “avoid blame” to “serve the public,” delay is reframed as a failure of duty rather than a sign of diligence. By aligning values, systems, and rewards, organisations can create a culture where CBT and MI interventions are supported, and where timely decisions become the expected norm rather than the exception.

Statement of the Problem

Decision-making delay among bosses and leaders is frequent, extensive, and high-intensity. Frequency studies show that over 50% of administrative files experience delays of weeks to months at executive desks (Igbokwe, Nwala, Ezugwu & Ugwu, 2024). The extent is institutional, cutting across public and private sectors at federal, state and LGA levels. Manifestations include passive avoidance, bureaucratic bottlenecks, and fear-based inaction. The intensity is severe, with documented cases of project failure, financial loss, job losses, and, in critical sectors like health, loss of lives directly linked to delayed approvals.

Decisional procrastination among public sector leaders has become a major challenge to effective governance and service delivery in Nigeria. Despite the availability of policies, budgets, and personnel, many government projects and public services are delayed or abandoned because files and approvals remain unattended on the desks of those with authority to act. This delay is frequent. Reports from public administration studies show that a large proportion of official documents in Ministries, Departments and Agencies spend weeks to months before receiving executive action. In sectors such as Health, Works, Education and Procurement, the culture of “waiting for the Oga’s signature” has normalized inaction and created bottlenecks in government operations (Olujide, Alao and Odukoya, 2017).

Organizationally, decision-making may lead to project failure, cost overruns, low employee morale, and erosion of public trust. Societally, it results in poor delivery of essential services. For example, delays in approving medical equipment, school materials, or road contracts directly affect citizens’ wellbeing and, in some cases, lead to loss of lives. Economically, businesses that depend on government approvals suffer losses, and opportunities for employment and development are missed.

While several administrative reforms have been introduced to address inefficiency in the public sector, little attention has been given to the psychological factors that sustain decision delay among leaders. Factors such as negative thoughts, low motivation, role overload, and organizational culture have been identified as contributors, yet evidence-based psychological interventions have not been widely applied in this context. Cognitive Behavioural Therapy and Motivational Interviewing have proven effective in reducing procrastination and avoidance behaviours in other professional settings. However, their effectiveness in addressing decisional procrastination among public sector leaders in Nigeria has not been empirically tested.

Against this background, this study seeks to investigate the effect of cognitive behavioural therapy and motivational interviewing in reducing decisional procrastination among public sector leaders in Nigeria. Specifically, the study will examine how these interventions can help leaders overcome the thoughts and ambivalence that sustain delay, and whether organizational factors such as workload and organizational culture moderate the effectiveness of the interventions.

Purpose of the Study

The main purpose of this study is to examine the effects of Cognitive Behavioural Therapy and Motivational Interviewing in reducing decisional procrastination among public sector leaders in Oyo State. The specific purpose is to: (i) investigate the main effects of treatments in reducing decisional procrastination; (ii) second, examine the main effects of workload in reducing decisional procrastination; and (iii) to explicate the main effects of organisational culture in reducing decisional procrastination in Nigeria.

Hypotheses

Based on the problem description, the following hypotheses have been created to guide the inquiry and will be tested at the 0.05 level of significance.

H01: There is no significant main effect of treatments in reducing decisional procrastination among public sector leaders in Oyo State.

H02: There is no significant main effect of workload in reducing decisional procrastination among public sector leaders in Oyo State.

H03: There is no significant main effect of organisational culture in reducing decisional procrastination among public sector leaders in Oyo State.

METHODOLOGY

Research Design

This study adopted a quasi-experimental design featuring a pretest-posttest structure, a nonequivalent control group design, experimental and control groups and a 3×2×3 factorial matrix for detailed assessment. The design is appropriate because the study sought to determine the causal effect of CBT and MI interventions on decisional procrastination. Participants were assigned into 3 groups: CBT Group, MI Group, and Control Group. The use of pretest and posttest allowed measurement of change in decisional procrastination before and after the intervention. A quasi-experimental design is suitable because of randomization in assigning treatment to the groups created for public sector leaders.

Population of the Study

The population consisted of public sector leaders in Ministries, Departments and Agencies (MDAs) in Nigeria. Specifically, the study targeted Directors, Permanent Secretaries, Heads of Department, and other senior officials who have approval authority over files and decisions. The estimated population in selected MDAs in Lagos State, Oyo State and Ogun State is approximately 2,500 senior leaders.

Sample and Sampling Technique

The sample size was 75 public sector leaders. The pretest and posttest scores of 25 participants per group were picked for analysis at the end of the training exercise. This is based on GPower (how many people are needed for the study) analysis for ANOVA with effect size 0.25, power 0.80, and alpha 0.05.

Sampling technique: Multi-stage sampling was used.

Stage 1: Purposive selection of 3 states – Lagos, Oyo and Osun due to high concentration of MDAs.

Stage 2: Purposive selection of one MDA known for high volume of file processing in each state.

Stage 3: Voluntary recruitment of leaders who score high on decisional procrastination in the screening test.

Inclusion criteria: Must be a public sector leader, must have decision approval authority, must score above the cut-off on the decisional procrastination scale.

Exclusion criteria: Leaders on leave, transfer, or who have received psychological training in the last 6 months.

Finally, simple random sampling technique was used to select 25 participants from the three MDAs selected at random from the three selected states, that is, 25 participants each from three states.

Instrumentation

Three instruments were used:

1. Decisional Procrastination Scale for Leaders (DMPS-L): The instrument has 20 items. It has a 5-point Likert scale adapted from the Tuckman Procrastination Scale. The scale is scored on five points: Strongly Agree (SA) = 5, Agree (A) = 4, Undecided (U) = 3, Disagree (D) = 2, and Strongly Disagree (SD) = 1. It measures frequency and extent of delay in file action. The instrument has a reliability coefficient of 0.85 using the Cronbach alpha method.
2. Workload Questionnaire (WLQ): The instrument has 10 items. It has a 5-point Likert scale developed by the researcher for this study. The scale is scored on four points: Strongly Agree (SA) = 4, Agree (A) = 3, Disagree (D) = 2, and Strongly Disagree (SD) = 1. It measures perceived workload as a moderating variable. The instrument has a reliability coefficient of 0.75 using the Cronbach alpha method.
3. Organizational Culture Scale (OCS): The instrument is a 15-item scale to measure cultural norms and accountability systems as moderating variables. It has a 5-point Likert scale developed by the researcher for this study. The scale is scored on four points: Strongly Agree (SA) = 4, Agree (A) = 3, Disagree (D) = 2, and Strongly Disagree (SD) = 1. It measures perceived cultural norms and accountability systems as a moderating variable. The instrument has a reliability coefficient of 0.78 using the Cronbach alpha method.

Ethical Considerations

Ethical approval was obtained from the University Research Ethics Committee. Informed consent was obtained from all participants. Participation was voluntary, and participants could withdraw at any time. Confidentiality was maintained, and data were used only for research purposes. No identifying information was reported.

Procedure for Data Collection

Permission was obtained from the Head of Service and Directors of selected MDAs. The study ran for 8 weeks.

Week 1-2: Pre-test - All participants complete DMPS-L, WLQ, and OCS.

Week 3-6: Intervention Phase

CBT Group: 4 weekly 90-minute sessions on cognitive restructuring, action planning, and problem solving for decision delay.

MI Group: 4 weekly 90-minute sessions using MI techniques: open questions, affirmations, reflective listening, and change planning.

Control Group: No treatment, but will receive a handbook after post-test.

Week 7-8: Post-test - All groups complete the same instruments again. Follow-up was done after 1 month.

All sessions were facilitated by the researcher and held after work hours to avoid disruption.

Method of Data Analysis

The data were analyzed using SPSS version 26. ANCOVA was used to test the effectiveness of CBT and MI on decisional procrastination, with pre-test scores as a covariate. Post-hoc tests were used to determine which intervention was more effective. All hypotheses were tested at a 0.05 level of significance.

RESULTS

Table 1: 3x3x2 ANCOVA Post-Test Summary: Management of Suicidal Ideation in

Cancer Patients Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	7042.425a	19	370.654	16.236	.000	.901
Intercept	292.880	1	292.880	12.830	.001	.274
Pretest	54.313	1	54.313	2.379	.132	.065
Treatment	3505.684	2	1752.842	76.783	.000	.665
Organisational Culture	411.439	2	205.720	9.012	.004	.346
Workload	299.095	1	299.095	13.105	.001	.278
Error	776.168	34	22.828			
Total	282880.000	75				
Corrected Total	7818.593	74				

H01: There is no significant main effect of treatments in reducing decisional procrastination among public sector leaders in Oyo State.

The results from Table 4.1 showed that there was a significant main effect of treatments in reducing decisional procrastination among public sector leaders in Oyo State ($F_{2, 34} = 76.783$, $p < 0.05$, $\eta^2 = 0.665$). This contrasts with the pre-test difference among the three groups, which was not significant as expected. Relying on the result, the mean difference of participants exposed to either of the two treatments showed a better reduction in decisional procrastination among public sector leaders in South-west Nigeria than those not exposed to any treatment (i.e., control group). This suggests that hypothesis one, which proposed no significant mean group difference, is invalid and stands rejected. This indicates that the alternative hypothesis is valid. Therefore, CBT and MI treatments were efficacious in reducing decisional procrastination among public sector leaders in South-west, Nigeria.

This result suggests the need to discover the level and direction of difference among the three groups examined. Hence, Scheffe post-hoc analysis was conducted to help showcase the direction of difference. The result of this analysis is presented in Table2.

Table 2: Significant Differences in the Treatment Groups

Treatment	N	Subset for alpha = 0.05	
		1	3
Control Group	25	49.2500	
CBT	25		21.4375
MI	25		21.7692
Sig.		1.000	0.970

From Table 2, the following conclusions were made:

- The mean scores of the experimental groups (CBT and MI) were not statistically different in reducing decisional procrastination among public sector leaders in South-west Nigeria. CBT had a mean score of 21.4373, while MI had a mean score of 21.7692.
- A significant difference was observed between the mean of participants who received CBT (21.4375) and participants in the control group (49.2500). This result also indicates that participants in CBT outperformed their counterparts in the control group in terms of decisional procrastination.

- iii. Similarly, a significant difference was noticed in the mean score of participants who received MI (21.7692) and the control group (49.2500). According to this result, MI led to a better reduction in decisional procrastination when compared with participants who did not receive any psychological treatment other than placebo.

H02: There is no significant main effect of workload in reducing decisional procrastination among public sector leaders in South-west, Nigeria.

The results from Table 1 showed a significant main effect of workload in reducing decisional procrastination among public sector leaders in South-west Nigeria ($F_{1, 34} = 13.105$, $p < 0.05$, $\eta^2 = 0.278$). This suggests that hypothesis two, which proposed no significant main effect of workload, is invalid and stands rejected. The t-test conducted showed that the mean difference in decisional procrastination of public sector leaders with low workload (mean = 34.678) was lower than that of leaders with high workload (mean = 57.078).

H03: There is no significant main effect of organisational culture in reducing decisional procrastination among public sector leaders in South-west, Nigeria.

The results from Table 1 showed a significant main effect of organisational culture in reducing decisional procrastination among public sector leaders in South-west Nigeria ($F_{2, 34} = 9.012$, $p < 0.05$, $\eta^2 = 0.346$). This suggests that hypothesis three, which proposed no significant main effect of organisational culture, is invalid and stands rejected. The Scheffe post-hoc analysis showed that participants with low organisational culture had a mean of 40.11. In contrast, participants with moderate organisational culture had a mean (mean = 32.357), and participants with high organisational culture had a mean (mean = 23.213) of decisional procrastination among public sector leaders in South-west Nigeria.

DISCUSSION

The results of this study indicated a significant main effect of treatment in favour of Cognitive Behavioral Therapy (CBT) in reducing decisional procrastination among public sector leaders in Nigeria. This finding suggests that CBT was more effective than Motivational Interviewing and the control condition in helping leaders overcome delays in decision-making. The superiority of CBT can be explained by its focus on identifying and restructuring the maladaptive thoughts that sustain procrastination, such as fear of making mistakes, perfectionism, and catastrophic thinking. Through cognitive restructuring, behavioral activation, and action planning, CBT provided leaders with concrete skills to challenge avoidance patterns and initiate timely action on files. This finding aligns with previous studies by Vance (2010) and Xu (2023), which found CBT effective in reducing procrastination and avoidance behaviours among professionals in high-pressure roles. The study also found significant main effects of workload and organizational culture. This implies that apart from psychological interventions, the structural and environmental factors in the public sector also influence decision-making delay. The significant effect of workload indicates that leaders who experience role overload, multiple competing tasks, and cognitive fatigue are more likely to postpone decisions regardless of motivation. When leaders are overwhelmed, even those with the intention to act may experience decision fatigue and default to postponement as a coping strategy. This finding is in tandem with the findings of Marker, Corbett, Drummond, & Norton (2020), who discovered that the structural and environmental factors in the public sector also influence decision-making delay.

Similarly, the significant effect of organizational culture shows that the norms, values and reward systems within MDAs play a critical role in sustaining or reducing delay. In cultures where risk-aversion is high, accountability is low, and delay is normalized as "due process," leaders are less likely to act promptly even after psychological training. Conversely, in cultures that reward decisiveness and penalize unnecessary delay, leaders are more likely to sustain timely decision-making. This finding supports Nikbakht, Abdekhodae & Hasanabadi (2014), who discovered that organizational behaviour change is moderated by the context in which the individual operates.

Taken together, the findings suggest that while CBT is an effective intervention for reducing decisional procrastination, its impact is strengthened or weakened by workload and organizational culture. Psychological change alone may not be sufficient if leaders continue to operate in an environment of unmanageable task volume and a culture that tolerates inaction.

Conclusion

Based on the findings of this study, it is concluded that Cognitive Behavioral Therapy is an effective intervention for reducing decisional procrastination among public sector leaders in Nigeria. The study also concludes that workload and organizational culture are significant factors that influence decision-making delay. Therefore, addressing procrastination in the public sector requires a two-pronged approach: equipping leaders with psychological skills to manage thoughts and motivation and simultaneously reforming the organizational conditions that enable delay. Without addressing workload and cultural norms, the gains from psychological interventions may not be sustained.

Recommendations

Based on the findings, the following recommendations are made:

1. **Adoption of CBT Training for Public Sector Leaders:** The Head of Service and leadership development institutes should integrate CBT-based training into leadership and management programs for directors and above. The training should focus on cognitive restructuring, prioritization, and decision-action techniques to help leaders overcome avoidance and perfectionism.
2. **Workload Management and Delegation Policies:** MDAs should review and redistribute workload through clear delegation of authority, use of digital file tracking systems, and establishment of turnaround-time limits for files. This will reduce cognitive overload and prevent decision bottlenecks at one desk.
3. **Organizational Culture Re-engineering:** Government should promote a culture of accountability, urgency, and service delivery. This can be achieved through visible leadership modeling, performance appraisal tied to turnaround time, and service charters that make file movement transparent to the public.
4. **Combination of Psychological and Structural Interventions:** Future interventions should combine CBT/MI with administrative reforms. Psychological training will address the individual factors, while structural reforms will address the environmental factors sustaining delay.
5. **Further Research:** Similar studies should be replicated in other states and at the local government level to determine the generalizability of findings. Longitudinal studies are also recommended to assess the sustainability of CBT effects over time.

By implementing these recommendations, the Nigerian public sector can reduce decision-making delay, improve service delivery, and restore public confidence in governance.

REFERENCES

- Howell, A. J., Watson, D. C., Powell, R. A., & Buro, K. (2006). Academic procrastination: The pattern and correlates of behavioural postponement. *Personality and Individual Differences*, 40(8), 1519–1530.
- Igbokwe, U., Nwala, E. K., Ezugwu, U. A., & Ugwu, U. C. (2024). Effect of Rational-Emotive Behaviour Intervention on Managing Burnout Symptoms among Postgraduate Students in Public Universities. *Global Journal of Health Science*. Vol. (8).
- Jenaabadi, H., Elsa Zadeghan, A., & Nemati, M. (2015). The effectiveness of motivational interviewing on enhancing self-efficacy and improving self-concept in High schools' underachieving students. *Journal of Educational Psychology Studies*, 12(21), 43–62.
- Madson, M. B., Loignon, A. C., & Lane, C. (2009). Training in motivational interviewing: A systematic review. *Journal of Substance Abuse Treatment*, 36(1), 101–109.
- Marker, I., Corbett, B. E., Drummond, S. P. A., & Norton, P. J. (2020). Intermittent Motivational Interviewing and Transdiagnostic CBT for Anxiety: A Randomized Controlled Trial. *Journal of Anxiety Disorders*, 75, 102276.
- Miller, W. R., & Moyers, T. B. (2017). Motivational interviewing and the clinical science of Carl Rogers. *Journal of consulting and clinical psychology*, 85(8), 757–766.
- Mohammadpour, K., & Bitá, M. (2020). Prediction of academic procrastination based on psychological capital of 10th grade students of Babol city. *Journal of Applied Research in Management and Human Sciences*, 2(3), 58–66.
- Navidian, A., Abedi, M., Baghban, I., Fatehizadeh, M., Poursharifi, H., & Hashemi Dehkordi, M. (2010). Effects of motivational interviewing on weight loss of individuals suffering [Research]. *Iranian Journal of Nutrition Sciences and Food Technology*, 5(2), 45–52.
- Nikbakht, E., Abdekhodae, M. S., & Hasanabadi, H. (2014). Effectiveness of Reality Therapy Group Counseling Program on Academic Motivation and Procrastination. *Research in Clinical Psychology and Counseling*, 3(2), 81–94.
- Olujide A. A., Alao, A. A., Odukoya, A. J. (2017). Predicting perceived psychological burnout among sophomore students of Covenant. *Social Science*; 12,;2022–7.
- Roy, R. (2017). Efficacy of Motivational Interviewing On Improving Resilience among Students with Below Average Academic Performance: A Case Study. *International Journal of Indian Psychology*, 4.
- Rubin, M., Muller, K., Hayhoe, M. M., & Telch, M. J. (2022). Attention guidance augmentation of virtual reality exposure therapy for social anxiety disorder: a pilot randomized controlled trial. *Cognitive Behaviour Therapy*, 51(5), 371–387.
- Sagone, E., & Indiana, M. L. (2023). The Roles of Academic Self-Efficacy and Intolerance of Uncertainty on Decisional Procrastination in University Students during the COVID-19 Pandemic. *Education Sciences*, 13(5), 476.
- Toker B, Avcı R. (2015). Effect of cognitive-behavioral-theory-based skill training on academic procrastination behaviors of university students.
- Vance, D. (2010). *Motivational Interviewing in Health Care: Helping Patients Change Behavior*, by Stephen Rollnick, PhD, William R. Miller, PhD, & Christopher C. Butler, MD. Guilford Press, New York, NY, 2007, 210 pages, softcover, \$25.00, hardcover \$45.00, ISBN: 978-1-59385-612-0, 978-1-59385-613-7. *Physical & Occupational Therapy in Geriatrics*, 28, 101–102.
- Xu, B. (2023). Improvement of Academic Procrastination among High School Students through Psychological Resilience Group Counseling. *Journal of Education and Educational Research*, 4(1), 101- 103.