Emotional Intelligence and Leadership Effectiveness Among Medical Doctors in Selected Hospitals in Benin City, Edo State

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BEING A RESEARCH THESIS WRITTEN AND SUBMITTED TO THE DEPARTMENT OF HUMAN RESOURCE MANAGEMENT IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF DOCTOR OF PHILOSOPHY (PhD) DEGREE IN HUMAN RESOURCE MANAGEMENT OF THE UNIVERSITY OF BENIN, BENIN CITY, EDO STATE.

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This is to certify that this thesis titled "**Emotional Intelligence and Leadership Effectiveness among Medical Doctors in Selected Hospitals in Benin City, Edo State**" was carried out by **Rhoda Akhere ALIKA** in the Department of Human Resource Management, faculty of Management Sciences, University of Benin, Benin City.

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DEDICATION

This research work is dedicated to God Almighty, whose unwavering presence, strength, favour, and grace have made the successful completion of this study possible. I also extend a special, dedication to my beloved husband, whose exceptional love, steadfast support, and constant encouragement have been invaluable throughout this academic journey.

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ABSTRACT

This study examined the relationship between emotional intelligence and leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State. Specifically, it aimed to investigate the impact of relationship management on leadership effectiveness; determine the extent to which self-motivation influences leadership effectiveness; examine the impact of empathy on leadership effectiveness; investigate the relationship between self-awareness and leadership effectiveness; assess how self-regulation affects leadership effectiveness; and examine the relationship between demographic factors (gender, age, years of medical practice, educational qualification) and emotional intelligence. By exploring these dimensions, the research seeks to provide empirical insights into how emotional competencies impact leadership effectiveness among medical doctors, thereby enhancing effective healthcare leadership.

A survey research design was employed to facilitate a rigorous and in-depth examination of medical professionals' emotional intelligence and their effectiveness as leaders within the selected hospitals. The study population comprised of one thousand four hundred and forty-nine (1449) medical doctors (consultants, resident doctors, medical officers, and house officers) employed at two selected hospitals in Benin City, Edo State, the University of Benin Teaching Hospital (UBTH) and Edo Specialist Hospital. Primary data for this study were collected through the administration of structured questionnaires to a sample of medical doctors at the University of Benin Teaching Hospital (UBTH) and Edo Specialist Hospital (ESH) in Benin City, Edo State through direct, in-person distribution measuring constructs related to relationship management, self-motivation, empathy, self-awareness, and self-regulation using a 5- point Likert scale with options ranging from strong agreement (SA) through a neutral zone (Undecided = U) to strong disagreement (SD). The data were analysed using both descriptive statistics (frequency distributions, percentages, means, and standard deviations) and inferential statistics (correlation and regression analysis) via SPSS version 24 at a 5% significance threshold.

The study revealed that relationship management, self-motivation, self-awareness, and self-regulation each had a positive and significant impact on leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State. Although empathy also showed a positive influence, its effect was not statistically significant. Furthermore, the study found that age significantly influenced emotional intelligence, with older doctors demonstrating higher levels of emotional intelligence (EI). However, no significant differences in emotional intelligence were observed across gender, years of medical practice, or educational qualification. The study concluded that emotional intelligence was a critical determinant of leadership effectiveness among medical doctors. Consequently, hospitals and healthcare institutions were encouraged to integrate emotional intelligence training into their leadership development programmes. Implementing such initiatives has the potential to strengthen the leadership capacity of medical professionals, enhance organisational performance, and ultimately improve the quality of healthcare delivery in hospitals within Benin City and beyond.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Emotional intelligence (EI) is a multifaceted construct that encompasses the ability to recognise, understand, and manage both one's own emotions and the emotions of others (Goleman, 1995). According to Petrides, Mikolajczak, Furnham, and Perez-Gonzalez (2016), emotions are subjective experiences that permeate every aspect of human endeavour. The concept of emotional intelligence has evolved over time, with various models and frameworks being proposed. Goleman's model, which includes self-awareness, self-regulation, self-motivation, empathy, and social skills, is widely recognised and has been applied in numerous studies (Goleman, 1995). Emotional intelligence (EI) which involves the ability to identify, understand, regulate, and effectively use emotions is crucial for healthcare practitioners in their daily responsibilities. EI significantly impacts various aspects of professional practice, including communicating challenging diagnoses, collaborating with interdisciplinary teams, and making timely, significant decisions (Gkintoni & Dimakos, 2022). In the healthcare sector, especially among medical doctors, emotional intelligence is crucial for leadership effectiveness and has increasingly been recognised as a key indicator of leader effectiveness over the years (Rajee, Umma, & Kengatharan, 2020).

According to Ciulla and Ciulla (2020), leadership is effective today when it is inspirational and motivational towards achieving set or emerging goals. Management functions such as planning, organising, staffing, and controlling lack purpose and direction without effective leadership (Onwe, Abah, Nwokwu, & Paul, 2015). Their role is pivotal in shaping the direction of an organisation, providing both vision and motivation to achieve sustained growth and progress (Ojo, Chirdan, Ajape, Agbo, Oguntola, Adejumo, & Babayo, 2014). Earlier studies have identified several key competencies as central to leadership effectiveness.

These include drive, leadership motivation, integrity, self-efficacy, intelligence, knowledge, critical thinking, assertiveness, communicative effectiveness, emotional intelligence, problem-solving, interpersonal skills, and decision-making abilities (Kirkpatrick & Locke, 1991; Adeyemo & Ogunyemi, 2007; Bankole & Kester, 2008). Leadership effectiveness in hospitals can significantly impact patient care, staff satisfaction, and overall organisational performance (Powell *et al.*, 2024).

Medical doctors often find themselves in high-stress environments where they must make critical decisions, manage diverse teams, and interact with patients and their families. These responsibilities require not only clinical expertise but also strong emotional and social skills. Recent studies have highlighted the importance of emotional intelligence in healthcare settings. For instance, Sadiku, Olaleye, and Musa (2024) emphasise that healthcare professionals with high emotional intelligence are more compassionate, empathic, resilient, and able to manage emotions in others, which leads to improved patient-doctor relationships, enhanced performance, increased job satisfaction, and higher levels of care.

The responsibilities of physicians have expanded to include managerial and leadership roles. Additionally, healthcare service delivery is fundamentally based on teamwork, which requires effective and high-quality leadership to enhance team dynamics, optimise performance, and ultimately improve patient outcomes (Akbulut, Esatoglu & Yildirim, 2010; Coltart, Cheung, Ardolino, Bray, Rocos, Bailey & Donaldson, 2012; Ojo & Akinwumi, 2015; Tetui, Hurtig, Ekirpa-Kiracho & Coe, 2016). In Nigeria, the healthcare system faces significant challenges, including limited resources, high patient volumes, and staff burnout. These issues can be further intensified by a lack of effective leadership, making emotional intelligence (EI) even more critical in this context.

Furthermore, the dynamic and often unpredictable nature of healthcare settings demands leaders who can adapt to changing circumstances while maintaining a calm and composed demeanor. Leaders with high emotional intelligence (EI) are more likely to demonstrate these qualities, which enhances their effectiveness (Powell *et al.,* 2024). This study will explore the relationship between Emotional intelligence and leadership effectiveness among medical doctors in selected hospitals in Benin City, offering valuable insights into how emotional intelligence can be utilised to improve healthcare delivery.

1.2 Statement of the Research Problem

The relationship between emotional intelligence (EI) and leadership has gained significant interest in healthcare organisations. Emotional intelligence is now recognised as a critical determinant of leadership effectiveness, team collaboration, and employee well-being. Organisations in Nigeria are increasingly acknowledging the significance of emotional intelligence in fostering a positive organisational culture, enhancing communication, and facilitating conflict resolution (Dooshima, 2024). Mayer, Salovey, and Caruso (2000) opined that emotional intelligence is a key determinant of leadership effectiveness, and emotionally intelligent leaders have the capacity to promote effectiveness at all levels in organisations.

Despite the growing recognition of emotional intelligence as a foundational component of leadership, a core problem persists: leadership inefficiencies among medical doctors continue to undermine healthcare delivery, particularly in Nigerian hospital settings (Isibor *et al*., 2020). In Benin City, many hospitals are faced with poor patient outcomes, low staff morale, and high turnover rates, issues that are often symptomatic of ineffective leadership. The leadership challenges in these settings are worsened by systemic pressures such as inadequate funding and resource allocation, inadequate infrastructure, high patient-to-doctor ratios, corruption and mismanagement, and limited access to leadership development programmes

(Umeha, 2015; Udeh, 2018; Ossai, Una, Onyenakazi, & Nwonwu, 2020; Akokuwebe & Idemudia, 2022; Okechukwu, 2023). These conditions make it difficult for doctors to thrive as leaders, thereby impacting team performance and the quality of care provided to patients.

Poor leadership within hospitals contributes to disorganised clinical operations, breakdowns in communication, increased conflict, and reduced motivation among healthcare staff (Esu, 2012; Oyewunmi *et al*., 2015; Ugwu *et al*., 2023). These outcomes, in turn, compromise service delivery and create stressful work environments, further contributing to the continued migration of medical professionals from Nigeria's healthcare system (Umeha, 2015; Akokuwebe & Idemudia, 2022; Ipinnimo, Ajidahum, & Adedipe, 2023). Leadership effectiveness, therefore, is not just a managerial concern, it is a critical factor for sustaining functional, high-performing hospital environments (Denis & van Gestel, 2016; Rotenstein, Sadun, & Jena, 2018).

Emotional intelligence offers a promising pathway for addressing these challenges. EI competencies such as self-awareness, self-regulation, empathy, motivation, and relationship management, can help leaders manage stress, foster collaboration, make better decisions, and inspire others, even in high-pressure environments (Goleman, 1998; Mayer, Salovey, & Caruso, 2000; Esu, 2012; Oyewunmi *et al*., 2015; Ugwu *et al*., 2023). Research has shown that emotionally intelligent leaders are better equipped to handle the interpersonal and organisational demands of healthcare leadership (Esu, 2012; Oyewunmi *et al*., 2015; Ugwu *et al*., 2023). However, while the general link between emotional intelligence and leadership has been explored across various industries and professional groups including business (Lyvers & Thorberg, 2020; Onabote, 2021), banking (Ehigie, Odunela, & Ehigie, 2023), education (Jude, 2011; Ambunya, 2020), and healthcare management (Popoola & Zaid, 2015; Salminen &

Jansen, 2021), there is limited research specifically examining the role of emotional intelligence in leadership effectiveness among medical doctors in Nigerian hospitals.

Furthermore, most existing studies tend to focus on broad relationships between emotional intelligence and leadership but fail to account for the influence of specific EI competencies on distinct leadership outcomes. For instance, Dooshima's (2024) study at the University of Ibadan analysed EI sub-variables such as emotion regulation and their impact on decision-making and communication but was limited in scope due to its single-institution focus. Similarly, Koutsioumpa (2023) review identified core EI components such as empathy and social skills as essential for transformational leadership but notes a lack of empirical evidence directly linking these competencies to measurable outcomes in healthcare settings.

Given the pressing leadership issues in Nigerian hospitals and the potential of emotional intelligence as a transformative leadership tool, there is a clear and urgent need to investigate how specific EI competencies influence leadership effectiveness among medical doctors. This study, therefore, seeks to fill this gap by exploring the relationship between emotional intelligence competencies, specifically relationship management, self-motivation, empathy, self-awareness, and self-regulation, and leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State.

1.3 Research Questions

The study was guided by the following Research Questions

1. What is the contribution of emotional intelligence (relationship management, self-motivation, empathy, self-awareness, and self-regulation) to leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State?
2. How does relationship management impact leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State?

3. To what extent does self-motivation influence leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State?
4. What is the impact of empathy on leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State?
5. What is the relationship between self-awareness and leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State?
6. How does self-regulation affect leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State?
7. What is the relationship between demographic factors (gender, age, years of medical practice, educational qualification) and emotional intelligence among medical doctors in selected hospitals in Benin City, Edo State?

1.4 Objectives of the Study

The broad objective of this study was to examine the relationship between emotional intelligence and leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State. The specific objectives were to:

1. investigate the impact of relationship management on leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State;
2. determine the extent to which self-motivation influences leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State;
3. examine the impact of empathy on leadership effectiveness among medical doctors in selected hospitals in selected hospitals in Benin City, Edo State;
4. investigate the relationship between self-awareness and leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State;
5. assess how self-regulation affects leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State; and

6. examine the relationship between demographic factors (gender, age, years of medical practice, educational qualification) and emotional intelligence among medical doctors in selected hospitals in Benin City, Edo State.

1.5 Research Hypotheses

The following were the research hypotheses stated in the null form:

$H_0$1: Emotional intelligence (relationship management, self-motivation, empathy, self-awareness, and self-regulation) has no significant contribution to leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State.

$H_0$2: Relationship management has no significant impact on leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State.

$H_0$3: Self-motivation does not significantly influence leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State.

$H_0$4: Empathy has no significant impact on leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State.

$H_0$5: There is no significant relationship between self-awareness and leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State.

$H_0$6: Self-regulation has no significant effect on leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State.

$H_0$7: There is no significant relationship between demographic factors (gender, age, years of medical practice, educational qualification) and emotional intelligence among medical doctors in selected hospitals in Benin City, Edo State.

1.6 Scope of the Study

The study was focused on examining the relationship between emotional intelligence and leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State. Specifically, emotional intelligence was examined via, empathy, self-awareness, motivation,

self-regulation, and relationship management. The term "relationship management" was preferred over "social skills" because it more accurately reflected the leadership responsibilities of medical doctors. Relationship management encompassed more than just basic interpersonal abilities; it involved building trust, resolving conflicts, and fostering collaboration, all of which were essential in healthcare settings.

The choice to include medical doctors as the sample for this study was based on their crucial leadership roles in the healthcare settings. They have a significant influence on patient care, team dynamics, and institutional policies. Additionally, their ability to manage emotions both in personal situations and during interactions with patients and colleagues is vital for leadership effectiveness and decision-making in high-pressure environments.

This study focused on two selected hospitals located in Benin City, Edo State: the University of Benin Teaching Hospital (UBTH) and the Edo Specialist Hospital (ESH). The selection of these hospitals was based on three main factors. First, both facilities had a large population of medical doctors, ensuring a diverse and representative sample for the study. Second, they differed in ownership structure, representing a federal institution in the case of UBTH and a state-owned institution with ESH. Finally, the researcher had easy access to respondents in these hospitals, facilitating efficient data collection.

The research was conducted over a period of three to six months, ensuring sufficient time for data collection, analysis, and reporting.

1.7 Significance of the Study

Healthcare professionals are essential to delivering high-quality care, promoting health, and enhancing well-being. This study examining emotional intelligence and leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State, holds

valuable insights and benefits to diverse stakeholders within the healthcare system and beyond.

Human Resource: The study offers valuable insights for human resource management in the healthcare sector. It highlights emotional intelligence as a critical leadership competency that enhances communication, collaboration, and decision-making, essential qualities in high-pressure clinical environments. From an HR perspective, the findings support the integration of emotional intelligence into recruitment, leadership development, and performance management systems. Overall, the study provides HR with a research-based tool to advocate for emotionally intelligent leadership as a driver of organisational success and improved healthcare outcomes.

Healthcare Policy Makers: The study also carries meaningful implications for healthcare policy. The demonstrated link between emotional intelligence and leadership effectiveness suggests the need for policy frameworks that formally recognise and support the development of emotional intelligence across all levels of medical leadership. This could include the incorporation of emotional intelligence training into medical education curricula, continuing professional development, and leadership certification programs. By embedding emotional intelligence into institutional and regulatory standards, healthcare policymakers can promote a more empathetic, responsive, and effective leadership culture that aligns with broader goals of patient-centered care, staff well-being, and system-wide performance improvement.

Medical Doctors: This study provides medical doctors with valuable insights into how emotional intelligence enhances leadership by aiding emotion management, improving decision-making and strengthening relationships with patients and colleagues.

Healthcare Administrators: This study offers valuable insights into the relationship between emotional intelligence and leadership. By understanding this connection, healthcare management can make informed decisions about incorporating emotional intelligence into

leadership development programs. This will enhance team dynamics, improve conflict resolution, build staff resilience, and help in formulating policies that promote emotionally intelligent leadership.

Patients: The findings of this study will positively influence patient care. Medical leaders with high emotional intelligence will deliver quality, patient-centered care that emphasises effective communication, empathy, and compassion. As a result, patients can expect higher satisfaction levels, better health outcomes, and a decreased risk of medical errors.

Healthcare Organisations: The findings of this study will significantly impact healthcare organisations by improving team collaboration, communication, and productivity. These improvements will foster a positive organisational culture and climate that support the delivery of high-quality patient care. Healthcare organisations can leverage this study to develop more effective, empathetic, and resilient leadership structures, ultimately enhancing the experiences of both employees and patients.

Academics and Researchers: This study aims to provide empirical evidence regarding the role of emotional intelligence in healthcare leadership. It will contribute to the existing literature and lays the groundwork for future research. The findings will enhance our understanding of how emotional intelligence influences leadership effectiveness in high-stress professions, particularly within the healthcare sector. Additionally, the results can guide future studies on the impact of emotional intelligence on various healthcare aspects, such as team dynamics, job satisfaction, and the quality of patient care. Researchers may also use this study to perform comparative analyses across different professional settings or regions

1.9 Definition of Terms

Emotional Intelligence: refers to the ability of a medical doctor to recognise, understand, manage, and influence emotions in themselves and in others, particularly in clinical settings

where effective communication, empathy, and decision-making are critical for patient care and team collaboration.

Leadership Effectiveness: refers to the capacity of medical doctors to inspire, influence, and guide their colleagues and healthcare teams towards the achievement of shared goals, while cultivating a positive, collaborative, and productive work environment. This involves not only clinical decision-making but also the ability to manage interpersonal relationships, resolve conflicts, and foster a supportive atmosphere for both staff and patients.

Relationship Management: refers to the ability of medical doctors to establish, maintain, and enhance positive and healthy professional relationships with colleagues, patients, and other healthcare stakeholders. This includes effective communication, conflict resolution, teamwork, and the fostering of a collaborative environment essential for optimal patient care and organisational functioning within healthcare settings.

Self-Motivation: refers to the intrinsic drive of medical doctors to set and pursue professional goals, maintain a high level of performance, and overcome challenges or setbacks. This includes their ability to remain focused on personal and professional development, continually seeking opportunities for improvement in patient care, teamwork, and leadership, despite the demands and pressures inherent in healthcare environments.

Empathy: refers to the ability of medical doctors to recognise, understand, and share the emotional experiences of patients, colleagues, and other healthcare professionals. This includes being aware of the emotional states and concerns of others, demonstrating sensitivity to their needs, and responding in a manner that fosters trust, enhances communication, and promotes positive outcomes in patient care and team collaboration within clinical settings.

Self-Awareness: refers to the ability of medical doctors to recognise and understand their own emotions, strengths, weaknesses, values, and motivations. This awareness enables them

to reflect on how their personal characteristics influence their interactions with patients, colleagues, and decision-making processes.

Self-Regulation: refers to the ability of medical doctors to manage and control their own emotions, thoughts, and behaviours, particularly in high-pressure and emotionally demanding clinical environments. This includes maintaining composure, making objective decisions, and responding appropriately to challenging situations, ensuring that personal emotions do not interfere with professional duties, patient care, and team dynamics.

CHAPTER TWO

LITERATURE REVIEW

This chapter was divided into three sections: conceptual review, theoretical review, and empirical review. The conceptual review discussed key concepts relevant to emotional intelligence and leadership effectiveness, thereby establishing the foundation for the study. The theoretical review examined major theories and models that explained the relationship between the two variables. The empirical review presented previous research findings, both local and international, to highlight trends and identify gaps in the literature.

2.1 Conceptual Review

2.1.1 Leadership Effectiveness

Leadership is fundamental to the successful achievement of organisational objectives. Julina, Julina, and Sos (2023) asserts that leadership is one of the most important factors determining an organisation's success. Leadership, as defined by Gomec and Bozkus (2021), is the ability to effectively persuade members of an organisation to fulfill their responsibilities by acting in alignment with the organisation's goals and values. A key aspect of leadership is the ability to encourage collaboration among others, and this influence operates independently of formal authority. Leadership is also defined as the ability of one person to affect the behaviour and actions of the other in accomplishing a specific goal. However, the best leaders take it further by involving results, relationships, and flexibility. Research indicates that good leaders facilitate performance and foster workplace settings where employees feel valued, inspired, and empowered (Rosenbloom & Clerkin, 2022).

Leadership effectiveness can be defined as achieving high standards of job performance, both in terms of quantity and quality, through people, while also ensuring their satisfaction and commitment (Luthans, 1998). It is demonstrated by the ability to influence and guide the team's activities toward the achievement of its goals (Judge, Colbert, & Ilies, 2004). Leadership effectiveness in modern contexts is demonstrated by the leader's ability to inspire and motivate followers to achieve both long-term and short-term goals (Ciulla & Ciulla, 2020). Leadership effectiveness is also demonstrated by a leader's ability to direct and impact team activities in order to successfully achieve organisational objectives (Poopola & Zaid 2015).

Leadership effectiveness encounters major challenges in today's rapidly changing environment, shaped by fast-paced societal and technological advancements (Gallos & Bolman, 2021). Leaders are tasked with making complex decisions, fostering collaborative teams, resolving inevitable conflicts, effectively engaging diverse stakeholders through clear communication, and establishing inspiring long-term visions (Abdulfatai, 2021). Leadership effectiveness has been closely related to emotional intelligence (EI), the ability to perceive, interpret, and respond to your and others' emotions. For example, leaders with high EI are more capable of empowerment, developing trust and strengthening team cooperation (Cole, 2024). Developing self-awareness, empathy, and interpersonal communication skills through emotional intelligence leads to constructive leadership.

Leadership is fundamentally viewed as a people-oriented competency that requires specific behaviours and skills. Within healthcare organisations, leaders are pivotal in fostering creativity and driving innovation. Attributes such as self-awareness, interpersonal and intrapersonal communication, relationship-building, resilience, professionalism, optimism, and vision are integral to the concept of emotional intelligence (EI) in effective healthcare

leadership (Scott, 2013). This concept includes a range of competencies, such as the ability to self-motivate in achieving objectives, display resilience in the face of challenges, regulate impulses, and manage emotions to reduce the influence of fear and anxiety on logical reasoning. It also emphasises the importance of demonstrating empathy and maintaining optimism. To effectively manage complex situations, respond to necessary adjustments, and comprehend their own and others' emotional states, people in leadership positions in health and welfare organisations need to possess a combination of emotional intelligence and leadership skills (Gkintoni, Halkiopoulos, & Antonopoulou, 2023a).

2.1.2 Styles of Leadership

Recent studies have shown that leadership has developed into a multidimensional construct, with new frameworks emerging to address organisational complexity, employee participation, and agile governance. This shift emphasises that leadership is more than simply a set of traits or behaviours that a person displays; rather, it is a complex adaptive system. Yukl (2012) defines leadership as "the process of influencing others to comprehend and concur on what needs to be accomplished and how to achieve it, as well as facilitating individual and collective efforts to attain shared objectives" (p. 8). Effective leaders possess a range of skills, traits, and qualities that enable them to inspire, motivate, and empower their followers. As a multifaceted concept leadership can be analysed through various dimensions.

2.1.2.1 Transformational Leadership

One of the most important aspects of leadership is transformational leadership, which entails inspiring and motivating followers to reach a common goal. Transformational leaders have a strong sense of purpose and vision, which they effectively convey to their followers. They also encourage their followers to take ownership and build self-efficacy (Bass & Riggio, 2006). Transformational leaders have four core components: idealised influence, which

provides a sense of direction and purpose; inspirational motivation, which inspires and motivates followers; intellectual stimulation, which encourages creativity and innovation; and individualised attention, which provides personalised attention and support (Al Ubiri, 2021; Bakker *et al*., 2022). Empirical research in the hospitality industry reveals that trust, coupled with the alignment of individual goals with the organisational vision, significantly enhances employee performance (Bhardwaj, kalia, Chand, & Sharma, 2023; Liu, Lin, Ng, Hsieh, & Lin, 2024). In Saudi Arabian universities, the utilisation of practices of transformational leadership was associated with high organisational commitment when leaders articulated shared values and exercised intellectual empowerment (Saad, 2021). Transformational leaders emphasise change, creativity, and the development of their followers. They challenge the status quo and promote originality. Transformational leadership has been linked to various positive outcomes, including improved employee satisfaction, increased productivity, and enhanced organisational performance (Judge & Piccolo, 2004). However, the contrasting dimensions of transformational, transactional, and laissez faire appear to be less effective in fast-paced environments (Srivastava & Patnaik, 2025).

2.1.2.2 Transactional Leadership

Transactional leadership is a style that focuses on exchanges and rewards to motivate followers. This approach, also known as managerial leadership, emphasises organisation, group performance, and supervision. Transactional leaders assign specific tasks, using rewards and punishments to drive employees toward individual and organisational goals. Key characteristics of transactional leadership include: focus on short-term goals, emphasis on procedures, policies, and rules, inflexibility and resistance to change (Jaqua & Jaqua, 2021). According to Bass (1985), transactional leaders exhibit two primary characteristics. Firstly, they offer contingent rewards, providing incentives for achieving specific objectives. Secondly, they practice management by exception, focusing on instances where performance

deviates from expectations. While transactional leadership can be effective in certain contexts, particularly when followers are motivated by rewards and punishments, it also has its drawbacks. Research by Podsakoff *et al*. (1996) indicates that transactional leadership can lead to negative outcomes, including decreased employee satisfaction and increased turnover rates.

2.1.2.3 Situational Leadership

Situational leadership involves adapting one's style to fit different situations and followers. It encompasses a range of styles, including directive, supportive, participative, and delegative. Situational leaders balance task-oriented behavior (giving instructions) with people-oriented behavior (listening, supporting). This approach requires flexibility and adaptability, rather than following a set formula (Walls, 2019). Hersey and Blanchard (1988) identify four key characteristics of situational leaders: directive leadership, which provides clear instructions; supportive leadership, which offers emotional support; participative leadership, which involves followers in decision-making; and delegative leadership, which delegates authority and responsibility. Sugarman *et al*. (2024) created an adaptive framework based on DiSC typologies (Dominance, Influence, Steadiness, Conscientiousness) using The 8 Dimensions of Leadership. These include: pioneering, energising, affirmation, inclusion, humility, deliberation, resolution, and command. This model suggests that leaders should flexibly switch between different styles according to what the situation requires to avoid overreliance on certain traits such as inordinate micromanaging (Deliberate) or overly permissive hands-off leadership (Humble) (Berrett-Koehler, 2023). For instance, consider a leader who adopts a commanding style during crises that demand swift and decisive decision-making, yet switches to an inclusive style when working with diverse teams to foster collaboration. This kind of flexibility illustrates how situational context is crucial for effective modern leadership. Research suggests that leadership plays a vital role in enhancing job satisfaction. Studies by

Fonda (2015) and Saleem (2015) reveal that situational leadership is positively correlated with job satisfaction. Furthermore, Mustofa and Muafi (2021) emphasise that leadership effectiveness is essential for boosting work motivation and overall job satisfaction.

2.1.2.4 Empowering Leadership

Empowering leadership emphasises sharing power and control rather than hoarding it, encouraging independence rather than dependence, in contrast to more authoritarian approaches. It highlight the absence of authority, support for innovation, and the fostering of new competencies. Konczak *et al*. (2020) identified six dimensions pertaining to authority such as permissive: sharing information, skills development, active participation, trusted participation, shared accountability, and decision-making (Dogru, 2022). These practices enhanced employee innovation in terms of autonomy and collaboration across different functions in Nigerian organisations. Empirical evidence from Nigeria demonstrates that empowering leadership significantly enhances employee innovation by fostering autonomy through both structural and psychological empowerment, as well as by strengthening cross-functional collaboration through the promotion of employee voice and the facilitation of knowledge sharing across organisational units (Okhiku, 2024; Uranta & Zeb-Obipi, 2024). Similarly, studies conducted in Saudi Arabian organisations reveal that empowering leadership fosters employees' psychological empowerment, which in turn drives proactive and innovative work-role behaviours (Abanumay, Alalwani, & Dukhaykh, 2025). In addition, research by Al Otaibi *et al*. (2023) in the Saudi healthcare sector demonstrates that empowering leadership enhances affective commitment and indirectly strengthens work engagement through the mediating role of psychological empowerment, thereby highlighting its broader impact on employee motivation and performance outcomes. Empowering

leadership enhances the perception of value and motivation among employees by fostering trust and control, thereby promoting meaningful contribution to organisational success.

2.1.2.5 Innovative Leadership

In the context of emerging technologies and economic disruptions, modern leadership requires policymakers and business leaders to effectively navigate change. A critical framework for fostering innovation comprises five key elements: creative thinking, cultivating a willingness to innovate, tolerance for risk, institutionalising mechanisms that promote innovation, and the successful execution of ideas (Zhu, Yang, Yang, & Sosik, 2024). This model, derived from a comprehensive seven-stage study, is strongly correlated with innovation levels at both individual and team performance levels, particularly in sectors experiencing frequent transformations (Chaudry *et al*., 2024). Leaders who embrace critical thinking and risk acceptance in their decision-making frameworks are better equipped to drive change, cultivating cultures of continuous improvement that are essential in today's fast-paced world.

2.1.2.6 Authentic Leadership

Authentic leadership emphasises integrity, transparency, and authenticity. Emerging as a key research area in organisational behaviour, authentic leadership is defined as a process that leverages positive psychological capacities and organisational context to foster self-awareness, self-regulation, and positive behaviours among leaders and associates (Luthans & Avolio, 2003; Farid *et al*., 2020). Authentic leaders possess a unique combination of self-awareness, self-regulation, and a strong moral compass. As identified by Walumbwa *et al*. (2008), authentic leadership is comprised of four key dimensions. Self-awareness enables leaders to recognise their strengths, weaknesses, and emotions, while relational transparency fosters open and honest communication. A strong internalised moral perspective ensures that

leaders operate with a deep sense of ethics and morality. Additionally, balanced information processing allows leaders to consider multiple perspectives, leading to informed decision-making. By embodying these dimensions, authentic leaders are able to lead with integrity, transparency, and a strong moral character. Authentic leadership is crucial for building trust, fostering a positive organisational culture, and achieving long-term success (Walumbwa *et al.,* 2008). Authentic leaders demonstrate integrity by aligning their words and actions, seeking diverse opinions, and soliciting feedback. This leadership style reinforces positive attitudes and behaviours, benefiting individuals and organisations alike. Authentic leadership also boosts employees' creativity by increasing positive emotions (Leroy, Palanski, & Simons*,* 2012; Černe *et al.,* 2013; Banks, McCauley, Gardner, & Guler, 2016), and enhances individual performance (Clapp-Smith *et al.,* 2009; Wang *et al.,* 2014; Ribeiro *et al.,* 2018a).

2.1.3 Characteristics of Leadership Effectiveness in the Health Sector: The Central Role of Emotional Intelligence

In the healthcare sector, leadership effectiveness is increasingly recognised as being rooted in emotional intelligence (EI). EI refers to the ability to perceive, understand, regulate, and use emotions to guide thinking and behaviour (Goleman, 1998; Dubey, 2024). In high-pressure environments like hospitals, emotionally intelligent leadership is essential for driving team performance, reducing staff burnout, and improving patient care.

Motivation in Healthcare Leadership: Motivation in healthcare leadership is deeply connected to emotional intelligence. Leaders who understand and respond to the emotional needs of their teams create a supportive environment that encourages engagement and resilience. By showing empathy and acknowledging individual efforts, emotionally intelligent leaders boost staff morale, strengthen team commitment, and help reduce the risk of burnout (Luthans & Youssef-Morgan, 2017).

Inspiring through Emotional Connection: Inspiration comes from a leader's ability to build strong emotional connections with their team. Leaders with high emotional intelligence can clearly share their vision and encourage commitment, even when resources are limited. By understanding their team's feelings, they build trust and help the team work better together (Bass & Riggio, 2006; Akokuwebe & Idemudia, 2022). Therefore, the ability to inspire others is not a minor aspect but a core element of leadership effectiveness.

Optimism Rooted in Emotional Regulation: Optimism, a core component of EI, enables healthcare leaders to maintain a hopeful and solution-oriented mindset, especially during crises. Leaders who can regulate their emotions project calmness and confidence, which stabilises teams and reinforces morale. This resilience, in turn, supports better patient care and staff retention (Carver, Scheier, & Segerstrom, 2010; Luthans & Youssef-Morgan, 2017).

Vision with Empathetic Leadership: Visionary leadership in healthcare needs both clear planning and emotional understanding. Leaders with strong emotional intelligence can communicate long-term goals clearly while also staying aware of their team's feelings and motivations. This helps create unity, trust, and better teamwork (George, 2024).

Communication as an EI Competency: Effective communication in healthcare leadership is deeply rooted in emotional intelligence. Leaders must not only convey information with clarity but also engage in active listening, a key aspect of social awareness. Emotionally intelligent communication enables leaders to recognise body language and other unspoken signals, grasp team dynamics, and respond thoughtfully, thereby strengthening team cohesion and minimising conflict (Goleman, 1998).

Decision-Making with Empathy and Self-Regulation: Emotional intelligence helps leaders make better decisions by combining clear thinking with an understanding of emotions. In healthcare, leaders often need to make quick decisions in stressful situations. Self-regulation helps them stay calm and avoid reacting impulsively, while empathy allows them to consider

how others feel. This balance leads to fair, timely, and ethical decisions that build trust, uphold organisational values, and patient care standards (Dubey, 2024).

Emotional Intelligence as the Foundation for Agility: Leadership agility goes beyond quick adaptation, it requires emotional flexibility. Emotionally intelligent leaders are open to feedback, stay resilient under pressure, and manage change with calm and clarity. Their ability to adjust both mentally and emotionally fosters innovation, supports team adaptability, and helps maintain consistent performance in dynamic environments (Avolio & Gardner, 2005).

Emotional Intelligence as the Cornerstone of Organisational Outcomes: Evidence shows that emotionally intelligent leadership contributes to improved outcomes in areas such as patient satisfaction, employee retention, and organisational performance (Paulino, 2023). In Nigeria's healthcare context, integrating EI into leadership development is essential for addressing systemic challenges and enhancing care delivery.

Leadership effectiveness in healthcare is, therefore, deeply rooted in emotional intelligence. As hospitals and health systems face increasing complexity, emotionally intelligent leadership will be crucial not only for managing operations, but for sustaining the human relationships at the heart of care delivery. Future leadership development efforts must prioritise EI training to equip medical professionals with the interpersonal competencies needed for both individual and institutional success.

2.1.4 Leadership Structure among Medical Doctors in Nigerian Hospitals

Leadership in the healthcare sector plays a critical role in ensuring the effective delivery of medical services. Within the Nigerian healthcare system, medical doctors are traditionally regarded as leaders, not only in clinical practice but also in administrative and managerial domains. As key professionals, doctors bear the conventional responsibility of coordinating the activities of other healthcare team members to achieve optimal patient care across the

three tiers of management: operational (lower), tactical (middle), and strategic (upper) levels (Witman, Smid, Meurs, & Willems, 2011). This leadership function is deeply embedded in the hierarchical structure of Nigerian hospitals and remains essential for the efficient functioning of healthcare services (Ojo & Akinwumi, 2015).

The Nigerian health system confers a distinct advantage upon medical professionals due to its occupational hierarchy, which positions them above all other professional groups in both managerial and clinical roles. This characterisation of medical professionals as the 'drivers' of the healthcare process suggests that their active participation grants them dominant influence in shaping decision-making priorities, thereby extending their authority into non-clinical domains (Lassa, Saddiq, Owen, Burton, & Balen, 2022).

2.1.4.1 Hierarchical Leadership Structure

This hierarchical structure places medical doctors at the core of both clinical and administrative operations, thereby reinforcing their leadership and influence within the Nigerian healthcare system (Ojo & Akinwumi, 2015; Ugwu *et al.,* 2023). The leadership structure among medical doctors in Nigerian hospitals typically adheres to a hierarchical progression:

i. **House Officers**: These are newly graduated doctors undergoing mandatory internship. This stage represents the operational level of management, often referred to as low-level management.
ii. **Medical Officers**: These are doctors who have completed their internship and are employed in various capacities. Like house officers, they operate at the operational level (low-level management).
iii. **Registrars and Senior Registrars (Resident Doctors)**: These are doctors engaged in postgraduate training within specialised fields. They occupy the tactical level of

management (middle-level management), contributing to the implementation of departmental goals and supervising junior staff.

iv. **Consultants**: These are specialists who have completed postgraduate training and frequently lead clinical departments. Alongside registrars and senior registrars, consultants are positioned at the tactical level (middle-level management). They are responsible for translating institutional policies into actionable tasks, as well as overseeing the operational activities of their respective departments.

v. **Chief Medical Directors (CMDs) / Medical Directors (MDs)**: These are senior consultants appointed to oversee the overall administration and strategic direction of hospitals. They function at the strategic level (top management), which encompasses not only CMDs and MDs but also other executive roles involved in policy formulation and strategic decision-making.

Doctors at all levels within the healthcare hierarchy are expected to demonstrate leadership capabilities, balancing both clinical and administrative responsibilities. Routine activities such as planning surgical procedures, supervising colleagues, and coordinating other health workers fall within the domain of operational or "low-level" management. A doctor engages in middle-level management upon assuming leadership roles such as chief resident, consultant, or head of department positions in which they are responsible for interpreting institutional policies and translating them into actionable tasks for their subordinates. This level of management is also referred to as tactical or administrative management (Ojo & Akinwumi, 2015).

The top tier of the managerial hierarchy, known as strategic or top-level management, focuses on high-level functions such as policy formulation, strategic planning, decision-making, and resource allocation. Doctors occupying positions such as Ministers or Commissioners of Health, Members of Hospital Management Boards, and Chief Medical Directors function at

this strategic level. Regardless of their rank, the ability to effectively manage healthcare resources is regarded as a critical competency for all medical professionals (Ojo & Akinwumi, 2015).

Thus, the role of medical doctors has expanded beyond the provision of clinical care to include broader administrative and managerial responsibilities, positioning them as professionals with diverse functions (Munen, 2013). Consequently, the occupational hierarchy within the health sector places medical professionals at the helm of healthcare units in both the public and private sectors, a structure that appears to have been widely accepted as standard practice by other health occupations (Lassa, Saddiq, Owen, Burton, & Balen, 2022).

2.1.5 Challenges and Demands of Leadership among Medical Doctors

As learned practitioners of medicine, medical doctors have further evolved their roles to function within various levels of management in healthcare systems, seeking to provide the best possible care to patients. This change requires an understanding of leadership concepts, ethics, and the peculiarities of the medical profession (Gentry & Fleshman, 2020). It is challenging for physicians to manage clinical service delivery as they are considered exemplary leaders in healthcare, but unlike most practitioners, they do not receive sufficient training to this regard (Hershkovich *et al.,* 2016). Continuous improvement in the organisational performance of healthcare institutions relies on the ability of their medical staff to coordinate, lead with innovation, and achieve excellent results in patient care. Good medicine requires moral and performance discipline (Gentry & Fleshman, 2020).

The problems confronting medical doctors in leadership roles are complex in nature, arising with the strenuous demands of clinical practice, the challenged healthcare system, and the triad of ethical issues involved in any medical decision-making. The traditional medical

education framework tends to focus on clinical skills and scientific knowledge with little attention to leadership training and development (Hershkovich *et al.,* 2016). Many medical schools do not implement formal organised leadership training into their teaching, which stems from the under appreciation of the important position that a physician should, and must, assume as a leader (Hershkovich *et al.,* 2016). As a result, physicians may assume leadership roles without adequate training in managing teams, resolving conflicts, strategic planning, or effective communication. Leadership effectiveness is defined in terms of one's ability to influence and motivate others which, as noted earlier, is defined by the attainment of sufficient interpersonal and communication skills (Reinertsen, 1998). Medical practitioners in leadership roles are held to equally high expectations in both performance and ethics (Gentry & Fleshman, 2020).

The expectations of medical leaders go beyond the given boundaries of clinical practice within a healthcare organisation to include administrative duties, accounting, policy development, and implementation (Bhardwaj, 2022). Physician leaders must interact within sophisticated organisational settings, lead multidisciplinary teams of healthcare professionals, and partake in patient care and resource management at strategic levels. Clinician and administrative leaders working in unison to deliver care deserve to be jointly and equally called leaders. In addition, they are also relied upon to defend new approaches, support quality improvement measures, and serve the patients as well as the community. In particular fields such as medicine, the ethical responsibility of health leaders is inevitable: "Leaders in health care must understand their role in creating an ethical environment that is honest and just" (Khan, Aziz, & Siddiqui, 2022).

The ethical aspects of medical leadership are especially pronounced requiring a strong dedication to honesty, openness, and a patient-first approach (Gentry & Fleshman, 2020). The

medical leaders have to practice the highest level of ethics which include making decisions in the best interest of patients within the confines of law and policies. They are also required to cultivate an ethical culture and strive for open dialogue as a matter of breach of ethics to caring and prudent resolution. Physicians occupy morally privileged positions as advocates of patients, and because of their training and expertise, they have the autonomy to a greater extent. In addition, medical leaders need to deal with patients and colleagues' trust and confidence amid dealing with unmanaged conflicts of interests, resource rationing, and inequity and access issues (Gentry & Fleshman, 2020; Touchie *et al.,* 2021).

2.2 Concept of Emotional Intelligence

The past few decades has seen Emotional Intelligence (EI) evolve into a cornerstone topic in psychology, education, and organisational behaviour. The phrase "emotional intelligence" was first coined by psychologists Peter Salovey and John Mayer in 1990. They defined it as the ability to recognise, understand, and manage one's own emotions as well as those of others.

Dr. Reuven Bar-On (2002), a prominent researcher in Emotional Intelligence (EI), defines EI as a blend of non-cognitive skills and capacities that significantly impact an individual's ability to navigate environmental challenges. His model highlights key components essential for effective social and emotional functioning, which contribute to psychological well-being. These components include: Interpersonal EQ (Focusing on relationships, social responsibility, and empathy), Intrapersonal EQ (Encompassing self-awareness, assertiveness, self-respect, self-actualisation, and independence), Adaptability EQ (Involving problem-solving, flexibility, and reality testing), Stress Management EQ (Covering impulse control and stress tolerance), and .General Mood EQ (Relating to happiness and optimism). Together, these elements foster psychological wellness and effective social interactions.

Okhawere (2024) asserts that the long-term success of any workplace goes beyond controlling external variables and requires attention to internal factors like emotional intelligence (p. 144). Emotional intelligence is a person's ability to understand and manage their own emotions while interacting with others. It also involves controlling one's behaviour in response to other people's feelings (Ayat, 2021). This skill includes recognising and thinking about both personal emotions and those of others, which helps shape how a person behaves. Busu (2020) also defined EI as the capacity to identify, comprehend and regulate one's own feelings and those of others. Authors defined EI as "the subset of social intelligence that involves the ability to monitor one's own and others' feelings and emotions to discriminate among them and to use this information to guide one's thinking and actions" (Skura & Świderska 2022). Many researchers have since elaborated on this definition, emphasising various aspects of emotional intelligence.

Goleman popularised the idea further with his book, "Emotional Intelligence: Why It Can Matter More Than IQ," published in 1995. According to Goleman (1995), emotional Intelligence consists of five components: self-awareness, self-regulation, ambition, empathy, and social skills. These components form the basis of many contemporary models of EI and are widely used in research and practice (Bar-On, 2006; Mayer, Caruso, & Salovey, 2016). Thus, emotional intelligence is a building block for individual success and professional achievement. Emotional intelligence has received considerable attention, with self-awareness serving as its foundation. Self-awareness refers to an individual's ability to identify and comprehend their own emotions, strengths, weaknesses, values, and beliefs. This awareness enables a deeper understanding of personal reactions and behaviours, facilitating better emotional regulation and more appropriate responses to various situations (Carden & Passmore, 2022). Self-regulation a key aspect of emotional intelligence, involves maintaining composure in emotionally charged situations. Individuals with strong self-regulation can

effectively manage their emotions rather than allowing their emotions to dictate their actions (Sadiku, Olaleye, & Musa, 2020). Individuals with strong self-regulation are adaptable, honest, and open to change. For instance, in leadership, self-regulation allows individuals to control their emotions in stressful situations and make rational decisions, even during a crisis (Carden & Passmore, 2022). Self-motivated individual are dedicated, hopeful, and unfazed by obstacles. The ability to empathise, or to understand and share the feelings of others, is a crucial element of building meaningful relationships and collaboration in teams. Empathy involves active listening, perspective-taking, and showing genuine care and concern for others. Finally, social skills, including the individual ability to deal with others and maintain relationships and networks, are important for teamwork and organisation (Dooshima, 2024).

The ramifications of emotional intelligence cut across a wide range of fields, from education to healthcare to business. EI enhances students' academic performance and social development in classrooms and educational domains. According to research broadly published on this topic, students with high emotional Intelligence have shown excellent coping abilities, self-esteem, and social relationships, all of which positively influence learning results and outcomes (Özer & Korkman, 2022). Healthcare professionals with a high level of emotional intelligence can communicate effectively with patients, demonstrate an understanding of their needs, and provide compassionate care. This, in turn, enhances patient satisfaction and improves health outcomes, highlighting the importance of integrating emotional intelligence training into medical education programs (Bhattacharjee & Basu, 2024). Integrating emotional intelligence principles into healthcare practice enhances the interpersonal skills of healthcare professionals, fostering more effective communication and stronger relationships with patients (Sadiku, Olaleye, & Musa, 2020).

Emotional intelligence has been identified as a vital determinant of effective behaviour and interpersonal competence in organisations. Akintayo (2010) conceptualises emotional intelligence as the capacity to recognise, understand, and regulate emotions in oneself and others, thereby facilitating sound decision-making and harmonious interpersonal relationships. Empirical evidence from his studies among Nigerian workers indicates that high levels of emotional intelligence significantly enhance job commitment, improve conflict management, and promote overall organisational effectiveness. Akintayo and Babalola (2012) linked emotional intelligence to improved behavioural performance and leadership capacity. These insights underline the importance of emotional competence in achieving effective leadership outcomes. In healthcare settings, where emotional demands are intense, emotionally intelligent leaders are better positioned to motivate employees, foster collaboration, and ensure compassionate patient care. Thus, emotional intelligence remains a critical predictor of leadership effectiveness among medical professionals.

Popoola (2015) asserts that emotional intelligence plays a crucial role in shaping a leader's ability to be effective in their role. It is indisputable that individuals with low emotional intelligence are less likely to perform effectively in their assigned tasks and responsibilities. Such individuals may also struggle to manage teams or departments within an organisation (p. 141). A deficiency in emotional intelligence negatively affects one’s ability to think clearly and make sound judgments, which can significantly reduce productivity both in personal decision-making and at the organisational level (Kotsou et al., 2019). Consequently, it is essential for organisations to foster the emotional well-being of their employees or prioritise the recruitment of emotionally stable staff. Emotional Intelligence improves leadership effectiveness, team dynamics, and overall workplace productivity. High EI leaders build trust, promote innovation, and create inclusive atmospheres where employees are valued and

motivated. Additionally, organisations with a focus on hiring and developing emotional Intelligence have lower turnover rates and greater employee engagement (Laing-Hall, 2023).

2.2.1 Dimensions of Emotional Intelligence

2.2.1.1 Relationship Management

Relationship management is a complex idea that has transformed over the years, incorporating numerous fields like marketing, public relations, and organisational behaviour. Goleman (1995) defines relationship management as the ability to inspire, influence, and develop others while managing conflict. It involves clear communication, teamwork, and the ability to build and maintain good relationships. Relationship management can be defined as a long-term, systematic, and strategic process of developing and maintaining mutually beneficial relationships. Known as a standard marketing language, it underlines the importance of collaboration and the value delivery process to all market actors (Saha & Jebarajakirthy, 2022).

Each relationship management component is an important part of the implementation process. First, trust and commitment are well-established foundational components. Trust creates a sense of security and reliability, and commitment ensures the relationship (Krishna & Sebastian, 2023). This is even more critical in areas where sustained collaborative relationships are needed, like business-to-business relations or public-private partnerships. Second, communication occupies a key role in relations management. Effective communication is important because it promotes sharing information and ideas with others, resolves conflict, and strengthens the relationship between two parties (Adham, 2023). The rise of social media and digital communication in today's world has made this even more visible. Third, at the heart of relationship management lies value creation. This ensures that all stakeholders meet their needs and expectations and achieve mutual value. Relationship

management is used to establish and maintain positive relationships with media, government agencies, and the general public in public relations. Despite its widespread acceptance, relationship management presents several challenges. These include difficulties in assessing the quality of relationships, an overemphasis on technological tools, and conflicts resulting from differing expectations (Rosenbloom & Clerkin, 2022). However, effective relationship management enables individuals to enhance their communication skills, resolve conflicts, and establish trust and rapport with others (Dooshima, 2024).

2.2.1.2 Self-Motivation

Self-motivation is best described as the internal or intrinsic enthusiasm that drives one towards a goal and is the force that helps an individual to continue to take action towards the achievement of the goal (Skura & Świderska, 2022). Essentially, whereas motivation instigated by outside stimuli comes from external sources, self-motivation comes from internal mechanisms, personal values, desires, and the intrinsic reward we feel at completing a task. It is a multidimensional concept that encompasses factors like goal orientation, perseverance, and self-determination, which work together to create external and internal factors that shape personal and professional success (Gkintoni & Nikolaou, 2023). A significant aspect of self-motivation is the difference between intrinsic and extrinsic motivation and its impact on the person doing the task, with intrinsically motivated people being more likely to experience a sense of satisfaction and well-being.

Goal orientation is one of the key qualities of self-motivation, meaning the capability of a person to establish significant and attainable targets consistent with their principles. Evidence suggests that self-motivated people do a better job of setting high but attainable goals and developing strategies to succeed. Setting goals nourishes long-term effort and perseverance, especially when facing challenges. In addition to driving individuals to pursue

their goals tirelessly, self-motivation also fosters the ability to adjust to changes and maintain long-term goals by reflecting on approaches and adjusting accordingly (Özer & Korkman, 2022). Another element, perseverance, keeps people engaged in their goals even when faced with obstacles or difficulties. The process of facing obstacles encourages self-motivated people to learn and grow from their experiences, bolstering their resilience and capacity to overcome hardship.

Self-efficacy, which refers to an individual's belief in their ability to succeed in specific tasks, is a fundamental component of self-motivation. Individuals with high self-efficacy are more likely to take proactive actions, demonstrate sustained effort, and persist in the face of challenges (Bhattacharjee & Basu, 2024). Moreover, self-efficacy serves as a reinforcing mechanism within the self-motivation cycle, as successfully completing tasks enhances an individual's confidence and motivation to overcome future challenges. Additionally, self-efficacy fosters a proactive mindset, encouraging individuals to seek challenges and pursue opportunities for growth.

Self-motivation is closely linked to self-regulation, which involves monitoring and controlling one's thoughts, emotions, and actions to achieve better outcomes. Individuals with strong self-regulation skills effectively manage their time and effort, maintaining focus on their goals (Laing-Hall, 2023). They are also adept at handling distractions, as well as the frustration or anxiety that may arise from an imperfect process. With self-regulation as a key characteristic, self-motivated individuals can better balance immediate responsibilities with long-term aspirations, leading to higher productivity and greater success.

While self-motivation is essential for various reasons, it is not a fixed trait but a dynamic process influenced by both internal and external factors. Although intrinsic motivation plays a crucial role, external factors such as feedback, recognition, and support can either strengthen

or weaken self-motivation. For instance, positive reinforcement from mentoring or peer feedback can enhance motivation, whereas negative experiences, such as repeated failure or criticism, can reduce it (Benjamin, 2025). Therefore, understanding the interaction between intrinsic and extrinsic factors is essential for fostering and sustaining self-motivation.

2.2.1.3 Empathy

Empathy is recognising, understanding, and reacting to another person's emotions and experiences. Empathy is an important part of being human, and it lies at the heart of altruism (selfless concern for the well-being of others), socialisation, and communication. Empathy can be categorised into two types: cognitive empathy, which involves understanding another person's emotions, such as anger, and affective empathy, which refers to sharing and experiencing the emotions of others (Saha & Jebarajakirthy, 2022). This dual nature makes empathy a complex but essential trait that supports positive relationships and encourages prosocial behaviour.

Cognitive Empathy allows people to imagine what it would be like to be in another's situation and understand their feelings without necessarily sharing them. Empathy, in this sense, is frequently associated with perspective-taking, a skill that improves interpersonal complementarity and inter-human negotiation (Krishna & Sebastian, 2023). Cognitive Empathy, for instance, is crucial in the workplace, as it allows individuals to understand and appreciate diverse points of view, thus leading to more informed decision-making and effective collaboration. Affective Empathy refers to emotional resonance, where people feel what others feel, which fosters compassion and emotional support. This balance is crucial; cognitive Empathy allows for rational understanding, and affective Empathy draws people closer, such that both types of Empathy are integral to a complete empathetic approach.

Another aspect of empathy is regarded as a cornerstone of emotional intelligence, indispensable for successful leadership, relationship management, and socialisation. Empathetic leaders approach team needs (Adham, 2023). Empathy, as a fundamental component of emotional intelligence, is a critical competency for individuals in leadership positions. Leaders who demonstrate empathy possess the ability to understand and actively engage with the emotions and perspectives of their team members. This capacity facilitates the development of meaningful interpersonal connections, fosters trust, and enhances the ability to effectively address the specific needs of subordinate (Koutsioumpa, 2023). Empathy in leadership allows employees to feel safe, encourages sharing problems, fosters collaboration, and also helps to understand their team needs (Adham, 2023; Chitra, 2023; Raja & Theera, 2023; Vashek, 2023). Empathy, as a fundamental component of emotional intelligence, is a critical competency for individuals in leadership positions. Leaders who demonstrate empathy possess the ability to understand and actively engage with the emotions and perspectives of their team members. This capacity facilitates the development of meaningful interpersonal connections, fosters trust, and enhances the ability to effectively address the specific needs of subordinates.

Empathy is an important emotion, but too much emotional neglect can cause emotional burnout or empathic distress. Some people tend to over-identify with other people's feelings, which leads them to experience secondary trauma, harming their mental condition and decision-making process (Rosenbloom & Clerkin, 2022). In professional settings, like health or social work, developing Empathy with proper emotional regulation is fundamental to preventing compassion fatigue and staying effective.

2.2.1.4 Self-Awareness

Self-awareness is the ability of a person to recognise and understand their emotions, thoughts, and behaviours and how they affect others. Emotional awareness is one of the major components of emotional intelligence and is an important part of personal development, communication, and decision-making. Importantly, self-awareness has two main aspects: internal self-awareness (focusing on internal states) and external self-awareness (how other people view us) (Rosenbloom & Clerkin, 2022). This dimension enables people to evaluate their strengths, weaknesses, and motivations, leading to personal responsibility and development (Abdullah & Ishak, 2025). For example, those high in internal self-awareness are more likely to identify areas of improvement, create goals that matter to them and develop plans for change. Greater internal self-awareness also contributes to emotional regulation since those understanding their emotional triggers can prevent activating reactive responses and respond more productively in emotional situations. However, this regulation is necessary for high-stakes situations where one must remain calm and think critically.

External self-awareness, by contrast, is about understanding how others view our behaviours and actions. It asks people to ask for feedback, to notice social cues, and to assess their influence on group dynamics (Cole, 2024). One practical application is that of leaders, who rely on external self-awareness to recognise how their communication and style of being impact the ability to inspire and motivate others. Research has demonstrated that leaders who possess high levels of external self-awareness promote better relationships with others, enhanced trust, and increased team cohesiveness (Hassan, 2023). Integrating feedback as a part of their leadership style, such leaders are able to adapt to the individual needs of different teams and improve overall functioning.

Self-awareness helps promote ethical decisions and taking responsibility. Self-aware people practice reflection, which helps them question their values and biases, making them

less likely to perform unethical actions (Paulino, 2023). They can recognise the factors influencing their decision-making and ensure their actions are within moral boundaries. Self-awareness also fosters accountability, as those who know their roles and responsibilities are more apt to take ownership of their decisions and learn from previous mistakes; this reflective capacity is especially valuable in leadership, where decisions carry organisational impact weight.

Going even further, self-awareness is a major driving force behind effective communication. Self-aware people know how their emotional state and communication influence others and, therefore, can adjust to them according to the audience and the situation (Golubeva, 2023). This flexibility promotes positive conversations, mitigates miscommunication and improves collaboration. For instance, in conflict resolution, a self-aware person is more likely to actively listen, recognise the other person's feelings, and manage disagreement without escalating conflict. Self-awareness-driven communication is especially effective in multicultural or diverse organisations, as sensitivity to extreme differences in cultural norms and values is very important in these settings. Although self-awareness offers numerous benefits, it is not a fixed trait but rather a dynamic and evolving process. It is a skill that can be developed through deliberate practices such as mindfulness, reflective writing, and seeking constructive feedback from trusted individuals (Kelly, 2023).

2.2.1.5 Self-Regulation

Self-regulation describes how individuals manage and align their thoughts, feelings, and behaviours to meet long-term goals. Self-control also includes the capacity to regulate impulses, postpone gratification, and modify responses to dynamic contexts, which makes it a central factor influencing personal growth, academic performance, and career accomplishment (Bembenutty, 2022). Self-regulation extends beyond mere self-control,

encompassing key aspects such as motivation, goal-setting, and emotional management. This process is inherently dynamic, requiring individuals to continuously adjust their behaviour in response to both internal and external benchmarks for success. Individuals' confidence in their capacity to take action is a critical determinant of their ability to regulate their behaviour and achieve relevant goals (Schunk & DiBenedetto, 2022). Self-regulated individuals check on their progress toward goals, reflect on their performance, and adjust as needed to maintain progress. This reflective convergence is fundamental for long-duration goal achievement and the formation of adaptive coping strategies in adversity (Rosenbloom & Clerkin, 2022).

Self-regulation moves broadly in three domains: cognition, feeling, and action. Cognitive self-regulation refers to control over mental processes to stay focused, prioritise and solve problems. For example, cognitive self-regulators can avoid distractions, manage time effectively and apply effective learning strategies (Wang & Dong, 2022). Emotional self-regulation, on the other hand, refers to the ability to manage emotional responses and remain calm in stressful or emotionally charged situations. This domain is key in the interpersonal sphere and scenarios of negotiation and conflict, as it enables individual to respond rather than react. Self-regulation is managing your actions and behaviours to reach a specific goal. Examples include delaying gratification, resisting temptations, and practicing discipline to achieve long-term goals (Bembenutty, 2022).

Secondly, goal setting and motivation are fundamental components of self-regulation. Individual with effective self-regulation come up with clear, achievable goals and formulate action plans accordingly. These goals not only guide actions but also serve as a source of motivation and provide benchmarks to assess progress, determining whether it is on track or requires adjustments. In addition, self-regulated people track their behaviours as part of self-monitoring, or the process of monitoring progress over time and comparing it against a goal

(Augustine, 2023). When encountering setbacks, individuals employ adaptive strategies such as problem-focused coping, seeking feedback, and modifying plans to overcome obstacles. Motivation is a key component in fueling the persistence often needed for long-term success, and self-regulated individuals rely on intrinsic motivation, which encourages ongoing involvement and effort.

At the heart of self-regulation is learning how to manage stress and cope constructively with failures. For self-regulated individuals, setbacks are not unmanageable barriers to overcome but stepping stones for personal growth and learning (Yousra, 2024). This mindset fosters confidence and allows room for constant growth and improvement. Although self-regulation offers numerous benefits, it can be compromised under conditions of fatigue, stress, or demotivation. Excessive cognitive load or emotional distress may impair an individual's capacity to effectively regulate thoughts and behaviors, potentially leading to impulsivity or disengagement (Rogers & Joiner, 2022). As a result, self-regulation development necessitates practice, awareness, and supportive atmospheres that promote reflection and affirmative feedback. This information can be used to develop interventions that improve self-regulation, such as mindfulness training, goal-setting exercises, and cognitive restructuring.

2.3 Emotional Intelligence in Healthcare

The evolution of emotional intelligence (EI) as a pivotal aspect of healthcare indicates its relevance to clinical decision-making, patient's healthcare outcome, and workforce's health and wellbeing. As described by Goleman (1998) EI is the ability to perceive, understand, manage, and use emotions; thus, it is evident that professionals in the field of healthcare require a measure of EI in order to be able to cope with stress, show empathy, and improve

collaboration at different levels. In health care, EI has four dimensions: self-awareness, self-regulation, social awareness and relationship management (Goleman 2020). Self-awareness enables clinicians to be cognisant of their feelings during the interaction with patients. Self-regulation, on the other hand, encompasses maintaining calmness in a crisis situation. Social awareness involves empathy, which is crucial for understanding the distress of patients and family members. Relationship management entails fostering teamwork, building trust, and coordinating effectively with colleagues to enhance care delivery. In the Neonatal Intensive Care Unit (NICU), nurses face clinical but also emotional challenges. They have to be clinically very involved as well as emotionally sensitive (Al Btoush et al., 2024). Careful teamwork is facilitated by good team relations, meaning the team will fight less and thus be able to focus more on coordination of care delivery. These skills are not acquired too easily, with proper training, they can be taught (Powell *et al.,* 2024).

Integrating emotional and cognitive processes enhances clinical decision-making (CDM) with the aid of emotional intelligence (Al Btoush et al., 2024). For example, nurses with high EI tend to grade and interpret patient conditions accurately, prioritise interventional steps, and work with other members of the healthcare team effectively (Al Btoush et al., 2024). There is a remarkable correlation between emotional intelligence (EI) and clinical decision-making (CDM), estimated at Pearson's $r = 0.53$, $p < .001$, suggesting that EI explains approximately 28percent of the quality of decision-making (Al Btoush et al., 2024). This is more evident in emotionally demanding situations like those found in the NICU, where quick emotional reasoning enables clear functions of resilient decision making. Emotional intelligence has the opposite effect of facilitating cognitive errors by supporting the active, less stressed, reflective way that people think (Powell *et al.,* 2024).

The application of emotional intelligence training frameworks has assisted healthcare practitioners in improving their emotional competencies. A meta-analytic review of seventeen longitudinal studies found that all aspects of EI, notably: emotion regulation (+0.37 points, p=0.008) and empathy (+0.27 points, p=0.011) were positively impacted by the interventions undertaken (Powell *et al.,* 2024). Workshops are combined with reflective activities and scenario-based learning which aim to replicate realistic environments. In one instance, nurses enrolled in a 12-week EI training course reported improvements in stress coping and associated patient satisfaction scores (Fragkaki *et al*., 2024). Despite these findings, a lack of consistency in self-reporting, short evaluation periods and other methodological issues indicates that there is a need for more comprehensive longitudinal designs (Powell *et al.,* 2024).

The integration of EI into professional development and training programs within healthcare educational frameworks cultivates proactive and patient-centered care. Institutions implementing EI training experience reduced burnout, diminished counterproductive behaviours, and enhanced care quality (Fattah et al., 2023; Sharma, Kaur, & Sharma, 2025). For example, nurses with high EI empirically demonstrate twenty-three percent higher adherence to safety protocols and eighteen percent greater patient engagement (Fragkaki & Fasoi, 2024). In addition, tailored culturally based EI programmes such as in some collectivist cultures where community support is highlighted are more adaptable to different clinical and multicultural contexts (Al Btoush *et al.,* 2024).

2.4 Demographic Factors and Emotional Intelligence

Emotional intelligence (EI) pertains to an individual's ability to accurately perceive, utilise, comprehend, and regulate both their own emotions and those of others (Golubeva, 2023).

Researchers have studied many potential influences on emotional intelligence over several decades, from demographic considerations like age, gender, and education.

2.4.1 Age and Emotional Intelligence

Age is one of the most commonly investigated demographic correlates of emotional intelligence. The propensity of Emotional Intelligence tends to increase with age because older adults have more life experience and emotional maturity (Kelly, 2023). A study by Fariselli, Ghini, and Freedman (2008) found a significant positive relationship between age and EI ($r = .13$; $p < .01$), indicating that emotional intelligence tends to increase with age. As we age, we develop better ways and strategies to cope with our emotions and eventually have more Emotional Intelligence. However, the relationship between age and emotional intelligence remains complex and not entirely straightforward. Research suggests that certain aspects of emotional intelligence, such as emotion regulation, tend to improve with age, whereas others, such as empathy, may decline (Bembenutty, 2022). These multifaceted dynamics underscore the importance of examining how the aging process influences various dimensions of emotional intelligence.

2.4.2 Sex and Emotional Intelligence

A considerable body of research examines gender differences in emotional intelligence, though results have been inconsistent (Ahmad, Bangash, & Khan, 2009; Fernández-Berrocal, Cabello, Castillo, & Extremera, 2012; Oriaku, Ugwu, Adirika, & Maduka, 2020). According to traditional stereotypes, women have more emotional intelligence than men, especially regarding empathy and interpersonal relationships (Schunk & DiBenedetto, 2022). This assumption is backed up by multiple studies demonstrating that girls score higher on emotional awareness and social sensitivity measures. Conversely, some scholars argue that these differences may be exaggerated or shaped by cultural factors rather than being biologically determined (e.g., Wang & Dong, 2022). The difference in emotional intelligence

scores between men and women decreased substantially when accounting for societal expectations and gender roles. Hence, context plays a fundamental role in understanding differences in emotional intelligence by gender.

2.4.3 Education Level and Emotional Intelligence

Another significant demographic factor associated with emotional intelligence is educational attainment. Since higher education is generally associated with enhanced cognitive abilities, it has been suggested that educational attainment fosters the development of emotional competencies (Bembenutty, 2022). Accordingly, the advancement of these skills may reflect the higher cognitive levels acquired through advanced degrees, which, in turn, facilitate critical thinking, self-reflection, and interpersonal abilities, key components of emotional intelligence.

Furthermore, formal classroom settings provide exposure to diverse perspectives and experiences, fostering the development of empathy and adaptability (Augustine, 2023). However, the relationship between education and emotional intelligence is not strictly linear. Additional factors, including personality and learning environments, significantly contribute to developing an individual's emotional capacities.

2.5 Relationship between Emotional Intelligence and Leadership Effectiveness

The relationship between emotional intelligence and leadership effectiveness has attracted considerable attention in the fields of psychology and organisational behaviour. Emotional intelligence refers to an individual's ability to recognise, understand, and manage both their own emotions and those of others. Conversely, leadership involves the ability to influence and guide individuals or groups toward the attainment of a common goal. Gorgens and Roux (2021) suggest that successful leaders not only possess a high level of technical competence but also exhibit a broad range of interpersonal and emotional skills. Emotional intelligence

plays a critical role in shaping the effectiveness of leadership. The following are essential components that characterise the connection between emotional intelligence and leadership effectiveness.

2.5.1 Relationship Management and Leadership Effectiveness

Leadership is essential to making any organisation tick, and ideal leadership is based on character, honesty, inspiration, and competence. Relationship Management: One of the keys to successful leadership is the ability to develop, maintain and improve interpersonal relationships with colleagues, subordinates, peers, and stakeholders. Mysirlaki and Paraskeva (2020) assert that individuals with this trait demonstrate an increased awareness of their team members' emotions and needs, thereby cultivating a collaborative, loyal, and committed work environment.

Relationship management is one of the pillars of emotional intelligence, assessing and managing how you communicate, understand, and collaborate with others. Leaders with high EQ have an advantage in building trust, facilitating free-flowing communication, and making a positive workplace. Wijaya and Zaini (2022) found that leaders focusing on relationship management have greater employee engagement and satisfied teams. With this in mind, it shows that relationship management is far beyond just a nice-to-have skill, making it one of the essential parts of a successful leader.

Communication is one of the most important aspects of relationship management. Effective communication ensures that messages are consistently conveyed, understood, and acted upon. Practical communication skills engender leadership that facilitates coordination around a common purpose, cultivates objective feedback, and prompts growth and development (Hashimy & HT, 2023). Additionally, open communication minimises misunderstandings and

conflicts that can impact productivity and morale. Research shows that companies with leaders who embrace open dialogue have less workplace conflict and higher innovation.

Another important element of relationship management, empathy, is the ability to understand and share the feelings of another. Empathetic leaders are more in tune with the emotional states of their team members, enabling them to respond aptly to individual needs and challenges. According to the research of McGowan and Shipley (2023), empathy is of utmost importance in the process of building effective and resilient teams. When employees feel appreciated and recognised, they tend to demonstrate loyalty and dedication to their workplace. Additionally, empathetic leadership creates an empowering environment that values diversity and inclusion.

Dealing with conflict is part of any work environment, but how it is handled can seriously affect team performance and business results. Relationship management uses appropriate communication structures that help bring conflicts to a constructive resolution, a great way to transform crises into learning experiences. Leaders can yield better results while maintaining healthier working relationships by approaching conflicts with a problem-solving mindset instead of a win-lose mentality (Thompson, 2024). They encourage collaboration because excellent relationship management leads to coordination and group members achieving more together than apart.

The implications of relationship management go beyond the individual level, as they have also been shown to impact higher-level performance. Organisations are often more productive when led by managers skilled in relationship management than people focused exclusively on task completion, with managers skilled in relationships often yielding superior financial performance, customer satisfaction, and market competitiveness (Siam & Heriyadi, 2022). Moreover, this correlation highlights the importance of investing in

leadership development programmes that refine relationship management abilities. Developing these capabilities can help organisations create environments that inspire long-term success and sustainability.

2.5.2 Self-Motivation and Leadership Effectiveness

Self-motivation is an internal drive that pushes individuals to achieve their goals without relying on external rewards. It enables leaders to remain focused, adaptable, and strategic in navigating workplace challenges. More importantly, self-motivated leaders inspire and influence their teams to work toward achieving the organisation's objectives. The most pertinent influence of self-motivation on leadership proficiency is its ability to improve leaders' commitment, induce strategic decision-making, and support self-regulation (Kausar & Husin, 2023). Key competencies include achievement drive, commitment, initiative, and optimism. Individuals who possess these qualities are highly motivated and continuously strive for self-improvement (Sadiku, Olaleye, & Musa, 2020). Self-motivated leaders remain genuinely driven to achieve the organisational vision and continue to focus on the long-term vision despite challenges and harsh criticism.

Self-motivation is a primary contributor to leadership effectiveness, and one of the reasons for this is its impact on emotional resilience and self-regulation. Leaders face frictional pain and complication and must be emotionally grounded to overcome adversity. High emotional intelligence is often shared among self-driven leaders; they learn to control their emotions, remain calm in stressful situations, and find occasional coping strategies (Thaddeus, 2024). This emotional foundation creates stability in their teams, allowing for creativity and risk without the threat of punishment for failure. However, proper internal motivation helps leaders self-regulate and remain focused on long-term goals despite short-term challenges (McCarthy, 2024).

According to Cheng and Cao (2023), researchers believe self-driven leaders are more helpful in transformational behaviours because their intrinsic motives lead to their personal growth and simultaneously cause the healthy alignment of their goals with organisational values. Self-motivation promotes a culture of constant learning, in which leaders are willing to learn and improve to increase their leadership impact.

Another area in which self-motivation enhances leadership effectiveness is strategic decision-making. Intrinsic motivation enhances the ability of leaders to find proactive solutions to problems while making long-term goal decisions based on the most relevant information rather than immediate rewards or the best available information (Ned & Umesi, 2023). The forward-looking nature of self-motivated leaders is critical in the pragmatic field of leadership; they know that nurturing sustainable outcomes, rather than chasing immediate victories, pays off for their organisations in the long term. In addition, their intrinsic motivation often leads to further innovation, as self-motivated leaders are more likely to take calculated risks and adopt innovative strategies (Dubey, 2024).

Moreover, self-motivation enables leaders to be more inspiring and effective in motivating others. These leaders often exhibit outwardly driven behaviors, modeling persistence, dedication, and enthusiasm for their teams to emulate. This dynamic fosters a positive feedback loop in which highly motivated leaders cultivate equally driven teams, thereby enhancing employee engagement and productivity (Davaei & Taras, 2022). Furthermore, they are strong communicators since they can articulate their vision and objectives clearly and enthusiastically, ensuring that the whole team works toward the same goal as the organisation.

Although self-motivation presents certain challenges and many, at times, be counterproductive in practice, its benefits outweigh these difficulties, and its impact on

success remains significant. An excessive reliance on internal motivation, without adequate external feedback, can lead to overconfidence or blind spots in decision-making (Wijaya & Zaini, 2022). Therefore, self-motivated leaders must critically assess their intrinsic sense of direction by considering the perspectives of their teams and stakeholders to mitigate the risk of being blindsided. Self-motivated leaders are more likely to navigate organisational challenges successfully and efficiently, contributing to long-term success and serving as a greater source of inspiration for their teams.

2.5.3 Empathy and Leadership Effectiveness

Empathy is fundamental to leadership effectiveness, as it enables leaders to understand and appreciate other people's perspectives and feelings. Through empathy, leaders can experience the world as their teams do, leading to trust, collaboration, and improved organisational success. In the movement towards a leadership role, empathy increases leaders' ability to motivate, inspire and influence their followers by understanding their needs, perspectives, and challenges (Hashimy & HT, 2023). It also helps nurture emotional intelligence, which is important in managing interpersonal relationships, resolving conflict, and promoting unity within an organisation. Empathetic leaders are more capable of managing the intricate social dynamics in the workplace.

A fundamental way in which empathy enhances leadership effectiveness is by improving communication. Empathetic leaders actively listen and adapt their messaging to establish a meaningful connection with their audience, ensuring that team member’s feel acknowledged and valued. By recognising employees' emotions and existing perspectives, leaders foster an environment that encourages feedback and collaboration (McGowan & Shipley, 2023). This, in turn, cultivates a culture of psychological safety, where employees can openly express their thoughts and emotions without fear of judgment or negative repercussions. Research

indicates that organisations led by empathetic leaders cultivate a more supportive communication structure, which, in turn, enhances employee satisfaction, organisational commitment, and overall productivity.

Moreover, empathy is a fundamental component of transformational leadership, which emphasises inspiring and motivating individuals to achieve their full potential. Transformational leaders leverage empathy to understand the aspirations of each team member and integrate these considerations into the attainment of organisational objectives (Thompson, 2024). This connection encourages individual growth and creates a purpose-driven environment for employees, leading to more substantial teams. By listening and empathising, leaders can influence individuals and inspire them to strive for higher goals, creating success for themselves and their organisations (Siam & Heriyadi, 2022).

Depending on the context, empathy plays a crucial role in conflict resolution and decision-making. Workplace conflicts often arise from miscommunication or differences in perspectives. Empathetic leaders foster an environment that encourages independent action while ensuring that potential conflicts are thoroughly analysed. By understanding the concerns of all parties involved, empathetic leaders can effectively mediate disputes and facilitate compromise solutions that align with both organisational and individual interests (Kausar & Husin, 2023). Inclusive leaders, considering various perspectives, are more inclined to make decisions considering the group that ultimately represents their people's best interests. Being inclusive of employees increases engagement and reduces resistance to changes or decisions made in an organisation (Thaddeus, 2024).

Additionally, empathy leads to ethical leadership, as it encourages fair and humane decision-making. Empathetic leaders are more likely to support their employees' well-being, generating ethical decisions that are in the best interest of their team. Empathy also allows

leaders to notice when people are struggling and to provide tips or flexibility to support their wellness as needed. This support is essential during transition or crisis as empathetic leaders can guide their teams through uncertainty with greater resilience and adaptability (McCarthy, 2024). However, excessive empathy may lead to decision paralysis or favouritism when leaders become overly attuned to their employees' emotional perspectives. Effectively managing an organisation requires balancing empathy with objective decision-making. In this regard, the empathy that drives leadership must be complemented by critical thinking and problem-solving skills, as both are essential for leadership effectiveness (Cheng & Cao, 2023). Therefore, empathy plays a crucial role in leadership by enhancing communication, conflict resolution, and ethical decision-making.

2.5.4 Self-Awareness and Leadership Effectiveness

Self-awareness, the ability to recognise and understand one's emotions, thoughts, and behaviours, is an essential component of leadership effectiveness. Being the first pillar of emotional intelligence, self-awareness provides leaders insight into their strengths and weaknesses and how their behaviour affects others, allowing for more adaptive and effective leadership. Self-awareness is unique among the Seven Pillars of Ethical Leadership in that it is an area in which everyone has the potential to improve themselves if they seek to do so. Effective leaders embrace self-awareness to improve their decision-making, promote clear communication with one another, and achieve the organisation's goals (Ned & Umesi, 2023). Self-awareness is an indispensable factor in leadership success, as the ability to reflect on their emotional responses enables leaders to manage stress, make difficult decisions and improve relationships with their teams (Thompson, 2024). Self-aware leaders can identify emotional triggers and regulate impulsive reactions, enabling them to respond thoughtfully rather than emotionally. This ability is crucial for effective emotional regulation, particularly in high-pressure environments, where leaders must maintain composure and stability. Studies

have indicated that people with strong self-awareness exhibit greater resilience and are more able to resolve constructive conflicts (Kohn, 2024).

Furthermore, enhancing leaders' self-awareness strengthens their communication skills. Self-aware leaders possess a clear understanding of their communication styles, the impact of their words and actions, and how these are perceived by others. This is particularly significant in multicultural or dynamic organisational environments, where miscommunication can lead to misunderstandings and operational breakdowns (Lundula, 2024). When leaders can communicate without allowing their biases to determine how they express themselves, they can give empathetic and constructive feedback to their teams, helping create an environment of trust and collaboration; leaders who possess self-awareness can set priorities and share them with clarity while aligning their vision with the goals of their teams to improve the overall performance of the organisation.

Self-awareness is also essential in shaping a leader's ethical decision-making. Leaders with strong self-awareness are more likely to reflect on their values, biases, and limitations before making important decisions. This reflective approach not only helps them uphold integrity and accountability but also enables them to recognise how personal biases or self-centered perspectives might interfere with sound decision-making (Taj, 2023). It enhances ethical leadership, fostering inclusivity and equity, which develop a work culture of respect and appreciation whereby every employee feels worthy. Furthermore, self-aware leaders are receptive to feedback and willing to accept their shortcomings, encouraging ongoing learning and growth in the organisation.

Self-aware leaders recognise their limitations and understand when to seek support from others, fostering stronger and more collaborative relationships (Kohn, 2024). This adaptability enables them to provide tailored support to their team members, enhancing

employee engagement and job satisfaction. Additionally, self-aware leaders are more effective in managing change and driving innovation, as they are attuned to the emotional and cognitive dynamics within their teams (Kohn, 2024). However, self-awareness alone is insufficient for achieving positive outcomes in self-examination; it must be complemented by self-regulation and external awareness to prevent the development of a distorted sense of overconfidence or excessive self-doubt that hinders decision-making. Leaders who focus solely on internal reflection while disregarding external perspectives may struggle with decision-making or risk becoming disconnected from their teams (Jerab, 2023). Therefore, striking a balance between self-awareness and attentively considering input from trusted advisors or team members is essential for maximising leadership effectiveness.

Self-awareness is one core competency that fosters leadership effectiveness through emotional regulation, ethical decision-making, and effective communication. Individuals have the ability to recognise and understand their strengths, weaknesses, and emotional states, allowing them to make better decisions and effectively manage their behaviour. Self-awareness helps individuals assess how their actions and emotions influence others, leading to improved interpersonal relationships and communication (Giannoulis, Theodorakopoulos, & Antonopoulou, 2022a; Giannoulis, Antonopoulou, & Halkiopoulos, 2022b). It is an important leadership skill that, when developed, helps leaders adapt to changing environments, build strong teams, and create a positive workplace culture.

2.5.5 Self-Regulation and Leadership Effectiveness

Self-regulation is a fundamental competency and a critical aspect of leadership development. It encompasses an individual's ability to manage emotions, thoughts, and behaviours in a goal-directed manner. This skill involves a range of psychological processes, including emotional regulation, impulse control, and cognitive flexibility (Yousefi, Afrashteh, & Hasani,

2022). Effective self-regulation enables leaders to maintain composure under pressure, manage stress more efficiently, and demonstrate greater resilience in challenging situations. Additionally, self-awareness and self-management contribute to enhanced decision-making and overall leadership effectiveness.

Self-regulation plays a vital role in enhancing a leader's self-efficacy, which refers to an individual's confidence in their capacity to succeed in specific situations or accomplish tasks (Joo & Song, 2024). Leaders with a high degree of self-efficacy are more likely to demonstrate initiative, persist in the face of challenges, and exert a positive influence on their teams. This relationship underscores the significance of self-regulation as a core competency for leadership effectiveness, highlighting its role in fostering resilience, adaptability, and sustained performance in dynamic organisational environments.

Emotional intelligence (EI) is a fundamental attribute of leadership effectiveness, with self-regulation serving as a key component of EI. The ability to regulate one's emotions in challenging situations is essential for leadership development, as leaders who exhibit strong self-regulation tend to demonstrate higher levels of emotional intelligence. Such leaders are better equipped to foster positive interpersonal relationships, enhance team cohesion, and cultivate a harmonious work environment (Shah, 2024). Extensive research has explored the impact of self-regulation on leadership effectiveness, with some significant findings. For example, Huai and Wang, (2024) found that organisational leaders who engage in self-regulation are more likely to say they have achieved their goals; these leaders establish clear goals, prioritise tasks appropriately, and do not waver from achieving long-term aims, and even in light of distractions or setbacks. Self-regulation builds resilience, allowing leaders to bounce back from failures and setbacks. Resilient leaders lead by example and become role models that their teams admire and strive to emulate.

Self-regulation is a critical competency for leadership effectiveness; however, it presents several challenges. One significant obstacle is the influence of habitual behavioural patterns, which can hinder an individual's ability to engage in self-regulation. Leaders must cultivate self-awareness and actively modify their behavioural tendencies when necessary. Furthermore, cultural differences shape varying perceptions and approaches to self-regulation, requiring leaders to adapt their strategies accordingly to ensure effectiveness in diverse organisational contexts (Schlaegel & Taras, 2023). Effective leaders must demonstrate discipline while remaining adaptable and flexible in response to changing circumstances. They can cultivate and strengthen self-regulation through mindfulness practices, goal-setting techniques, and reflective journaling. Mindfulness enhances leaders' ability to remain present, reducing stress and improving decision-making capacity (Bao, 2023). Establishing clear goals provides leaders with a sense of direction and focus, ensuring that their actions align with their objectives. Additionally, engaging in reflective journaling facilitates continuous learning and self-improvement by promoting critical self-examination and strategic adaptation.

2.6 Emotional Intelligence and Leadership in Nigerian Healthcare Setting

Emotional intelligence (EI) is widely recognised as a critical factor in healthcare leadership, with empirical evidence linking it to enhanced leadership effectiveness, employee well-being, and overall health system performance (Oyewunmi *et al*., 2015). In hospital settings, leadership requires not only clinical and administrative competence but also the relational skills to motivate teams, manage stress, and resolve conflicts, particularly within resource-constrained environments such as Nigeria. Leadership and governance are identified as core building blocks of strong health systems, emphasising accountability, stewardship, and coalition-building (WHO, 2007; FMOH, 2018). These functions align closely with the domains of EI; self-regulation, empathy, and relationship management, which equip leaders to respond constructively in high-pressure and complex contexts.

The Nigerian healthcare sector, however, faces systemic challenges, including chronic underfunding, workforce shortages, and the high emotional demands placed on frontline staff (Ossai, Una, Onyenakazi, & Nwonwu, 2020; Okechukwu, 2023). These realities necessitate leadership approaches that integrate EI as a foundational element (Oyewunmi et al., 2015). Evidence suggests that EI reduces workplace stress among Nigerian nurses, with the benefits enhanced when organisational support is present (Lawal & Idemudia, 2017). Leaders high in EI characterised by self-awareness, empathy, motivation, self-regulation, and social skills, are better positioned to adapt their leadership style, enhance conflict management, and build consensus (Cavaness, Picchioni, & Fleshman, 2020).

In practice, emotional intelligence (EI) in Nigerian healthcare leadership can be understood across four essential domains. Self-awareness enables leaders to recognise their own emotional responses during crises such as equipment shortages or patient influx (Oyewunmi et al., 2015). Emotional regulation supports rational decision-making under stress. Empathy allows leaders to appreciate the impact of chronic occupational stress, which affects nearly 70percent of Nigerian healthcare workers. Finally, relationship management fosters collaboration across the fragmented and hierarchical structures typical of the Nigerian health system (Oyewunmi et al., 2015).

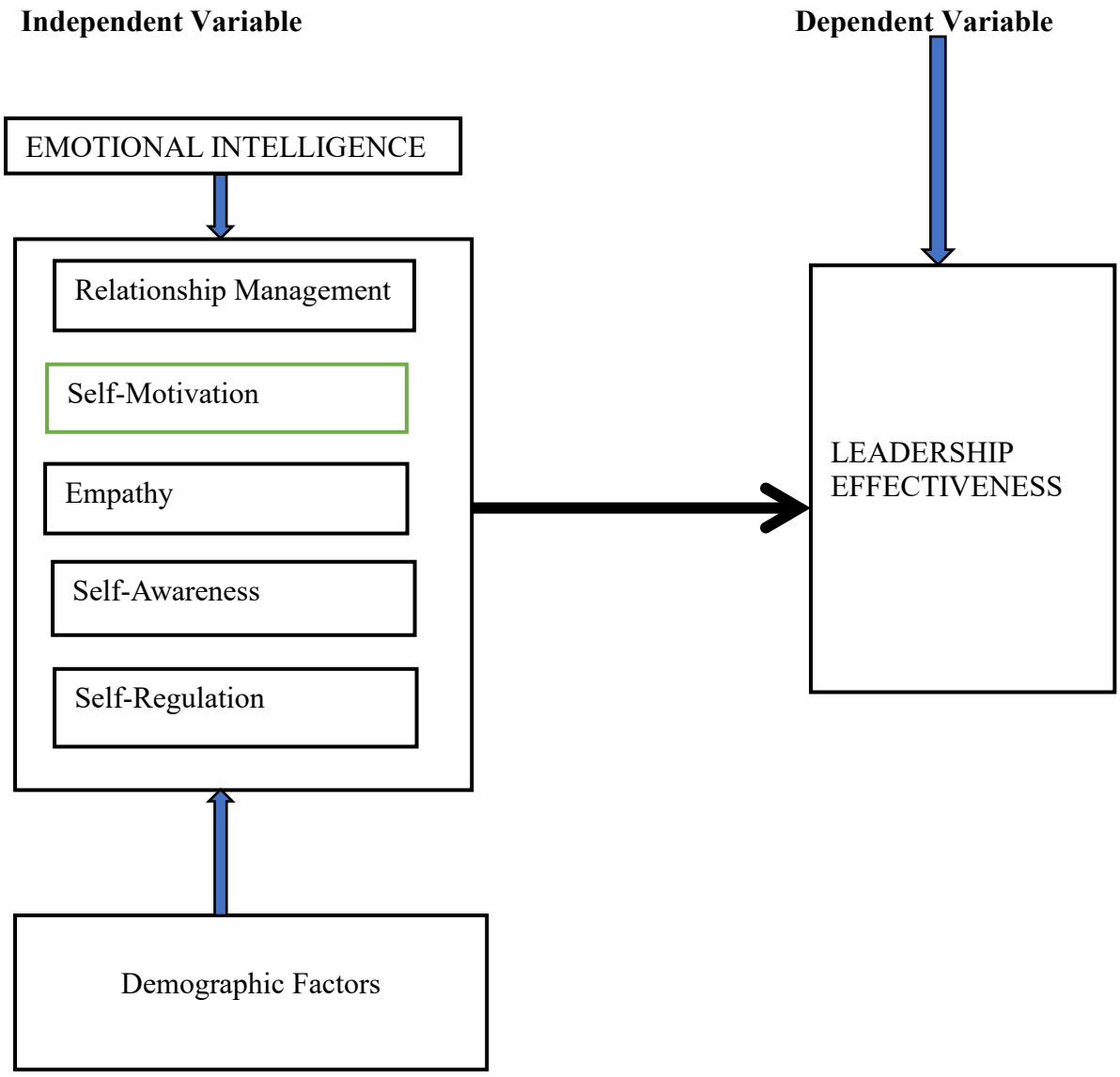
Empirical evidence supports these claims. A study of Nigeria's public healthcare sector found a positive relationship between leaders' EI and employee performance, underscoring the importance of emotional intelligence in navigating the sector's complexity. Similarly, midwives supervised by EI-trained leaders reported stronger patient interactions and fewer procedural errors, outcomes directly supporting Sustainable Development Goals (SDGs) on maternal health (Da Silva, 2024). Additional findings indicate that EI oriented leadership can reduce absenteeism by 22percent and improve team productivity by 15percent, even under

resource constraints (Oyewunmi et al., 2015; Bush, 2024). Furthermore, a study among doctors and nurses in Ogun State concluded that EI appreciably enhances psychological well-being and performance in the Nigerian health sector (Iherobiem, Iherobiem, & Iherobiem, 2024).

Despite these gains, significant barriers remain. Inconsistent funding for leadership training and persistent cultural biases against emotional or "soft" skills continue to limit the widespread adoption of EI in Nigerian healthcare (Chaudry et al., 2024). Addressing these challenges requires policy reform, institutional commitment, and the systematic integration of EI education into healthcare leadership development programmes. Such steps could provide a sustainable pathway for strengthening leadership capacity and improving healthcare outcomes in Nigeria.

2.7 Conceptual Framework

The relationship between emotional intelligence (EI) and leadership effectiveness among medical physicians is illustrated in this conceptual framework. Emotional intelligence can be understood through five fundamental components: relationship management, self-motivation, empathy, self-awareness, and self-regulation. These components significantly influence successful leadership, which is crucial in healthcare settings for improving patient outcomes, facilitating team coordination, and enhancing decision-making. Figure 2.1 below illustrates the connection between the independent variables and the dependent variable.



Source: Researcher's Construction (2025)

2.8 Theoretical Review

This study examined the following theories related to Emotional Intelligence (EI) and leadership effectiveness: Transformational Leadership Theory, Salovey and Mayer Model of Emotional Intelligence, Goleman's Emotional Intelligence Theory, and Leader-Member Exchange (LMX) Theory. Each theory was discussed in terms of its key concepts, underlying assumptions, criticisms, and contributions to the understanding of emotional intelligence and leadership effectiveness, particularly in the context of medical doctors.

2.8.1 Transformational Leadership Theory

James MacGregor Burns developed the transformational leadership theory in 1978. His groundbreaking work defined leadership as a process in which "leaders and followers lift one another to higher levels of morality and motivation." In his foundational work Leadership, Burns introduced the idea, sketching out an early model of transformational leaders as visionaries who inspire innovation and improvement. In 1985, Bernard M. Bass expanded on this further by determining measurable dimensions of transformational leadership. Bass built off the theories, making them more usable in an organisational context (Kohn, 2024).

According to transformational leadership theory, good leaders motivate followers by developing a shared vision, stimulating them, and heading in a desired direction together. Transformational leaders inspire followers at an emotional and cognitive level, allowing them to create innovation while focusing them on common goals, which is based upon influencing others (Lundula, 2024). Transformational leaders display four distinct behaviours: idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration. Idealised influence refers to demonstrating high ethical standards and serving as a role model; inspirational motivation refers to presenting an inspiring vision. The challenge dimension refers to inspirational motivation, which motivates followers to reach their potential and intellectual stimulation, which encourages them to think outside the box. In contrast, the support dimension refers to individualised consideration, which focuses on meeting individual needs through encouragement and mentorship (Taj, 2023). In this context, emotional Intelligence is key because it allows leaders to recognise and navigate emotions, thus enabling communication, conflict resolution, and overall leadership effectiveness, which makes transformational work especially relevant where dynamic and emotionally laden settings, like hospitals, are the norm (Kohn, 2024).

According to Slough and Tyson (2023), the theory is based on several key assumptions about the nature of leadership. Leadership is viewed as a dynamic and reciprocal process between leaders and followers. Rather than focusing solely on external rewards, effective leaders inspire followers to collectively envision and work toward a shared future. Leadership, therefore, centers on the leader's ability to foster motivation and commitment among followers. When leaders address the emotional and intellectual needs of their followers, individual performance and personal growth are enhanced. Transformational leaders act as change agents, challenging established norms and encouraging innovation. Ultimately, leadership effectiveness is not only about achieving high organisational performance but also about promoting the development, morale, and well-being of those being led.

Maheshwari and Arokiasamy (2023) highlight several criticisms of transformational leadership theory. One major critique is that the theory appears overly idealistic, assuming that leaders will always act in the best interests of their followers. Additionally, there is a lack of clarity regarding which specific traits or behaviours consistently lead to transformational outcomes. The emphasis on charisma may also introduce bias, potentially fostering over-reliance on the leader rather than encouraging team autonomy and self-sufficiency. Furthermore, because transformational leadership is inherently subjective, it is difficult to measure reliably and consistently across different contexts. The theory also fails to adequately consider situational and contextual factors that may limit its effectiveness in certain environments. Lastly, by focusing heavily on inspiration and long-term vision, it risks overlooking the importance of transactional leadership elements, which are essential for managing day-to-day operations and achieving immediate goals.

Transformational leadership theory is a critical framework for understanding emotional Intelligence's role in the effectiveness of medical doctors as leaders within healthcare sector.

The high-paced, high-pressure nature of the healthcare field makes emotional Intelligence an instrumental variable to leadership success. Transformational leaders, dependent on emotional Intelligence to engage their teams, can motivate staff, deal with conflicts, and create a positive atmosphere in the workplace. They pay attention to creating this positive atmosphere and keeping their employees happy. By becoming aware of and in control of their own emotions and the emotions of others, such leaders can cut through the prevalent issues in medical teams, such as burnout, miscommunication, and decision-making under pressure (Jerab, 2023).

It is also true that the ability to motivate teams of doctors and healthcare professionals to deliver high-quality care under conditions of limited resources and time pressure is a critical component of effective medical leadership. Transformational leadership offers a useful framework for promoting collaboration, empathy and resilience within healthcare teams. For instance, doctors showing individual consideration can better assist their colleagues facing personal or professional troubles, thus inducing less stress and enhancing job satisfaction (Yousefi Afrashteh & Hasani, 2022). Additionally, inspirational motivation allows leaders to articulate a compelling vision for patient-centred care that drives organisational commitment, leading to improvement in performance. This theoretical framework aligns with the integration of emotional Intelligence and leadership effectiveness and supports research on leadership development in healthcare settings.

2.8.2 Salovey and Mayer Model of Emotional Intelligence

The Emotional Intelligence (EI) model posited by Salovey and Mayer in 1990 conceptualises EI as a framework comprised of interrelated cognitive and behavioural competencies. These competencies enable individuals to accurately perceive, understand, regulate, and effectively utilise emotions in various contexts. This framework emphasises the role of emotional

awareness and management in facilitating adaptive thinking, problem-solving, and interpersonal interactions. Emotionally intelligent individuals are adept at recognising their own emotions and those of others, regulating emotional experiences, and applying emotional insights to enhance decision-making and performance (Salovey & Mayer, 1990). The model comprises four key dimensions:

1. **Perception of Emotions**: This dimension is the bedrock of emotional intelligence. It involves the ability to accurately identify and interpret emotions in oneself and others through various channels such as facial expressions, body language, tone of voice, and other nonverbal cues. Self-awareness, a core part of this domain enables individuals to recognise their own emotional states and understand how these states can influence their thoughts and behaviour. For example, in a clinical setting, a nurse who can perceive distress in a patient's tone or facial expression may detect underlying anxiety or pain that has not been verbally expressed, allowing for more holistic care. Beyond interpersonal interactions, this self-awareness also supports introspection, which is crucial for personal development and leadership (Salovey & Mayer, 1990).
2. **Utilisation of Emotions**: This domain refers to the ability to harness emotions to facilitate cognitive processes such as thinking, problem-solving, creativity, and decision-making. Rather than viewing emotions as obstacles to rational thought, Salovey and Mayer (1990) emphasise that emotions can enhance reasoning when properly aligned. For instance, moderate levels of anxiety might heighten alertness and improve focus during complex tasks. Conversely, positive emotions like enthusiasm can foster creativity and innovative thinking. In leadership or strategic roles, the ability to channel emotions constructively can lead to better judgment and a stronger alignment between emotional responses and organisational goals.

3. **Comprehension of Emotions**: Understanding emotions goes beyond simply recognising them. It involves interpreting complex emotional expressions, understanding the causes and consequences of emotions, and predicting how emotions are likely to change in different situations. This dimension also includes understanding emotional subtle differences and contradictions, such as mixed feelings or ambivalence. For example, a healthcare professional might encounter a patient who expresses gratitude while simultaneously feeling fear about a diagnosis. Recognising this emotional complexity enables more empathetic and appropriate responses. Furthermore, emotional comprehension contributes to conflict resolution and negotiation by helping individuals anticipate emotional reactions and adapt accordingly (Salovey & Mayer, 1990).
4. **Regulation of Emotions**: Emotional regulation is arguably the most dynamic and behaviourally demanding of the four dimensions. It involves the ability to manage one's own emotional states as well as influence the emotions of others. Effective regulation promotes emotional stability, resilience under pressure, and constructive social interactions. For leaders, this could mean remaining calm during a crisis, de-escalating tense situations, or motivating a team through empathetic and encouraging communication. Regulation also plays a role in mental health, as the ability to process and manage negative emotions reduces the risk of burnout, anxiety, and impulsive behaviour (Salovey & Mayer, 1990).

Together, these components form a structured framework for understanding the role of emotional intelligence in cognition, behaviour, and interpersonal effectiveness.

The Salovey and Mayer model of Emotional Intelligence (EI) defines EI as a distinct psychological construct that plays a critical role in human functioning, particularly in

cognitive, social, and organisational contexts. A foundational assumption of the model is that emotions significantly influence reasoning, decision-making, and problem-solving by providing valuable feedback on environmental and social situations (Salovey & Mayer, 1990). Another core principle is that EI is separate from general intelligence (IQ). While IQ reflects analytical and logical reasoning abilities, EI encompasses the capacity to recognise, understand, manage, and use emotions constructively in oneself and others (Salovey & Mayer, 1990). EI is also regarded as a measurable and developable skill that can be enhanced through training, education, and experience (Mayer, Caruso, & Salovey, 2016). Moreover, individuals with high EI tend to build stronger interpersonal relationships by demonstrating emotional regulation, empathy, and conflict resolution skills (Salovey & Mayer, 1990). Finally, emotional intelligence is a key driver of leadership effectiveness, as it fosters self-awareness, collaboration, and improved organisational performance (Mintz & Stoller, 2014).

Despite its influence, the Salovey and Mayer model of Emotional Intelligence (EI) has faced several criticisms concerning its conceptual clarity, measurement validity, and practical applicability. One major concern is the conceptual ambiguity of EI, as it often overlaps with personality traits such as agreeableness and extraversion, challenging its status as a distinct form of intelligence (Matthews, Roberts, & Zeidner, 2004). Additionally, the model's primary assessment tool, the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) has been criticised for its reliance on self-reported data, which may introduce subjectivity and limit its validity in measuring EI as a cognitive ability (Petrides, 2011). Critics also argue that the model places excessive emphasis on cognition, neglecting the roles of intrinsic motivation and personality in shaping emotional competence (Zeidner, Matthews, & Roberts, 2009). Moreover, the model has been questioned for its limited cultural sensitivity, as emotional perception and regulation can differ significantly across societies, raising concerns about its global applicability (Gökçen *et al*., 2014). Finally, while EI is often linked to leadership

effectiveness, some scholars argue that factors such as strategic acumen and technical skills may play a more decisive role in leadership success (Antonakis, Ashkanasy, & Dasborough, 2009).

The Salovey and Mayer EI model emphasises emotional competencies as essential for effective physician leadership. By enhancing emotion perception, utilisation, understanding, and regulation, doctors can strengthen team dynamics, patient care, and healthcare system resilience. Research supports EI's role in medical leadership, with Mintz and Stoller (2014) highlighting its impact on adaptability, interpersonal management, and patient outcomes. The Salovey and Mayer (1990) model provides a structured and empirically supported framework that links emotional intelligence competencies to leadership behaviours. In the context of medical doctors, it supports the development of leadership training programmes that focus not just on technical expertise but also on emotional and relational skills; helps physicians navigate high-pressure environments, communicate effectively, and foster collaboration; it also allows for the assessment of emotional intelligence through measurable constructs, which can be correlated with leadership effectiveness indicators (e.g., team performance, patient satisfaction, staff retention).

Despite its value, criticisms regarding measurement, conceptual clarity, and cultural relevance persist (Zeidner, Matthews, & Roberts, 2009; Gökçen *et al.,* 2014). Refining EI assessments and exploring its broader applications are crucial for maximisng its impact in healthcare leadership. In sum, the model is foundational to understanding how and why emotionally intelligent doctors lead more effectively, and it offers a robust theoretical lens through which the study can analyse leadership dynamics in healthcare settings.

2.8.3 Goleman's Emotional Intelligence Theory

Daniel Goleman, an American psychologist, proposed the Emotional Intelligence Theory in 1995. According to Goleman, emotional intelligence refers to our ability to recognise and manage our own emotions, as well as recognise emotions in others and handle relationships accordingly. Goleman defined five areas of emotional intelligence: self-awareness, self-regulation, self-motivation, Empathy, and social skills. Self-awareness means identifying one's emotions and how they impact others, self-regulation means controlling impulses and adapting to change. Self-motivation emphasises an intrinsic motivation for success; Empathy means sharing the feelings of others, and social skills denote the ability to effectively handle relationships and conflict (Schlaegel & Taras, 2023). In leadership, EI can lead to strong relationships, effective conflict resolution and group unity. It allows leaders to build an emotional bond with team members, thus cultivating trust and allegiance.

According to Barton-Crosby (2022), several theoretical assumptions underpin the role of emotional intelligence (EI) in leadership and organisational effectiveness. First, emotions are seen as essential drivers of thought and decision-making processes. Rather than being disruptive, emotions can serve as catalysts that inform judgments and guide behaviour. Importantly, EI is not considered an innate trait; it can be developed over time through deliberate training and practice, making it an accessible skill for individuals at all levels. In leadership contexts, the ability to understand and regulate both personal emotions and those of others is regarded as a critical competency. Leaders who are attuned to their emotional signals are better positioned to inspire, motivate, and influence their teams effectively. High emotional intelligence contributes significantly to fostering strong interpersonal relationships, enhancing collaboration, and resolving conflicts constructively. Empathy, a core component of EI, is also emphasised as a vital soft skill. It involves the ability to understand and share the feelings of others, which is essential for meeting the emotional needs of team members and building a cohesive, supportive work environment. Ultimately, EI is closely linked to key

organisational outcomes, including improved performance, employee satisfaction, and retention.

Tyson (2023) presents several critiques of Emotional Intelligence (EI) theory, particularly regarding its conceptual clarity, distinctiveness, and practical application. One key issue is the lack of a universally accepted definition of EI, which creates ambiguity and makes the construct difficult to delineate clearly. This definitional vagueness is further complicated by its overlap with personality traits such as empathy and self-control, leading some scholars to question whether EI is truly a separate form of intelligence. Another major concern involves the tools used to measure EI. Many of these instruments have been criticised for their limited reliability and validity, raising doubts about the accuracy and consistency of EI assessments. Additionally, some critics argue that EI may not be as crucial to success as other factors like intelligence quotient (IQ) or technical competence. Overemphasising EI in leadership development may detract from the equally vital contributions of cognitive skills, strategic thinking, and professional experience to leadership effectiveness. Furthermore, the application of EI principles can be challenging in practice, especially across diverse organisational and cultural settings. These contextual differences can hinder the uniform implementation of EI-based strategies in global or multi-cultural environments.

In healthcare settings characterised by high emotional demands and constant stressors, medical doctors in leadership roles navigate complex team dynamics while ensuring patient-centered care. Emotional intelligence (EI) is a critical competency that enables leaders to manage stress, foster resilience, and build trust within their teams (Huai & Wang, 2024). Among the core components of EI, self-awareness is particularly relevant, as it allows leaders to recognise how their emotional states influence executive functioning, thereby maintaining composure and clarity in high-stakes situations (Shah, 2024). Complementing this, self-

regulation facilitates the ability to manage instinctive reactions and adapt flexibly to unforeseen challenges, a crucial skill in the unpredictable healthcare environment.

Empathy is equally vital, enabling leaders to understand and respond to the emotional needs of medical teams, particularly in high-pressure contexts that contribute to stress and burnout (Yousefi, Afrashteh, & Hasani, 2022). Empathetic leadership fosters a supportive work environment, reduces staff turnover, and enhances job satisfaction. Additionally, social skills play a pivotal role in conflict resolution and team cohesion, as effective communication and mediation strategies help mitigate workplace disputes and improve collaboration, ultimately enhancing patient care outcomes (Agyemang, 2023).

Intrinsic motivation further strengthens leadership effectiveness, as self-motivated leaders inspire their teams to maintain high standards of patient care despite operational challenges. By integrating EI into leadership practices, medical professionals enhance team cohesion, optimise staff well-being, and contribute to improved patient outcomes. Leaders who balance task-oriented goals with emotional intelligence can implement effective welfare systems while sustaining productivity.

2.8.4 Leader-Member Exchange (LMX) Theory

Leader-Member Exchange (LMX) theory, developed by George Graen and Fred Dansereau in 1975, is a leadership theory that emphasises the relationship between a leader and their individual followers. This theory initially called the Vertical Dyad Linkage (VDL) theory, focused on the dyadic relationships between leaders and subordinates as they influenced workplace outcomes (Lasiter, 2024). As this theory evolved, it was rebranded as LMX to acknowledge that the exchanges between leaders and followers are dynamic, impacting both individuals and organisations. The theory also investigates how leaders foster differential relations with subordinates, contrasting the relationships within-group versus out-group

members and studying how leader-member relations impact organisational performance and job satisfaction (Kumar & Gupta, 2023).

The utmost assumption of the Leader-Member Exchange (LMX) Theory is that leadership reflects the quality of dyadic relationships between a leader and subordinates. Differentiating from conventional leadership approaches, which assume that all subordinates are treated equally, LMX asserts that leaders establish different interactions with the constituents, resulting in members being grouped into in-groups and out-groups (Kibii & Kluchnikov, 2025). In contrast to the broader spectrum that characterises LMXs with out-group, the solid core homogeneity in the in-group is responsible for high-quality interpersonal exchanges marked by trust, mutual respect, and greater responsibility and accountability (Graen & Uhl-Bien, 1995), where out-group relationships tend to be roughed-out exchanges with limited degrees of trust, less frequent interaction and lower opportunities available (Gerstner & Day, 1997), making high-quality LMX exchanges associated with higher output performance, more commitment to the organisation and higher job satisfaction as opposed to low-quality exchanges that lead to more disengagement and higher turnover. In the healthcare sector, applying LMX dynamics is fundamental given the ever-increasing collaboration among doctors, nurses, and other staff (Dasgupta, 2024); fostering strong LMX relationships can create a more cohesive team environment in supporting emotional intelligence and leadership effectiveness. Given the positive impact of emotional intelligence on building high-quality LMX, skills such as empathy and interpersonal awareness become important factors for leadership effectiveness among medical practitioners.

Leader-Member Exchange (LMX) Theory, as articulated by Uhl-Bien and Maslyn (2022), is grounded in the assumption that leaders form differentiated relationships with each of their subordinates. These relationships are not uniform; rather, they vary in quality depending on

several factors. One of the core assumptions of the theory is that positive leader-member relationships contribute to improved organisational outcomes, highlighting the significance of relational dynamics in leadership effectiveness. Trust, mutual respect, and a sense of obligation are central to determining the quality of these relationships. Subordinates who fall into the "in-group" tend to receive greater support, access to resources, and developmental opportunities compared to those in the "out-group." This differentiation is often shaped by the leader's perception of a subordinate's competence, reliability, and work ethic. LMX relationships are not static; they evolve over time through ongoing interactions between leaders and subordinates. As the relationship matures, it can foster higher levels of organisational citizenship behaviours (OCBs) and enhance job satisfaction among employees.

Yuan and Zhang (2023) offer several critical perspectives on Leader-Member Exchange (LMX) Theory, highlighting limitations in its scope and practical application. A primary critique is that LMX is overly focused on dyadic (one-on-one) relationships between leaders and individual subordinates, often neglecting broader team dynamics. This narrow focus can lead to perceptions of favouritism, which may harm team cohesion and undermine the principles of fairness and equality within the workplace. Additionally, the theory offers limited guidance on how high-quality leader-member relationships should be developed and maintained. It describes the outcomes of such relationships but does not provide a framework for fostering them effectively. Another challenge lies in the subjective nature of relationship quality; its interpretation can vary widely, resulting in inconsistencies in how it is measured and evaluated across different studies. LMX Theory also falls short in addressing the influence of external organisational factors such as culture, structure, or policies on the formation and development of leader-member relationships. Furthermore, the selective inclusion of subordinates in the leader's "in-group" may raise ethical concerns, particularly when some individuals are intentionally excluded from receiving support or opportunities.

Emotional intelligence is a fundamental skill for leaders. Medical environments are high-stakes, with collaborative decision-making and the need for emotional resilience. By valuing these aspects of the leader-member exchange, leaders can create and foster high-quality leader-member exchanges through emotionally intelligent practices. When we think of hospitals, medical doctors take on leadership roles in the context of teams made up of multiple disciplines. Good management entails managing emotional responses, conflict resolution and staff motivation.

LMX Theory posits that emotionally intelligent leaders are more prone to develop in-group relationships, presenting their subordinates with avenues for professional growth, assistance, and feedback. In other words, a doctor-leader who can put themselves in the shoes of a nurse or a subordinate physician and relate to the personal struggles they might be experiencing will foster trust and cooperation, which in turn will lead to a better performance of their team and improved outcomes in patient care (Kumar & Gupta, 2023). On the other hand, leaders who lack emotional intelligence may be challenged to build connections, grouping subordinates into an out-group and resulting in lower morale and satisfaction on the job.

Likewise, LMX Theory emphasises the value of differential treatment in bringing about motivation and job performance. LMX's high quality also nurtures the relationship between leaders and followers; members experience a supportive environment and feel valued, and it encourages increased efforts beyond their formal roles. This is particularly true in healthcare settings where managing complex cases and emergencies relies on collaborative practices. The LMX framework also explains why emotionally intelligent leaders can decrease the risk of burnout and turnover by fostering strong interpersonal relationships (Danesh & Huber, 2022). In contrast, when LMX relationships are lacking trust, they can lead to frustration, disengagement, and a decrease in organisational commitment.

2.9 Theoretical Framework

Grounded in Daniel Goleman's Emotional Intelligence Theory, this research investigates the emotional intelligence of medical physicians and its influence on leadership effectiveness within hospitals in Benin City. The relevance of this framework to healthcare leadership highlights its importance in exploring the vital role that emotional intelligence plays in fostering effective management and enhancing patient outcomes. The challenges inherent in medical leadership necessitate that physicians not only lead teams but also navigate complex interpersonal dynamics and make critical decisions, often in high-pressure environments. Goleman's emotional intelligence model effectively addresses these demands by emphasising five key competencies: self-awareness, self-regulation, self-motivation, empathy, and social skills. Leaders who cultivate emotional intelligence are better equipped to enhance teamwork, reduce burnout, and ultimately improve patient outcomes, underscoring the vital role of emotionally aware leadership in the healthcare sector.

Emotional intelligence (EI) in leadership can result in harmonious relationships, successful dispute resolution, and group cohesion. It enables team members and leaders to form an emotional connection, which fosters loyalty and trust. In hospitals and other healthcare settings, emotional intelligence helps leaders better understand and control their own emotions as well as those of others. Therefore, emotional intelligence is an essential leadership skill that promotes team members' long-term success and wellbeing.

Goleman's approach provides a systematic and empirically validated method for assessing how emotional intelligence influences leadership effectiveness in hospital settings. This is

particularly important considering the diverse administrative and clinical challenges faced by the University of Benin Teaching Hospital (UBTH) and the Edo Specialist Hospital (ESH).

2.10 Empirical Review

Emotional Intelligence

Emerald Insight (2025) examined the effects of emotional intelligence (EI) and organisational communication on team effectiveness among Nigerian banks. The study aimed to investigate how EI and organisational communication influence perceived team effectiveness among bank employees in Nigeria. The researchers employed a quantitative approach, collecting data through structured questionnaires distributed to employees across various Nigerian banks. The data were analysed using statistical methods to assess the relationships between EI, organisational communication, and team effectiveness. The study found that both emotional intelligence and effective organisational communication significantly contribute to enhanced team effectiveness. Employees with higher levels of EI were better at understanding and managing emotions, leading to improved collaboration and performance. Additionally, clear and open communication within the organisation facilitated better teamwork and goal attainment. Based on the findings, the study recommended that Nigerian banks should invest in training programs focused on developing employees' emotional intelligence and communication skills. Such initiatives are expected to foster a more collaborative work environment, thereby enhancing overall team effectiveness.

Okhawere (2024) authored the article Academics' Response to Workplace Managerial Practices of Emotional Intelligence: Evidence from Nigeria. The study investigated academics' display of emotional intelligence and associated challenges as response to managerial practices of workplace emotional intelligence. The study utilised a qualitative

design with 20 face-to-face semi-structured interviews of non-managerial academics from the Faculty of Management Sciences. Data were analysed using thematic and content analysis. The study's outcome showed that communication barrier was the most recurring challenge that confronted both male and female academics. Also, poor awareness, demotivating organisational culture and practices, poor engaging leadership style and negative emotional culture were the additional challenges of emotional intelligence. The study makes its theoretical contribution by extending the understanding of EI among academics in universities.

Ehigie, Odunela, and Ehigie (2023) conducted a study titled Emotional intelligence and organisational communication in Perceived Teamwork Effectiveness among Bank Employees in Nigeria. The study aimed to investigate how emotional intelligence (EI) and organisational communication influence teamwork effectiveness among bank employees in Nigeria. The researchers conducted a cross-sectional survey involving 230 bank employees selected through multistage sampling. Participants completed a structured questionnaire designed to measure components of EI, perceptions of organisational communication effectiveness, and perceived teamwork effectiveness. The data were analysed using hierarchical regression to determine the predictive relationships among the variables. The study found positive relationships between perceived teamwork effectiveness and several EI components, including self-emotion appraisal, others' emotion appraisal, use of emotion, and regulation of emotion. Perceived organisational communication effectiveness was also positively related to teamwork effectiveness. Hierarchical regression analysis revealed that demographic factors such as age, gender, job status, and educational qualification collectively predicted teamwork effectiveness, with educational qualification being a significant individual contributor. When EI dimensions were included in the analysis, others' emotion appraisal, use of emotion, regulation of emotion, and organisational communication emerged as significant predictors of

teamwork effectiveness. The authors suggested that banks should consider educational qualifications when forming teams, as higher education levels were associated with better teamwork effectiveness. Additionally, they recommended that banks invest in regular training programs to enhance employees' communication skills and EI. These initiatives could help improve team interactions and overall effectiveness within the banking sector.

Obaideh (2022) conducted a study on Implication of Emotional Intelligence on Organisational Performance: A Study of Social Development Secretariat, Abuja, Nigeria, investigates the relationship between emotional intelligence (EI) and organisational performance within the social development secretariat in Abuja. The study utilised a descriptive survey design with a population of 175 employees of the social development secretariat, Abuja. 51 employees were selected through unspecified sampling techniques and utilised t-test statistical tool to evaluate the effect of emotional intelligence components on organisational performance. The study found that self-management, social awareness, and social skills significantly affect organisational performance. Additionally, EI positively influences organisational performance, highlighting the importance of emotional intelligence in enhancing workplace outcomes. The study recommended that employees develop strong social skills, particularly in communication and relationship-building, as these are essential for promoting a positive work environment and achieving organisational goals.

George, Okon, and Akaighe (2022) in their study Emotional intelligence and work engagement: A serial mediation model, examined the serial mediation effects of perceived organisational support (POS) and psychological capital (PsyCap) on the relationship between EI and work engagement. The study collected data from 528 public sector employees in Nigeria across three time point, and also employed the PROCESS macro with a bias-corrected bootstrapping method to test the serial mediation model. The findings show that EI

was positively related to work engagement. EI exerted an indirect effect on PsyCap via POS. The indirect effect of EI on work engagement was serially mediated by POS and PsyCap. The findings suggest that emotionally intelligent employees who perceive higher organisational support are more likely to enhance their psychological capital, leading to increased work engagement.

Zaman, Memon, Zaman, Khan, and Shaikh (2021), in their study Role of emotional intelligence in job performance of healthcare providers working in public sector hospitals in Pakistan, aimed to determine the association between emotional intelligence (EI) and job performance (JP) of health care providers (HCPs). Healthcare professionals from various hospitals were chosen for a cross-sectional study. The survey was conducted using a three-part questionnaire including the demographic profile, Wong and Law Emotional Intelligence (EI) Scale, and an individual work performance (JP) questionnaire. The relationship of predictor variables on JP was sought by applying Chi-square test and multiple regression analysis. The study's outcome revealed that about 43.3percent of the 50.8percent of participants who scored well on the EI scale also scored high on the JP scales. The remaining 7.5percent had an unsatisfactory JP. From the 22.8percent of respondents who also scored low on EI scales, about 20percent scored low on the JP scale. Significant relationship between EI and JP was found at a p-level of 0.05 (2 tailed). Emotional intelligence (B= 0.57, p-< 0.05) positively predicted job performance whereas difficulties faced while performing job (B=-0.81, p=<. 005), beds under supervision (B= 0.09, p=< 0.05), dual practice (B=-0.04, p=< 0.05) and weekly off days (B= 0.04, p< 0.05) have no significant effect on job performance. Participants who demonstrated high emotional intelligence (EI) on the WLEIS also exhibited strong JP, as reflected by elevated scores on the IWPQ scale. This suggests a positive association between EI and JP, indicating that increases in an individual's EI may contribute to enhanced professional effectiveness.

Sadiku, Olaleye, and Musa (2020) conducted a study titled Emotional Intelligence in Relationships. The study aimed to explore the role of emotional intelligence (EI) in fostering and maintaining healthy relationships. It sought to demonstrate how enhancing one's EI can lead to improved interpersonal connections and overall well-being. The authors conducted a comprehensive literature review, analysing existing research on emotional intelligence and its impact on various types of relationships, including friendships, romantic partnerships, and family dynamics. This approach allowed them to synthesise current knowledge and identify key themes related to EI in relational contexts. The study found that individuals with higher levels of emotional intelligence tend to experience more successful and satisfying relationships The study recommend incorporating emotional intelligence training into educational curricula and professional development programs to enhance relational skills. They suggest that such training can lead to better health outcomes, increased happiness, and stronger interpersonal bonds.

Demographic Factors and Emotional Intelligence

Thapa *et al.* (2024) in their study Analysing the link between emotional intelligence, education level, and quality of life in women of reproductive age, examined the relationship between EI, education level, and QoL among women in the reproductive health age group. A quantitative, cross-sectional study was conducted, involving a total sample of N = 104 participants. Self-administered questionnaires designed and validated for EI and QoL assessment, were employed. The study utilised structured instruments, such as the SF-12 questionnaire, known for their reliability. Data analysis involved descriptive statistics, regression analysis, and one-way ANOVA tests. The findings revealed that there is a moderate correlation between EI and QoL among the studied population. However, this relationship did not attain statistical significance. On the other hand, education level demonstrated a positive association with EI but did not exert a significant influence on QoL.

In conclusion, while EI did not exhibit a strong direct relationship with QoL, it remains a crucial skill for enhancing women's well-being. Also, education level plays a role in increasing EI, as it is a skill that can be learned and developed. Hence, interventions focusing on enhancing EI could potentially improve QoL among women. Further research and targeted interventions are recommended to empower women to experience a better QoL and overall well-being.

Cabello, Navarro-Bravo, Latorre, and Fernández-Berrocal (2014) in their study Ability of university-level education to prevent age-related decline in emotional intelligence, examined ability EI in 310 healthy adults ranging in age from 18 to 76 years using the Mayer–Salovey–Caruso Emotional Intelligence Test (MSCEIT). We found that older people had lower scores than younger people for total EI and for the EI branches of perceiving, facilitating, and understanding emotions, whereas age was not associated with the EI branch of managing emotions. We also found that educational history protects against this age-related EI decline by mediating the relationship between age and EI. In particular, the EI scores of older adults with a university education were higher than those of older adults with primary or secondary education, and similar to those of younger adults of any education level. These findings suggest that the cognitive reserve hypothesis, which states that individual differences in cognitive processes as a function of lifetime intellectual activities explain differential susceptibility to functional impairment in the presence of age-related changes and brain pathology, applies also to EI, and that education can help preserve cognitive-emotional structures during aging.

Ahmad, Bangash, and Khan (2009) conducted a study on emotional intelligence and gender differences. The study investigated Emotional Intelligence among male and female. The research sample was comprised of one hundred and sixty subjects (N = 160) who were

categorised in two groups. They were eighty males (n = 80) and eighty females (n = 80) from N.W.F.P. Snowball sampling technique was used to select subjects. Personal information sheet was used to obtain the demographic information. Emotional Quotient Inventory (EQ-i) was used to find out the level of emotional intelligence among the subjects. Gender difference on Emotional Quotient Inventory reveals that Males have high emotional intelligence as compare to females ($t=4.522$, $p<.01$).

Fariselli, Ghini, and Freedman (2008) conducted a study on Age and emotional intelligence. Six Seconds. The study's sample is composed of 405 American people between 22 and 70 years old. The data was analysed through a statistical method called Linear Regression to discover if Age predicts Emotional Intelligence. Using the Six Seconds' Emotional Intelligence Assessment (SEI), the study shows that older people are slightly more likely to be higher in emotional intelligence. The relationship is $r=.13$; ($p < .01$), indicating that emotional intelligence tends to increase with age. The finding suggests emotional intelligence is a developing ability; it is likely that accumulated life experiences contribute to EQ.

Relationship Management and Leadership Effectiveness

Sarimah and Fazrin (2024) examined Human Relationship Management to Enhance Organisational Performance through Effective Communication and Team Collaboration. The study explored the role of HRM in enhancing organisational performance by focusing on effective communication and team collaboration. The study employed a systematic literature review (SLR) approach, analysing relevant studies published between 2019 and 2024. Results highlighted a significant relationship between effective HRM practices and better organisational performance. The study suggested strong working relationships can improve performance and propose better organisational communication and cooperation strategies.

Okoro, Akpotu, and Asiyai (2024) examined the promotion of academic relationship leadership practice and its effect on lecturer productivity among public universities in Nigeria. The study was cross-sectional, covering Delta and Edo States, Nigeria and a sample of 676 academic staff. Using correlation analysis, it explored how academic relationship leadership relates to lecturer productivity. The results showed a statistically significant and positive correlation between these variables. The findings emphasised the need for academic leaders to develop a friendly atmosphere for better academic relationships and increased productivity. It recommended adapting situational, transformational and egalitarian management practices to manage various levels of the staff.

The study by White, Bledsoe, Hendricks, and Arroliga, (2019) on A leadership education framework addressing relationship management, burnout, and team trust, aimed to develop a leadership education framework designed to enhance relationship management skills, mitigate burnout, and improve team trust among healthcare professionals, particularly within medical training environments. The study described the implementation of a leadership development program that focuses on interactive sessions and training modules. These sessions are structured to build self-awareness, emotional intelligence, and effective communication, all aimed at fostering strong interpersonal relationships and trust in healthcare teams. The framework was implemented in a clinical setting to observe its impact. The study's outcome revealed that the leadership education framework showed promise in strengthening relationship management skills and increasing team trust. Participants reported enhanced understanding of interpersonal dynamics and noted a reduction in symptoms associated with burnout. The approach emphasised the importance of emotional intelligence and empathy in clinical leadership. In conclusion, intentional leadership education that emphasises relationship management is essential for reducing burnout and fostering trust within healthcare teams. The model proposed serves as a foundation for integrating

leadership training into medical education. Future training initiatives should continue to emphasise emotional intelligence and collaborative skills.

Self-Motivation and Leadership Effectiveness

Ned and Umesi (2023) in their study on Effective leadership and employee motivation for sustainable development, examined the intricate interplay between leadership approaches and their impact on employee motivation, highlighting the significance of fostering a synergistic relationship. Drawing on a comprehensive review of existing literature, this study unveils key leadership styles, such as transformational, transactional, and servant leadership, and their varying effects on intrinsic and extrinsic motivation factors. Furthermore, it explores the contextual factors that moderate the relationship between leadership and motivation, including organisational culture, industry type, and generational diversity. Through empirical insights and case studies, the study underscores the importance of aligning leadership strategies with the diverse needs and aspirations of the workforce. It emphasises the need for leaders to adopt a holistic approach that recognises the individuality of employees while aligning with the organisation's goals.

Chiemeka-Unogu (2020) conducted a study titled Effective Leadership and Motivation of University Employees in Nigeria. The aim was to examine how effective leadership influences the behaviour of employees in Nigerian universities. Grounded in a thorough examination of existing studies, the study posited that transformational leadership approach is suitable for universities because it encourages creativity and innovation and takes cognizance that the leader in addition to performing administrative roles maintains a role as a professional in education. The study established that effective leadership motivates employees in Nigerian universities. Providing such leadership, which inspires the workforce and enhances employee performance, is a crucial responsibility of leaders in achieving the

university's set objectives. It was suggested that leader relate with employees in order to understand their motives, drives and impulses to motivate.

Onwe, Abah, and Nwokwu, (2015) conducted a study titled Motivation as a Veritable Tool for Effective Leadership in the Nigerian Health Sector. The study aimed to examine the role of motivation in enhancing effective leadership within the Nigerian health sector, particularly in light of the sector's challenges despite significant government investment. Employing a content analytical approach, the researchers reviewed existing literature on the subject and conducted interviews with health personnel from various professional backgrounds. This mixed-method approach provided both theoretical insights and practical perspectives on the impact of motivation on leadership effectiveness in healthcare. The study revealed that the persistent challenges in Nigeria's health system are partly due to ineffective leadership and the inadequate application of motivational strategies by health managers. This deficiency has led to conflicts and power struggles within the sector, adversely affecting service delivery and employee morale. To address these issues, the study recommended integrating human resource management courses into medical education curricula to equip future health leaders with essential management skills. Additionally, they advocate for the establishment of forums where various labour unions within the health sector can collaboratively discuss and resolve on-going issues, fostering unity and a collective approach to problem-solving.

Empathy and Leadership Effectiveness

Muss, Tüxen, and Fürstenau, (2025) aimed to systematically consolidate and categorise the effects of empathetic leadership within organisations, addressing the lack of comprehensive synthesis in existing literature. The study adopted a systematic literature review, meticulously selecting 42 academic studies from five databases through a rigorous search process. They developed a concise category system to synthesise the effects of empathetic leaders in

organisational settings. The analysis identified nine categories summarising the effects of empathetic leadership; affect, attitudes, empathy, equity, interpersonal relationships, leadership practice, perception, performance, and well-being. The study recommended that organisations should engage in training programs to develop empathy-related skills, incorporate empathy assessments into recruitment and development, and foster a culture that values and rewards empathetic leadership practices.

Chibuzor (2024) conducted a study titled The Impact of Empathy Leadership in Nigeria's Banking System, which empirically examined how empathy-driven leadership influences key performance indicators within the Nigerian banking sector. The research employed a descriptive survey design and focused on commercial banks located in Lagos, Abuja, and Port Harcourt. A stratified random sampling technique was used to ensure diverse representation across various roles within the banking institutions. A total of 250 respondents comprising 150 employees and 100 managers participated in the study. Data were collected through structured questionnaires and semi-structured interviews, and analysed using descriptive statistics, correlation, and regression analysis with the aid of SPSS software. The findings revealed that empathetic leadership significantly enhances employee morale, job satisfaction, and retention. It also contributes positively to customer satisfaction, as leaders who demonstrate empathy are better able to connect with both staff and clients, leading to improved service delivery and client loyalty. Moreover, a positive correlation was observed between empathy in leadership and organisational productivity. However, the study also identified several barriers to the adoption of empathetic leadership in the Nigerian banking sector. These included rigid organisational hierarchies, limited emotional intelligence training for leaders, and the pressure on managers to focus on short-term financial performance rather than long-term human development. In light of these findings, the study recommended that; the service system of workers by the management of the Commercial banks in Nigeria,

should be such that centres and emphasises on consistency, and equity, matching wages and salaries with workers actual contributions and efforts channeled toward the achievement of organisational goals and objectives. Additionally, empathy training should be integrated into leadership development programs within the banking sector. It also called for human resource policies that recognise and reward emotional intelligence and interpersonal skills. Furthermore, the study emphasised the need to redefine performance appraisal metrics to include behavioural and emotional competencies alongside financial results.

A study by Zivkovic (2022) on Empathy in leadership: How it enhances effectiveness, aimed to develop a multi-level conceptual framework of the impact of empathy on leadership effectiveness in the field of business management. A systematic literature review based on Web of Science and Scopus databases was conducted. The content analysis method was used to analyse and synthesise qualitative data. The study results show that empathy enhances leadership effectiveness through its extensive effects on the level of leader, followers, and organisation. It contributes to raising self-awareness, developing listening and mentoring skills, and enhancing the relationships of the leader as an individual. On the followers' level, empathy in leadership is associated with improving well-being, empowering, and providing role models in developing emotional intelligence. It enhances organisational effectiveness by inspiring diversity and inclusion, increasing employee engagement and retention, and creating a culture of responsibility, care, and innovation. These findings have practical implications for leadership and organisational development specialists, human resources managers, and business leaders.

Self-Awareness and Leadership Effectiveness

Kohn (2024) conducted a study on Reflection and self-awareness: Cultivating effective leadership mindset, in Elevating Leadership. The aim was to explore the role of reflection and

self-awareness in developing an effective leadership mindset. The study employed a qualitative approach, analysing existing literature and theoretical frameworks related to self-awareness and reflective practices in leadership development. The findings revealed that engaging in reflective practices enhances leaders' self-awareness, leading to improved decision-making, emotional intelligence, and adaptability. The study recommends that organisations should integrate structured reflection and self-awareness exercises into their leadership development programs to cultivate more effective leaders.

Paulino (2023) carried out a study on Lead Self to Lead Others: Intersection of Courage, Self-Awareness, and Leadership Communication for Self-Leadership and Development. The aim was to explore how courage, self-awareness, and leadership communication intersect to foster self-leadership and development. The research employs a qualitative approach, analysing existing literature and theoretical frameworks related to self-awareness, courage, and leadership communication. It integrates concepts from behaviour change models, motivation theories, and strategies for cultivating positive organisational cultures. The study finds that self-leadership, grounded in self-awareness and courage, is essential for leaders to effectively manage themselves and influence organisational culture positively. The study recommends that organisations incorporate self-leadership development programs focusing on enhancing self-awareness and courageous communication skills among leaders. By doing so, leaders can better align with organisational values; foster positive workplace cultures, and mitigates issues like toxic environments and employee disengagement.

Thapa, Akashe, Palladıno, and Aryal, (2023) conducted a study on the Impact of self-awareness life skill on effective leadership in the digital era. The aim was to investigate the influence of self-awareness life skills on leadership effectiveness in the certain enterprises in the Kathmandu in the digital era and also associated socio-demographic variables on

leadership effectiveness. The study included a quantitative research design and convenience sampling techniques. 429 managers/leaders from particular enterprises in the Kathmandu participated in the survey. The identities of the chosen enterprises were not publicly disclosed, though. Self-awareness is measured by the Cronbach Alpha at.747, while leadership effectiveness is measured at.801. A content validity test and a factor analysis test were also carried out, with the results recommending a research study. Descriptive analysis and regression analysis were applied to test the hypothesis. The study found that life-skill self-awareness and leadership effectiveness in the digital age were impacted. Agreeing to the regression model, the R-value is.477, the R-square is.227, and the adjusted R-square value is.226. A positive correlation between successful leadership and people's age, marital status, experience, and leadership training was discovered to be significant. Enterprise authority should be developed with a culture of self-awareness skills in order to increase empowerment, engagement, and enthusiasm at work. Evidence suggests that it can be developed.

Steffens et al. (2021) examined how two aspects of leader self-awareness namely, leader awareness of their (a) personal identity and (b) collective (group) identity influence perceptions of authentic leadership and leader endorsement. The study recruited a sample of 529 participants residing in the US via CrowdFlower. Failed attention checks (n = 90) resulted in a final sample of 439, as described in more detail below. Participants' mean age was 32.13 years (SD = 11.39; 6 did not specify), with 222 (50.6percent) identifying as female and five not specifying their gender. Participants were randomly assigned to one of four experimental conditions of a 2 (personal self-awareness: low vs. high) X 2 (collective self-awareness: low vs. high). Study 1 provides experimental evidence that (a) leader personal self-awareness has a somewhat stronger impact on perceptions of their authentic leadership than leader collective self-awareness, but that (b) leader collective self-awareness has a stronger impact on leader endorsement. These findings are replicated in a second field study

with political leaders and in a third experimental study with workplace supervisors. Results suggest that for leaders to be seen as authentic *and* gain support, they need to be seen as aware not only of who they are as individuals, but also of who they are as members of the collective they seek to lead.

Self-Regulation and Leadership Effectiveness

Welbeck, Amponsah-Bediako, Welbeck, Amoani, and Tetteh (2025) investigated the effect of self-awareness and self-regulation on the job performance of managers of SMEs. The study also examines the mediating role of thought leadership (THL) in the relationship between self-awareness and self-regulation on the job performance of managers of SMEs. Data was collected from 500 middle-level managers of SMEs. However, after screening the data, 453 were suitable for data analysis. The study used a cross-sectional survey design to collect data, which was analysed using structural equation modelling (SEM) and statistical package for social science (SPSS) version 27. The study's sample size of 453 managers was selected through simple stratified sampling. The findings indicate that self-awareness and self-regulation are positively related to the job performance of managers of SMEs. THL mediates the relationship between self-awareness and self-regulation on job performance, with a stronger mediating effect on managers with higher levels of THL. These findings suggest that developing self-awareness, self-regulation and THL skills may lead to improved SME managers' performance. Embracing thought leadership stands as a progressive shift from traditional leadership styles, fostering collaboration and elevating job performance.

Torrence and Connelly (2019) conducted a study on Emotion regulation tendencies and leadership performance: An examination of cognitive and behavioural regulation strategies. The study aimed to examine individual tendencies in four emotion regulation strategies,

situation modification, attentional deployment, cognitive reappraisal, and suppression, and their association with leadership task performance. A total of 226 undergraduates (77percent female, 23percent male) from a large, south-western university participated in this study for course credit during fall 2015. Participants were recruited using a university-based online research website and were required to be 18 years of age or older to participate. On average, participants were 18.8 years old (SD = 1.40) and had 2.28 years of work experience. 13percent (n = 26) of participants had no working experience, but of those reporting work experience only 5percent had <6 months of experience. Participants reported several types of work experience as well with ~56percent having worked in service/retail industries, 8percent in administrative roles, and 7percent in teaching and coaching roles. 30 participants were dropped from the final analyses for careless responding (i.e., failing bogus items; Meade and Craig, 2012) or failing to complete the relevant survey measures. The final sample consisted of 196 students. Participants completed the survey using an online-based data collection system. Results provide partial support, suggesting that situation modification and cognitive reappraisal are positively related to leadership performance, whereas suppression was found to relate negatively with performance. Emotion regulation strategies were also found to account for variance in leadership performance above and beyond other emotion-related individual differences. Taken together, these findings suggest that certain regulation processes may be more functional for leaders and extend emotion regulation research in the leadership domain.

Yeow and Martin (2013) conducted a study on the role of self-regulation in developing leaders: A longitudinal field experiment. The aim was to examine a leader self-regulation intervention in teams engaged in a Business Strategy Module (BSM) of a University course. The BSM, which is an integral part of the degree programme, involved teams of four or five individuals, under the direction of a leader, working on a (simulated) car manufacturing task

over a period of 24 weeks. Various aspects of team performance contributed towards module assessment. All leaders received multi-source feedback of leader task-relevant capabilities (from the leader, followers and module tutor). Leaders were randomly allocated into a self-regulation intervention (15 leaders, 46 followers) or control (25 leaders, 109 followers) conditions. The intervention, which was run by an independent coach, was designed to improve leaders' use of self-regulatory processes to aid the development of task-relevant leadership competencies. Survey data was collected from the leaders and followers (on three occasions: pre- and two post-test intervention), team financial performance (three occasions: post-test) and a final team report (post-test). The leader self-regulation intervention led to increased followers' ratings of leader's effectiveness, higher team financial performance and higher final team grade compared to the control (non-intervention) condition. Furthermore, the benefits of the self-regulation intervention were mediated by leaders' attaining task-relevant competencies.

Leadership Effectiveness

Ahmed (2024) conducts an analysis in his article titled Leadership, Team Building, Emotional Intelligence, and Harmonious Working Relationships for the Economic Prosperity of Niger State. The focus is on the interconnected roles of leadership, team building, emotional intelligence, and harmonious working relationships. The study employs a methodology based on secondary sources, including journals, relevant textbooks, internet materials, and both published and unpublished works. The findings indicate that the leadership orientation of the political class can lead to improved governance, which is achieved through proper democratic participation. Therefore, the study recommends that leadership in Niger State should adopt a strategic approach that encompasses a broad perspective, ensuring informed decision-making and effective implementation of developmental policies and programs aimed at achieving economic prosperity.

Andargie, Negash, geto, and Atnafu (2024) in their study Healthcare leadership practice and associated factors among primary healthcare managers in East Gojam Zone, Northwest Ethiopia: a mixed method study, aimed to assess the level of healthcare leadership practices among primary healthcare managers and identify factors influencing these practices. Facility-based cross-sectional study supplemented with qualitative inquiry was conducted in the East Gojam zone among 532 primary healthcare managers selected by a two-stage stratified random sampling technique. A pre-tested and structured self-administered questionnaire was used to collect the quantitative data. Data were entered into Epi-Data version 4.6 and exported into Stata version 14.0 for analysis. Multiple linear regression analysis was used to identify factors associated with healthcare leadership practice, and statistical significance was declared at a p-value< 0.05 with a 95percent CI. Six key informant interviews were conducted, and thematic analysis was used for the qualitative study. The study revealed that only 45.7percent of primary healthcare managers exhibited effective practices, indicating a relatively low prevalence in the region. Limited evidence on healthcare leadership practice and associated factors among primary healthcare managers in the study area and at large in Ethiopia.

According to Somieari-Pepple (2024) in the study Leadership Attributes Ideal for Improving Personnel Management Effectiveness in Nigerian Public Universities, the ideal leadership attributes were key in improving personnel management effectiveness in Nigerian public universities. To identify the key leadership qualities that improves effectiveness in personnel management. Theories Referenced Situational and Synthesis theories were the backbone which focused on stakeholder decision-making, problem-solving, communication, accountability, emotional intelligence and decisiveness. The approach was a literature review, and effective communication and leadership decision-making were identified as critical to establishing transparency and trust among the staff. The study concluded that leadership

training and performance evaluation systems are critical for improving personnel management and recommended effective communication channels to improve transparency and collaboration among university staff.

Popoola and Zaid (2015) conducted a study titled Effective Leadership, Self-Efficacy, Emotional Intelligence, Information Acquisition and Utilisation of Managers in Packaging Companies in Nigeria. The study aimed to investigate how self-efficacy, emotional intelligence, information acquisition, and information utilisation influence effective leadership among managers in Nigerian packaging companies. Employing a survey research design, the researchers utilized a total enumeration technique to include all 450 managers from selected packaging companies. Data were collected through questionnaires, with 400 managers responding, resulting in an 88.8percent response rate. The collected data were analysed using simple correlation and hierarchical regression analyses. The analysis revealed significant positive correlations between self-efficacy, emotional intelligence, information acquisition, information utilisation, and effective leadership. Furthermore, these factors were identified as significant determinants of effective leadership among the surveyed managers. The study recommended that management boards of packaging companies should encourage managers to acquire and utilise relevant information to enhance leadership effectiveness. Additionally, providing training focused on self-efficacy and emotional intelligence was suggested to further develop effective leadership skills among managers.

Emotional Intelligence and Leadership Effectiveness

Bagiwa (2024) mixed-methods study focused on emotional intelligence (EI) and its relationship with leadership effectiveness of secondary school principals in North Central Nigeria. The research gathered data from questionnaires and interviews conducted with 150 administrators to understand the role EI plays on school climate. There was a significant

positive relationship ($r = 0.68$, $p < 0.01$) between the perceived EI scores of the uppers and their staff rating them as effective leaders. In High EI Schools, there was a 40percent decrease in disciplinary actions among students and a 22percent increase in academic achievement. These results were ascribed to better conflict management and more positive relations between teachers and students which were said to be caused by the emotionally intelligent leaders. Bagiwa underscored the effects of culture as a driving factor in the educational system of Nigeria, suggesting that leaders in education be required to undergo emotional intelligence tests prior to being appointed to positions of authority. In addition, the study suggested that programmes for training EI should be designed specific to certain areas because of specific problems that Nigerian schools face. Bagiwa argued that incorporating EI into instruction in education leadership will result in improvement of the psychosocial climate of the institutions, thus yielding positive behavioural and academic achievement among learners.

Dooshima (2024) conducted a study on The Role of Emotional Intelligence in Effective Leadership and Its Impact on Team Performance. The study aimed to investigate the impact of emotional intelligence on leadership effectiveness at the University of Ibadan, Nigeria. It focused on four components of emotional intelligence: self-emotion appraisal, others' emotion appraisal, regulation of emotions, and use of emotions. The research employed a quantitative approach, utilising surveys to collect data from employees at the University of Ibadan. The data were analysed using regression analysis to determine the relationship between emotional intelligence and leadership effectiveness. The study found a strong positive and significant relationship between emotional intelligence and leadership effectiveness. Specifically, self-emotion appraisal and use of emotions were identified as the most influential factors impacting leadership effectiveness. Conversely, regulation of emotions was found to be the least influential factor. The findings further indicated that the

use of emotions accounts for a significant portion of the variance in leadership effectiveness. Based on the findings, the study recommended that organisations, particularly educational institutions like the University of Ibadan, should incorporate emotional intelligence training into their leadership development programs. Emphasising self-emotion appraisal and effective use of emotions can enhance leadership effectiveness and, consequently, improve team performance.

Aimee (2024) conducted a study on the Role of Emotional Intelligence in Leadership Effectiveness in Rwanda by evaluated the impact of emotional intelligence on leadership effectiveness. Using a desk study methodology, the research emphasised that emotional intelligence greatly influences leadership, as it helps leaders manage their emotions and influence others. The study further concluded that emotionally intelligent leaders can communicate effectively, manage conflicts, and make better and wiser decisions, which translates to a healthy organisational climate. It advised combining emotional intelligence evaluations with leadership development programs to improve leadership results.

Koutsioumpa (2023) authored the scoping review on Development of Emotional Intelligence and Leadership Aspects Applied in Health Professionals, the review aimed to examine the significance and progression of emotional intelligence (EI) concerning leadership qualities, specifically focusing on health professionals. The study conducted a scoping review, systematically analysing existing literature to assess the development of EI and its application to leadership in healthcare settings. The review found that enhancing EI among health professionals leads to improved leadership effectiveness, increased job satisfaction, and higher quality of patient care. The study recommended integrating EI training into healthcare education and professional development programs to cultivate leadership skills and improve healthcare outcomes.

Saferdin, Jani, Jislan, and Rosidi (2023) looked into The Relationships between Emotional Intelligence and Leadership Effectiveness in Malaysian Public Sectors. In this particular research, the aim was to assess the norm of Emotional Intelligence (EI) in administrative leadership and selected 50 leaders for the evaluation who had five or more years of experience. Students completed self-reported EI measures while the researchers collected data on their leadership performance using standardised tests. Results suggest a strong relationship existed ($r = 0.67$, $p < 0.001$), where social and emotional skills explained 45percent of the variance in effectiveness. For example, leaders high in "emotion appraisal" managed to reduce departmental complaints by 30percent in six months. The research study gave recommendations that training concerning EI could solve the dysfunctions of public administration in Malaysia and suggested that EI evaluations be made compulsory on promotion bars and peer-reviewed EI competency models.

Saha et al. (2023) examined Emotional Intelligence and Leadership, the study conducted a comprehensive bibliometric analysis of the role of emotional intelligence (EI) in leadership over the last quarter century. Utilising bibliometric tools to investigate large datasets from Scopus and Web of Science, the authors indicated that EI is a central leadership competency that can be developed to increase leadership effectiveness. The study results highlight the critical role of EI in building resilience, empathy, and self-awareness in leaders, qualities that are essential for navigating the complexities of modern workplaces. The findings of the study imply that EI is critical to effective leadership. Present research suggests organisations should consider offering training programmes on EI and illustrate the importance of aligning human resource management strategies with organisational goals.

Issah and Braimah (2022) did a study on Emotional Intelligence and Interest in Leadership, Moderating Role of Age and Gender among undergraduate Political Science Education Major

Students in a Public University in Ghana. The Aim was to examine the relationship between emotional interest and interest in leadership, moderating role of age, and gender among undergraduate political science students in a university in Ghana. The authors employed a cross-sectional survey design, and data was collected through an online survey from 165 undergraduate students. The study found a significant positive correlation between emotional intelligence and interest in leadership. Additionally, age and gender do not moderate the relationship between emotional intelligence and interest in leadership. The study focuses exclusively on leadership in education, which limits its generalisability and therefore advocates for additional research to explore the impact of EI on leadership interest across various disciplines and educational contexts, to generalise findings and develop comprehensive strategies. The study therefore suggests incorporating EI training into the university curriculum to enhance students' leadership interest and capabilities.

Onabote (2021) investigated the relationship between emotional intelligence (EI) and leadership performance in selected Fast-Moving Consumer Goods (FMCG) companies in Lagos State, Nigeria. A correlational research design was employed, involving 235 participants selected through stratified sampling. Data were collected using the Work Profile EI Questionnaire to assess emotional intelligence and a leadership performance scale questionnaire to evaluate leadership performance. Pearson correlation and linear regression analyses were conducted to test the hypotheses. The analysis revealed significant positive relationships between all seven dimensions of emotional intelligence and leadership performance. Notably, intuition had the strongest correlation ($r = .451$, $R^2 = .203$, $p < 0.01$), while self-awareness showed the least ($r = .295$, $R^2 = .087$, $p < 0.01$). These results suggest that higher levels of emotional intelligence are associated with better leadership performance in the studied organisations. The study recommends that FMCG companies prioritise the recruitment and training of leaders with strong emotional intelligence competencies.

Implementing targeted EI development programs could enhance leadership effectiveness, thereby promoting organisational growth and improved employee productivity.

The study by Oyewunmi, Oyewunmi, Ojo, and Oludayo, (2015) on Leaders' Emotional Intelligence and Employee's Performance: A Case in Nigeria's Public Healthcare Sector, explored the impact of leaders' emotional intelligence on employees' performance within Nigeria's public healthcare sector and also provides perspective on the contextual underpinnings. The population was 1000 (staff of the Federal Neuro-Psychiatric Hospital). Two hundred questionnaires were distributed amongst fifty (50) leaders, who are professionals in supervisory positions, and one hundred and fifty (150) employees (subordinates). The Bar-On Emotional Quotient Inventory (Bar-On, 1997) was adapted to test leaders' emotional intelligence competencies in five (5) dimensions: Inter-personal, Intra-personal, General mood, Adaptability and Stress management. It adopts the survey method and randomly samples leaders and employees within the sector. Data analyses using the t-test and hierarchical regression analytical tool, reveals a significant correlation between the emotional intelligence of leaders and the performance of employees. The study finds that the task of leadership, coupled with the multiple challenges within Nigeria's public healthcare sector, requires a reasonable measure of emotional intelligence in order to facilitate employees' performance.

2.10.1 Summary of the Empirical Study

S/N	Author and year of publication	Location/ Population of Study	Title	Objectives	Methodology	Findings	Gap of the study
1	Emerald Insight (2025)	Nigeria/ Banking Sector	Effects of Emotional Intelligence and Organisational Communication on Team Effectiveness	To explore the effects of EI and organisational communication on team effectiveness	Surveys and statistical analyses	Regulation of emotions and open communication enhance team effectiveness	The study did not examine the impact of cultural differences on team dynamics within Nigerian banks.
2	Okhawere (2024)	Nigeria /Educational Sector	Academics; Response to workplace Managerial Practices of Emotional Intelligence: Evidence from Nigeria	The study investigated academics' display of emotional intelligence and associated challenges as response to managerial practices of workplace emotional intelligence	Utilised a qualitative design with 20 face-to-face semi-structured interviews of non-managerial academics from the Faculty of Management Sciences. Data were analysed using thematic and content analysis	The study's outcome showed that communication barrier was the most recurring challenge that confronted both male and female academics.	the study is limited by generalisability since its investigation was restricted to only one university in Nigeria
3	Ehigie, Odunela, and Ehigie (2023)	Nigeria / Banking Sector	Emotional intelligence and organisational communication in Perceived Teamwork Effectiveness Among Bank Employees in	To examine emotional intelligence and organisational communication as predictors of teamwork effectiveness among bank employees in	A cross-sectional survey design was employed, involving 230 bank employees selected through multistage sampling	Positive correlations were found between perceived teamwork effectiveness and all EI	The study suggests that future research could explore these relationships in other sectors

S/N	Author and year of publication	Location/ Population of Study	Title	Objectives	Methodology	Findings	Gap of the study
			Nigeria	Nigeria		components, as well as organisational communication effectiveness	beyond banking to enhance the generalisability of the findings
4	Obaide (2022)	Nigeria / Public Sector	Implication of Emotional Intelligence on Organisational Performance: A Study of Social Development Secretariat, Abuja, Nigeria	To examine the implications of emotional intelligence on organisational performance within the social development secretariat in Abuja	The study utilised a mixed-meth0d approach, combining quantitative surveys and qualitative interviews with medical practitioners	Emotional intelligence positively influences organisational performance, highlighting the importance of EI in enhancing workplace outcomes	Limited research on the impact of EI on organisational performance within public sector organisations in Nigeria, particularly focusing on the social development secretariat in Abuja
5	George, Okon, and Akaighe, (2022)	Nigeria / Public Sector	Emotional intelligence and work engagement: A serial mediation model.	To examine the serial mediation effects of perceived organisational support (POS) and psychological capital (PsyCap) on the relationship between EI and work engagement	Data were collected at three points of measurement from the public sector in Nigeria. The authors tested their serial mediation model with a sample of 528 public sector	A positive relationship between EI and work engagement. Also, EI indirectly influenced PsyCap through	Gaps exist in the role of contextual factor (i.e. perceived organisational support, POS) and personal resource (i.e. psychological

S/N	Author and year of publication	Location/ Population of Study	Title	Objectives	Methodology	Findings	Gap of the study
					employees using PROCESS macro with a bias-corrected bootstrapping method	POS	capital, PsyCap) in investigating employees' EI.
6	Zaman, Memon, Zaman, Khan, and Shaikh (2021)	Pakistan / Health Sector	Role of emotional intelligence in job performance of healthcare providers working in public sector hospitals in Pakistan	to determine the association between emotional intelligence (EI) and job performance (JP) of health care providers (HCPs)	Healthcare professionals from various hospitals were chosen for a cross-sectional study. The survey was conducted using a three-part questionnaire including the demographic profile	The study's outcome revealed that about 43.3percent of the 50.8percent of participants who scored well on the EI scale also scored high on the JP scales.	Limited empirical research examining the direct relationship between EI and JP specifically among healthcare providers in Pakistan's public sector hospitals
7	Sadiku, Olaleye, and Musa (2020)	Nigeria /Conceptual Paper	Emotional Intelligence in Relationships	To explore the role of emotional intelligence in fostering and maintaining healthy relationships	Literature review, analysing existing research on EI and its impact on various types of relationships	Individuals with higher levels of EI tend to experience more successful and satisfying relationships	The study did not present a research gap
8	Thapa et al. (2024)	Nepal/ Public Health	Analysing the link between emotional intelligence, education level, and	To examine the relationship between EI, education level, and QoL among women in	A quantitative, cross-sectional study was conducted, involving a total sample of N =	The findings revealed that there is a moderate	Limited focus on emotional intelligence among women

S/N	Author and year of publication	Location/ Population of Study	Title	Objectives	Methodology	Findings	Gap of the study
			quality of life in women of reproductive age	the reproductive health age group	104 participants.	correlation between EI and QoL among the studied population	in reproductive age in low- and middle-income countries, especially Nepal.
9	Cabello, Navarro-Bravo, Latorre, and Fernández-Berrocal (2014)	Spain / Educational Sector	Ability of university-level education to prevent age-related decline in emotional intelligence	To examine whether university-level education can prevent or moderate age-related declines in emotional intelligence (EI)	Participants involved 310 Spanish adults aged between 18 and 76 years, using the Mayer–Salovey–Caruso Emotional Intelligence Test (MSCEIT)	Participants with university-level education showed higher EI scores across all age groups**.** Also, EI abilities generally decline with age, particularly in understanding and managing emotions	The study was conducted within a single cultural context (Spain), limiting generalisability
10	Ahmad, Bangash, and Khan (2009)	Pakistan / Educational Sector	Emotional Intelligence and Gender Differences.	Investigate Emotional Intelligence among male and female University Students	160 University students (80 males and 80 females) from Pakistan. Snowball sampling technique was used to select subjects.	Gender difference on Emotional Quotient Inventory reveals that Males have high emotional intelligence as compare to females	The study focused on gender and educational setting (university students), limiting generalisability to the broader

S/N	Author and year of publication	Location/ Population of Study	Title	Objectives	Methodology	Findings	Gap of the study
						(t=4.522, p<.01)	population.
11	Fariselli, Ghini, and Freedman (2008)	United States / Workplace	Age and emotional intelligence. Six Seconds	The primary objective was to Examine the relationship between age and emotional intelligence (EQ), specifically investigating whether EQ increases with age	The study sampled 405 American people between 22 and 70 years old. The data was analysed using Linear Regression to discover if Age predicts Emotional Intelligence.	The study's outcome revealed that older people are slightly more likely to be higher in emotional intelligence.	While popular belief suggests that emotional intelligence improves with age, empirical evidence is limited and often inconclusive. Focused solely on American adults thereby limiting its generalisability of the findings to other cultural or demographic groups.
12	Sarimah & Fazrin (2024)	Indonesia / Conceptual Paper	Human RelationshipManagement to Enhance Organisational Performance through Effective Communication and Team Collaboration	To explore the role of human relationship management (HRM) in enhancing organisational performance by focusing on effective communication and team collaboration	A systematic literature review (SLT) approach, analysing relevant studies published between 2019 and 2024	Strong working relationships and effective communication improve organisational performance.	The study's limitation lies in its reliance on existing literature from a limited timeframe, suggesting the need for further

S/N	Author and year of publication	Location/ Population of Study	Title	Objectives	Methodology	Findings	Gap of the study
							empirical testing across various organisational contexts
13	Okoro, Akpotu, & Asiyai (2024)	Nigeria / Educational Sector	Promotion of Academic Relationship Leadership Practice and Its Effect on Lecturer Productivity	To examine the relationship between academic relationship leadership and lecturer productivity.	Cross-sectional study with correlation analysis involving 676 academic staff in Delta and Edo States.	Positive correlation between academic relationship leadership and lecturer productivity.	The study did not explore the role of non-academic staff in enhancing overall institutional performance.
14	White, Bledsoe, Hendricks, and Arroliga, (2019)	United States / Health Sector	A leadership education framework addressing relationship management, burnout, and team trust	Aimed to develop a leadership education framework that specifically addresses relationship management, burnout, and team trust among healthcare professionals	Conceptual framework development. The study propose a leadership education framework centered on resonant leadership, which emphasizes emotional and social intelligence	The study's outcome revealed that the leadership education framework showed promise in strengthening relationship management skills and increasing team trust.	Lack of Collaborative Leadership Training
15	Ned and Umesi (2023)	Not Specified / Conceptual Paper	Effective leadership and employee motivation for sustainable	Examine the intricate interplay between leadership approaches and their impact on	The study's methodology is built upon a comprehensive	the study underscores the importance of aligning	Limited Exploration of Leadership Styles

S/N	Author and year of publication	Location/ Population of Study	Title	Objectives	Methodology	Findings	Gap of the study
			development	employee motivation, highlighting the significance of fostering a synergistic relationship.	review of existing literature	leadership strategies with the diverse needs and aspirations of the workforce	
16	Chiemeka-Unogu (2020)	Nigeria / Educational Sector	Effective Leadership and Motivation of University Employees in Nigeria	To examine how effective leadership influences the behaviour of employees in Nigerian universities	The study's methodology is built upon a comprehensive review of existing research.	The study established that effective leadership motivates employees in Nigerian universities	Narrow focus on leadership styles as the study only considered transformational and transactional leadership styles
17	Onwe, Abah, Nwokwu, & Paul (2015)	Nigeria / Health Sector	Motivation as a veritable tool for effective leadership in the Nigerian Health Sector	To examine the place of motivation in enhancing effective leadership in the Nigerian health sector.	The study adopted content analytical method to review the works of concerned scholars on the subject matter.	The study revealed that the current ugly situation in the Nigerian health system is partly a consequence of poor leadership as well as inappropriate application of motivational schemes by health managers	The absence of human resource management training in medical education
18	Muss, Tuxen, and Furstenau,	Not Applicable (Systematic	Empathy in Leadership: A	To systematically consolidate and	A Systematic literature review,	The review identified nine	While the review

S/N	Author and year of publication	Location/ Population of Study	Title	Objectives	Methodology	Findings	Gap of the study
	(2025)	Literature Review) / Conceptual Paper	systematic literature review on the effects of empathetic leaders in organisation	categorise the effects of empathetic leaders in organisations by reviewing existing academic literature	analysing 42 academic studies selected from five databases using a rigorous search process	categories summarising the effects of empathic leadership	consolidates existing knowledge, it indicates a need for empirical studies to explore the long-term effects of empathetic leadership on organisational success
19	Chibuzor (2024)	Nigeria / Banking Sector	The Impact of Empathy Leadership in Nigeria's Banking System	To examine how empathy-driven leadership influences key performance indicators within the Nigerian banking sector	Employed a descriptive survey design focusing on commercial banks located in Lagos, Abuja, and Port-Harcourt. A stratified random sampling technique was used. Also, a total of 250 respondents comprising 150 employees and 100 managers	The findings revealed that empathetic leadership significantly enhances employee morale, job satisfaction, and retention	Absence of longitudinal data on the financial impact of empathetic leadership. There is also a lack of attention to rural banking contexts
20	Zivkovic (2022)	Croatia (Southeast	Empathy in leadership: How it	To develop a multi-level conceptual	A systematic literature review	The study results show that	The lack of studies

S/N	Author and year of publication	Location/ Population of Study	Title	Objectives	Methodology	Findings	Gap of the study
		Europe) / Business Management	enhances effectiveness	framework of the impact of empathy on leadership effectiveness in the field of business management.	based on Web of Science and Scopus databases was conducted. The content analysis method was used to analyse and synthesise qualitative data	empathy enhances leadership effectiveness through its extensive effects on the level of leader, followers, and organisation.	exploring the role of empathy in leadership effectiveness within business management, compared to its focus in fields like medicine and nursing.
21	Kohn (2024)	Not specified (conceptual exploration)	Reflection and self-awareness: Cultivating effective leadership mind-set, in Elevating Leadership.	To explore the role of reflection and self-awareness in developing an effective leadership mind-set	Employed a qualitative approach, analysing existing literature and theoretical frameworks related to self-awareness and reflective practices in leadership development.	The findings revealed that engaging in reflective practices enhances leaders' self-awareness, leading to improved decision-making, emotional intelligence, and adaptability.	While much of the leadership literature focuses on external behaviours and outcomes, there is limited emphasis on the internal processes of leaders
22	Paulino (2023)	United States / Corporate Communication	Lead Self to Lead Others: Intersection of Courage, Self-Awareness, & Leadership	To explore how courage, self-awareness, and leadership communication	The research employs a qualitative approach, analysing existing literature and theoretical	The study finds that self-leadership, grounded in self-awareness and	Limited research explores how self-leadership, rooted in courage, self-

S/N	Author and year of publication	Location/ Population of Study	Title	Objectives	Methodology	Findings	Gap of the study
			Communication for Self-Leadership and Development	intersect to foster self-leadership and development	frameworks related to self-awareness, courage, and leadership communication.	courage, is essential for leaders to effectively manage themselves and influence organisational culture positively.	awareness, and communication, addresses workplace challenges like toxic cultures and disengagement.
23	Thapa, Akashe, Palladıno, and Aryal, (2023)	Nepal / Various Enterprises in Kathmandu	Impact of self-awareness life skill on effective leadership in the digital era	To examine how self-awareness life skills and socio-demographic factors influence leadership effectiveness in Kathmandu-based enterprises in the digital era.	The study employed a quantitative research design and utilized convenience sampling, surveying 429 managers and leaders from selected enterprises in Kathmandu.	The study found that life-skill self-awareness and leadership effectiveness in the digital age were impacted	Limited research explores how self-leadership, rooted in courage, self-awareness, and communication, addresses workplace challenges like toxic cultures and disengagement.
24	Steffens et al. (2021)	United States / Political and Workplace Sectors	Knowing me, knowing us: Personal and collective self-awareness enhances authentic leadership and leader	To examined how two aspects of leader self-awareness — namely, leader awareness of their (a) personal identity and (b)	The study recruited a sample of 529 participants residing in the US via CrowdFlower. Failed attention checks	Leaders' self-awareness of both personal and collective identities enhances	Limited research explores how leaders' awareness of both personal and collective

S/N	Author and year of publication	Location/ Population of Study	Title	Objectives	Methodology	Findings	Gap of the study
			endorsement	collective (group) identity — influence perceptions of authentic leadership and leader endorsement	(n = 90) resulted in a final sample of 439.	perceptions of authentic leadership and increases leader endorsement.	identities affects authentic leadership and leader endorsement.
25	Welbeck, Amponsah-Bediako, Welbeck, Amoani, and Tetteh (2025)	Ghana / Small and Medium-sized Enterprises (SMEs)	The Mediating effect of thought leadership on self-awareness, self-regulation, and job performance among managers of SMEs	To investigate the effect of self-awareness and self-regulation on the job performance of managers of SMEs.	Data from 453 SME middle managers in Ghana were analysed using SEM and SPSS (v27), based on a cross-sectional survey with stratified sampling.	Self-awareness and self-regulation positively influence job performance among SME managers. Thought leadership mediates these relationships, with a stronger effect observed in managers exhibiting higher levels of thought leadership	Limited empirical work on thought leadership, which constrains the scope of the study. Reliance on primary data from an emerging economy may limit the generalisability of the findings

S/N	Author and year of publication	Location/ Population of Study	Title	Objectives	Methodology	Findings	Gap of the study
26	Torrence and Connelly (2019)	United States / Educational Sector (Undergraduate Students)	Emotion regulation tendencies and leadership performance: An examination of cognitive and behavioural regulation strategies	To examine individual tendencies in four emotion regulation strategies, situation modification, attentional deployment, cognitive reappraisal, and suppression, and their association with leadership task performance.	A total of 226 undergraduates (77percent female, 23percent male) from a large, south-western university participated in this study for course credit during fall 2015. The final sample consisted of 196 students	The study found that situation modification and cognitive reappraisal are positively associated with leadership performance, whereas suppression is negatively associated.	The study was conducted with an undergraduate sample limiting its generalisability to a leadership sample
27	Yeow and Martin (2013)	United Kingdom / Educational Sector (University Business Module)	The role of self-regulation in developing leaders: A longitudinal field experiment	To examine a leader self-regulation intervention in teams engaged in a Business Strategy Module (BSM) of a University course	A longitudinal field experiment with university business students, using a self-regulation intervention and multi-source feedback.	Self-regulation training improved leadership effectiveness, team performance, and grades.	Few studies have tested the causal impact of self-regulation on leadership development in real-world settings
28	Ahmed (2024)	Nigeria / Public Sector	EI-Driven Leadership for Economic Prosperity	To analyse the impact of EI-driven leadership on governance and economic outcomes.	Mixed-methods: interviews with policymakers and surveys of civil servants.	High-EI leaders improve interagency collaboration by 45percent and accelerate policy implementation by 30percent	The study does not explore the potential barriers to implementing EI metrics in public sector recruitment.

S/N	Author and year of publication	Location/ Population of Study	Title	Objectives	Methodology	Findings	Gap of the study
29	Andargie, Negash, geto, and Atnafu (2024)	Ethiopia / Health Sector	Healthcare leadership practice and associated factors among primary healthcare managers in East Gojam Zone, Northwest Ethiopia: a mixed method study	To assess the level of healthcare leadership practices among primary healthcare managers and identify factors influencing these practices	Facility-based cross-sectional study supplemented with qualitative inquiry was conducted in the East Gojam zone among 532 primary healthcare managers selected by a two-stage stratified random sampling technique.	The study revealed that only 45.7percent of primary healthcare managers exhibited effective practices, indicating a relatively low prevalence in the region	There is limited evidence on healthcare leadership practice and associated factors among primary healthcare managers in the study area and at large in Ethiopia
30	Somieari-Pepple (2024)	Nigeria / Educational Sector	Leadership Attributes Ideal for Improving Personnel Management Effectiveness in Nigerian Public Universities	To identify key leadership qualities that improves personnel management effectiveness.	Literature review using Situational and Synthesis theories.	Effective communication and decision-making are critical for transparency and trust.	The study did not explore practical implementation strategies for leadership training programs.
31	Popoola and Zaid (2015)	Nigeria / Industrial Sector	Effective Leadership, Self-Efficacy, Emotional Intelligence, Information Acquisition and Utilization of Managers in	To investigate how self-efficacy, EI, Information acquisition, and information utilisation influence effective leadership among managers in Nigerian	Survey research design, utilising total enumeration technique to include all 450 managers from selected packaging companies	Significant positive correlations between self-efficacy, EI, information acquisition, information	The study did not explore sectoral comparisons or longitudinal impacts, limiting its generalisability

S/N	Author and year of publication	Location/ Population of Study	Title	Objectives	Methodology	Findings	Gap of the study
			Packaging Companies in Nigeria	packaging companies		utilisation, and effective leadership	beyond packaging companies
32	Bagiwa (2024)	Nigeria / Educational Sector	Impact of EI on Leadership Effectiveness in Schools	To examine the impact of EI on leadership effectiveness in secondary schools.	Mixed-methods approach: survey of 150 administrators and interviews.	High-EI administrators reduce disciplinary cases by 40percent and improve academic performance by 22percent	The study does not address the scalability of region-specific EI training programs.
33	Dooshima (2023)	Nigeria / Educational Sector	The Role of Emotional Intelligence in Effective Leadership and Its Impact on Team Performance	To explore the effect of EI on leadership effectiveness	Regression analysis	Strong positive relationship between EI and leadership effectiveness; self-emotion appraisal is key	The study did not assess the long-term effects of EI training on leadership and team performance.
34	Aimee (2024)	Rwanda / Conceptual Paper	Role of Emotional Intelligence in Leadership Effectiveness in Rwanda	To evaluate the impact of EI on leadership effectiveness	Desk study methodology	Emotionally intelligent leaders communicate effectively, manage conflicts, and make wise	The study did not include a comparative analysis of EI across different cultural or regional contexts.

S/N	Author and year of publication	Location/ Population of Study	Title	Objectives	Methodology	Findings	Gap of the study
						decisions	
35	Koutsioumpa (2023)	Not country specific / Health Sector	Development of Emotional Intelligence and Leadership Aspects Applied in Health Professionals. A scoping review	To examine the significance and progression of EI concerning leadership qualities, specifically focusing on health professionals	Scoping review, systematically analysing existing literature to assess the development of EI and its application to leadership in healthcare settings	Enhancing EI among health professional leads to improved leadership effectiveness, increased job satisfaction, and higher quality of patient care	Lack of comprehensive strategies and standardised curricula for developing emotional intelligence and leadership skills among healthcare professionals
36	Saferdin, Jani, Jislan, and Rosidi (2023)	Malaysian / Malaysian / Public Sector	The Relationships Between Emotional Intelligence and Leadership Effectiveness across Malaysian Public Sectors	To quantify EI's impact on administrative leadership effectiveness.	SPSS analysis of self-reported EI scores and leadership performance metrics (n=50).	Significant correlation ($r = 0.67$, $p < 0.001$); empathy and social skills are key contributors.	The study did not compare findings with private sector leadership or international contexts.
37	Saha et al. (2023)	India and Australia based (Global)/ Conceptual Paper	Emotional Intelligence and Leadership: Insights for Leading by Feeling in the Future of Work	To examine the role of emotional intelligence in leadership over the last quarter century	Bibliometric analysis of 25 years of global research on EI and leadership using Scopus and Web of Science	EI is critical for leadership effectiveness, resilience, empathy, and self-awareness	The stud y did not explore the long-term impact of EI training programs on leadership development.
38	Issah and	Ghana /	Emotional	To examine the	Cross-sectional	A significant	The study

S/N	Author and year of publication	Location/ Population of Study	Title	Objectives	Methodology	Findings	Gap of the study
	Braimah (2022)	Educational Sector	Intelligence and Interest in Leadership, Moderating Role of Age and Gender among undergraduate Political Science Education Major Students in a Public University in Ghana	relationship between emotional interest and interest in leadership, moderating role of age, and gender among undergraduate political science students in a university in Ghana	survey design and data was collected through an online survey from 165 undergraduate students.	positive correlation between emotional intelligence and interest in leadership. Additionally, age and gender do not moderate the relationship between emotional intelligence and interest in leadership	focuses exclusively on leadership in education, which limits its generalisability
39	Onabote (2021)	Nigeria / Manufacturing Sector	Influence of EI on Leadership in FMCG Companies	To investigate the influence of EI on leadership performance.	Use of Work Profile EI Questionnaire with 235 leaders.	High-EI leaders achieve 27percent faster production cycles and reduce turnover by 33percent.	The study does not evaluate the impact of EI on broader organisational culture.
40	Oyewunmi, Oyewunmi, Ojo, and Oludayo, (2015)	Nigeria / Health Sector	Leaders' Emotional Intelligence and Employee's Performance: A Case in Nigeria's Public Healthcare Sector	To explore the impact of leaders' emotional intelligence on employees' performance within Nigeria's public	Cross-sectional study involving 50 leaders and 150 subordinates.	The study revealed a significant correlation between the emotional	The study does not explore the role of EI in addressing systemic issues within Nigeria's

S/N	Author and year of publication	Location/ Population of Study	Title	Objectives	Methodology	Findings	Gap of the study
				healthcare sector		intelligence of leaders and the performance of employees	healthcare sector.

Source: Researchers Computation (2025)

2.11 Gap of the Study

Numerous studies have explored the relationship between emotional intelligence and leadership effectiveness, employing various methodologies and yielding differing results regarding their impact. Some research has shown a positive relationship between these variables, as evidenced by works from scholars such as Ogiwara (2016); Abdullahi and Anyigba (2020); Choi and Cho (2020); Kozina (2020); Furnham and Topic (2021); Goleman (2021); and Wang (2021). Conversely, other studies have identified potential limitations and negative relationships, including findings from Ambunya (2020); Lyvers and Thorberg (2020); Wright (2020); Guo (2021); and Salminen and Jansen (2021). Overall, past research has revealed mixed and inconsistent findings across different studies. Given these challenges, further research is necessary to clarify these relationships, particularly within unique cultural and occupational contexts. While previous studies have examined managers, business owners, and educators, to the best of my knowledge, none have specifically focused on medical doctors in hospitals located in Benin City, Edo State.

CHAPTER THREE

METHODOLOGY

This chapter presents an overview of the methodology that was employed in the study. It provides a detailed description of the research design, the study population, the determination of sample size and sampling technique, the sources of data, the research instrument, and the procedures used to establish the instrument's validity and reliability. It also explains the operationalisation of variables, the model specification, and the methods of data analysis that were applied.

3.1 Research Design

This study employed a survey research design to facilitate an in-depth examination of medical professionals' emotional intelligence and their effectiveness as leaders within the selected hospitals. This design enabled the collection of data from a large sample of participants using standardised instruments such as questionnaires (Creswell & Creswell, 2017), thereby allowing the researcher to obtain a comprehensive understanding of the emotional intelligence levels and leadership effectiveness of medical doctors across selected hospitals, thus enhancing the generalisability of the findings to the broader population. Furthermore, the survey research design is well-suited for ensuring objectivity, thereby guaranteeing that the results are reliable, valid, and generalisable.

Furthermore, a descriptive design was employed to analyse the demographic characteristics of the respondents, providing a clear and organised summary of their background information (Polit & Beck, 2008). To examine the relationship between EI and leadership effectiveness, the study employed a correlational research design which is a type of empirical research method suitable for measuring the direction and strength of relationships between two or more variables without manipulating them (Cohen, Manion, & Morrison, 2002; Creswell &

Creswell, 2017). The correlational design enabled the researcher to assess whether increases or decreases in EI were associated with corresponding changes in leadership effectiveness.

3.2 Population of the Study

The population for this study consisted of medical doctors (consultants, resident doctors, medical officers, and house officers) employed at two selected hospitals in Benin City, Edo State, the University of Benin Teaching Hospital (UBTH) and Edo Specialist Hospital. The combined population of medical doctors across the two selected hospitals was one thousand four hundred and forty-nine (1,449).

The decision to focus exclusively on medical doctors in this study was based on their dual role as clinicians and leaders within the healthcare system. Given the critical role of their leadership effectiveness, they represent an appropriate population for examining the influence of emotional intelligence within healthcare settings. Also, the selection of these hospitals was based on their large size of population and their ownership structure (federal, and state owned) which provides a representative sample of the healthcare sector in Benin City, Edo State. The demographic data were obtained from the Human Resources Departments of the respective hospitals as of February 2025.

3.3 Sample Size Determination

To determine the sample size, Taro Yamane's (1967) formula was employed, given the known population of medical doctors from the two selected hospitals. The formula, as outlined by Taro Yamane, is:

$$n = \frac{\mathrm{N}}{1+N(e^2)} \qquad (3.1)$$

Where:

n = Sample size

N= Population size (1449),

e = Margin of error (significance level, 0.05).

Substituting the values into the formula

$$n = \frac{1449}{1+1499(0.05^2)}$$

$$n = \frac{1449}{1+1449(0.0025)}$$

$$n = \frac{1449}{1+3.6225}$$

$$n = \frac{1449}{4.6225}$$

$n \approx 313.46$

Rounded to the nearest whole number, the sample size is =313

Utilising this formula with a 95% confidence level and a 5% margin of error, the calculated sample size consisted of 313 medical doctors.

However, to make provision for potential participant attrition such as non-response, incomplete questionnaire, or voluntary withdrawal, an additional 20 participants were added to the initially determined sample size of 313, resulting in a total of 333 participants. This adjustment accounts for an anticipated attrition rate of approximately 6percent. According to Polit and Beck (2008), it is a standard and recommended practice in empirical research to increase the sample size in order to compensate for possible participant loss. Similarly, Charan and Biswas (2013) propose adjusting the sample size using the formula:

$$n_{adj} = \frac{n}{1-\text{attrition rate}}$$

Where; n_{adj} denotes the adjusted sample size. This precaution was further supported by Creswell and Creswell (2017), who highlighted the importance of accounting for potential dropouts during the planning stage to maintain statistical power and ensure the validity and generalisability of the study findings. Consequently, 333 copies of the questionnaire were proportionally distributed among the medical doctors in the two selected hospitals.

The sample for each hospital was computed using the Pandey and Verma (2008) formula for proportional allocation after the sample size was established using Taro Yamane's technique. The entire sample size (n) is divided among the stratums (ni) according to the population size of each strata (Ni) using the following formula:

$$n_i = (\frac{N_i}{N})\, x\, n \quad (3.2)$$

Where:

ni = Sample size for each stratum

Ni = Population size of each stratum

N = Total population size

n = Total sample size

Table 3.1: Sample Size for UBTH and ESH

Hospital	**Computation** $n_i = (\frac{N_i}{N})\, x\, n$	**Sample Size**
UBTH	272.3	272
ESH	60.67	61
Total		**333**

Source: **Self-Compilation Fieldwork (February 2025)**

The sample size distribution for each stratum in UBTH and ESH is presented in Table 3.2.

Table 3.2: **Sample distribution**

Hospital	**Category**	**Population**	**Proportional Allocation of Questionnaire** $n_i = (\frac{N_i}{N})\, x\, n$	**Percentage** **%** $= \frac{n}{N}\, x\, 100$
UBTH	Consultant	200	46	23.0
	Resident Doctors	630	145	23.0
	Medical Officers	35	8	22.9
	House Officers	320	73	22.8
	Total	**1185**	**272**	
ESH	Consultant	20	4	20.0
	Resident Doctors	25	6	24.0
	Medical Officers	68	16	23.5
	House Officers	151	35	23.2
	Total	**264**	**61**	
	Grand Total	**1449**	**333**	

Source: Self-Compilation Fieldwork (February 2025)

Table 3.2 presents the sample distribution of questionnaires among selected categories of medical doctors in two healthcare facilities, namely University of Benin Teaching Hospital (UBTH) and Edo Specialist Hospital (ESH), using a proportional allocation technique. The table shows the population size of each professional category, the number of questionnaires allocated to each group, and the corresponding percentage of the sample.

At the University of Benin Teaching Hospital (UBTH), the total population of medical doctors was 1,185, from which 272 respondents were proportionally selected. Consultants constituted a population of 200, out of which 46 questionnaires were allocated, representing 23.0 percent of the category. Resident doctors had a population of 630 and were allocated 145 questionnaires (23.0 percent). Medical officers with a population of 35, were allocated 8 questionnaires, accounting for 22.9 percent, while house officers, with a population of 320, were allocated 73 questionnaires, representing 22.8 percent.

Similarly, at Edo Specialist Hospital (ESH), the total population of medical doctors was 264, from which 61 respondents were proportionally selected. Consultants, with a population of 20, were allocated 4 questionnaires, representing 20.0 percent. Resident doctors with a population of 25 were allocated 6 questionnaires (24.0 percent). Medical officers had a population of 68 and were allocated 16 questionnaires, accounting for 23.5 percent, while house officers, with a population of 151, were allocated 35 questionnaires, representing 23.2 percent.

Overall, the combined population of both hospitals was 1,449, from which a total sample size of 333 respondents was drawn. The relatively uniform percentages across categories indicate that the proportional allocation method ensured fair and adequate representation of all professional groups included in the study. The questionnaires were distributed through direct engagement with department heads, and in-person distribution during professional meetings or ward rounds. Follow-up reminders were conducted to maximise the response rate and ensure meaningful data collection.

3.4 Sampling Technique

This study employed a stratified random sampling technique to ensure adequate representation of medical doctors across various hierarchical levels and specialties in the

selected hospitals. Stratified sampling was appropriate for this study as it allowed for the structured categorisation of participants based on relevant characteristics, ensuring a balanced distribution of responses. In this study, the medical doctors in University of Benin Teaching Hospital (UBTH) and Edo Specialist Hospital (ESH) were stratified based on rank and specialty. The rank-based strata included consultants, resident doctors, medical officers, and house officers, while specialty-based strata included fields such as family medicine, anesthesiology, surgery, internal medicine, mental health, paediatrics, obstetrics and gynaecology, public health, ophthalmology, ENT, pathology, among others.

A proportional allocation method was used to determine the number of questionnaires to be distributed within each stratum (subgroup), ensuring that each category was fairly represented in the sample. At UBTH, which had a total population of 1,185 medical doctors, 272 copies of the questionnaire were distributed proportionally among the identified strata. Similarly, at ESH, with a population of 264 medical doctors, 61 copies of the questionnaire were distributed following the same stratification criteria. The selection of participants within each stratum was done randomly, ensuring that all eligible doctors within each category had an equal chance of being included in the study. This approach enhanced the reliability and validity of the study by capturing diverse perspectives on emotional intelligence and leadership effectiveness among medical doctors in federal (UBTH) and state-owned (ESH) hospitals in Benin City, Edo State.

3.5 Sources of Data Collection

This study utilised both primary and secondary sources of data. Primary data constituted the main source of information, as it was considered necessary and appropriate for effectively addressing the research objectives by providing direct access to the research subjects. Primary data were collected through the administration of a structured questionnaire to a

sample of medical doctors at the University of Benin Teaching Hospital (UBTH) and Edo Specialist Hospital (ESH), in Benin City, Edo State. The use of primary data enabled the collection of raw, first-hand information, thereby enhancing the depth, accuracy, and reliability of the findings. Secondary data were obtained from relevant textbooks, peer-reviewed journal articles, theses, and institutional reports related to emotional intelligence and leadership effectiveness. These sources provided conceptual, theoretical, and empirical support for the study and also guided the development of the research instrument.

3.6 Research Instrument

The research instrument employed in this study was a structured questionnaire, carefully designed to capture data on both the dependent and independent variables. According to Babbie (2016), variables are essential components of scientific research because they allow researchers to identify and measure the relationships between different phenomena and to test hypotheses about cause-and-effect relationships. The questionnaire comprised two distinct sections (A and B). Section A collected demographic information from respondents, including gender, age, marital status, years of medical practice, educational qualification, specialisation, and hospital affiliation. Section B, on the other hand, focused on questions related to the independent variables, such as relationship management, self-motivation, empathy, self-awareness, and self-regulation. Additionally, this section also explored questions concerning the dependent variable, namely leadership effectiveness, with the aim of understanding the relationship between emotional intelligence and leadership effectiveness among medical doctors. Data was collected through direct, in-person distribution of questionnaires targeting 333 medical doctors from the University of Benin Teaching Hospital and Edo Specialist Hospital located in Benin City, Edo State.

The development of the questionnaire was guided by established framework and instruments. Specifically, the items measuring emotional intelligence were adapted from the works of Goleman (1995) who developed an emotional intelligence appraisal. This framework provided a solid foundation for evaluating different dimensions of emotional intelligence. Similarly, the items assessing leadership effectiveness were based on well-known leadership frameworks and instruments, particularly the Multifactor Leadership Questionnaire (MLQ) developed by Bass and Avolio (1995). By utilising these reputable sources, the questionnaire aimed to provide a comprehensive and reliable assessment of both emotional intelligence and leadership effectiveness.

The adapted questionnaire was modified to align with the research objectives and focus of the study population. To ensure relevance to the current study, some items were added or removed to better capture the dimensions of emotional intelligence and leadership effectiveness in the healthcare setting. Also, the questionnaire was reviewed for clarity and ease of understanding to ensure respondents could accurately interpret the items. The modified questionnaire was validated by my supervisor who is a human resource expert, to ensure its content validity. A pilot test was also conducted with a small sample of medical doctors to test the reliability and comprehensibility of the instrument before full-scale data collection. The responses were measured using a 5- point Likert scale, with options ranging from Strongly Agree (SA =5); Agree (A = 4); Undecided (U = 3); Disagree (D = 2); to Strongly Disagree (SD = 1).

3.7 Validity of Research Instrument

Validity ensures that the results obtained are truthful and reflect the underlying reality, rather than being influenced by biases or errors. The validity of the research instrument was ensured through a thorough review of the questionnaire by the study supervisors, as well as other

lecturers and experts in psychology, leadership studies, and research methodology. Their inputs helped to verify that the questions were clear, concise, and relevant to the research objectives and hypotheses, thereby establishing the content and face validity of the instrument. All recommendations provided during the review process were thoroughly integrated into the revised version of the questionnaire before final administration.

3.8 Reliability of Research Instrument

.Reliability measures the consistency, accuracy, and reproducibility of research findings, ensuring that the results are trustworthy, dependable, and free from errors (Chakrabartty, 2013). To establish the reliability of the research instrument, a pilot study was conducted in two phases during which thirty-two copies of the questionnaires were administered to medical doctors at Stella Obasanjo's Hospital (20 copies) and St. Philomena Hospital (12 copies) in Benin City. The collected data were analysed using Cronbach's Alpha coefficient to assess the internal consistency of each questionnaire item. The instrument was subsequently subjected to a second reliability test using the same pilot data and analytical procedure, which produced identical Cronbach's Alpha values, thereby confirming the stability and reliability of the instrument. The table below presents the reliability analysis result.

Table 3.3 Reliability of the Research Instrument

S/N	Questionnaire Items	Number of Items	Cronbach's Alpha Value
1	Relationship Management	3	0.79
2	Self-Motivation	3	0.76
3	Empathy	3	0.76
4	Self-Awareness	3	0.79
5	Self-Regulation	3	0.78
6	Leadership Effectiveness	5	0.85

Source: Researcher's Fieldwork (2025)

3.9 Operationalisation of Variables

The study investigated the cause-and-effect relationship between emotional intelligence, which served as the explanatory variable, and leadership effectiveness, which served as the dependent variable. Emotional intelligence was measured across five dimensions: relationship management, self-motivation, empathy, self-awareness, and self-regulation. Data were collected using a series of statements designed to assess these dimensions, with participants responding on a 5-point Likert scale ranging from strongly agree (SA) to strongly disagree (SD). The variables were defined and measured operationally as follows:

Table 3.4: Operationalisation of Variables

S/N	Variables	Operationalised As	Measured Scale	Questionnaire Items	Source
1	Relationship Management (Independent Variable)	**Relationship Management (RMT)** - is the ability to build, maintain, enhance healthy relationships and interact positively with others.	5 –point Likert scale	Q9 – 11	(Goleman, 1995)
2	Self-Motivation (Independent Variable**)**	**Self-Motivation (SMO)** - refers to the ability to drive oneself to achieve goals and pursue opportunities, even in the face of obstacles and setbacks.	5 - point Likert scale	Q12 – 14	(Goleman, 1995)
3	Empathy (Independent Variable)	**Empathy (EMP) -** refers the ability to understand and share the feelings of others	5 – point Likert scale	Q15 – 17	(Goleman, 1995)
4	Self-Awareness (Independent Variable)	**Self-Awareness (SAW) -** refers to the ability to recognise and understand one's own emotions, strengths, weaknesses, values, and motivations	5 – point Likert scale	Q18 – 20	(Goleman, 1995)
5	Self-Regulation (Independent Variable)	**Self-Regulation (SRE) -** refers to the ability to control and manage one's own emotions, thoughts,	5 – point Likert scale	Q21 – 23	(Goleman, 1995)

S/N	Variables	Operationalised As	Measured Scale	Questionnaire Items	Source
		and behaviours.			
5	Leadership Effectiveness	**Leadership Effectiveness (LEF)** refers to the ability to inspire, influence, and guide individuals or teams toward achieving common goals while fostering a positive and productive environment	5 – point Likert scale	Q24 – 28	(Bass & Avolio, 1995)

Source: Adapted Questionnaire (2025)

3.10 Model Specification

To empirically investigate the relationship between emotional intelligence and leadership effectiveness, the study utilised a linear regression model. The model is specified as follows:

LEF= F(RMT, SMO, EMP, SAW, SRE, DEF**)** (3.3)

The model is further expressed mathematically as:

$$LEF_i = \beta_o + \beta_1 RMT_i + \beta_2 SMO_i + \beta_3 EMP_i + \beta_4 SAW_i + \beta_5 SRE_i + \beta_6 DEF_i + \varepsilon \quad (3.4)$$

Where:

LEF = Leadership effectiveness (dependent variable)

RMT = Relationship management

SMO = Self-motivation

EMP = Empathy

SAW = Self-awareness

SRE = Self-regulation

DEF = Demographic factors

β_o = Intercept (constant term)

ε = Error term

$\beta_1 - \beta_6$ = Regression Coefficients representing the impact of each independent variable on leadership effectiveness (Goleman, 1998; Sultan, Khan, & Kanwal, 2015)

A priori Expectation

A priori expectation refers to hypotheses or assumptions formulated prior to the commencement of a study. Based on the objectives of this study, it was anticipated that a significant positive relationship would exist between emotional intelligence and leadership effectiveness among medical doctors in selected hospitals in Benin City.

The *A priori* expectation is stated as: $\beta_1 > 0, \beta_2 > 0, \beta_3 > 0, \beta_4 > 0, \beta_5 > 0, \beta_6 > 0$ (3.3)

Signifying that:

$\beta_1 > 0$; means that relationship management (RMT) will have a positive impact on leadership effectiveness (Yukl, 2006)

$\beta_2 > 0$; means that Self-motivation (SMO) will have a positive impact on leadership effectiveness (Bass, 1985)

$\beta_3 > 0$; means that empathy (EMP) will have a positive impact on leadership effectiveness (Goleman, 1998)

$\beta_4 > 0$; means that self-awareness (SAW) will have a positive impact on leadership effectiveness (Church, 1997)

$\beta_5 > 0$; means that self-regulation (SRE) will have a significant positive impact on leadership effectiveness (Kerr & Jermier, 1978)

$\beta 6 > 0$; means that there will be a positive relationship between demographic factors (DEF) and emotional intelligence (Marembo & Chinyamurindi, 2018; Stami, Ritin, & Dominique, 2018).

3.11 Method of Data Analysis

The data obtained from the administered questionnaire were subjected to a comprehensive analysis using a combination of descriptive and inferential statistical methods. To ensure data quality, the questionnaire responses were sorted to check for completeness, systematically coded and entered into a Microsoft Excel spread sheet for initial organisation. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were employed to describe the demographic characteristics of the respondents, as well as to provide an overview of the emotional intelligence constructs and leadership effectiveness.

Inferential statistical methods were applied to address the study's objectives. Specifically, a correlation analysis using Pearson's coefficient was conducted to examine the relationships between emotional intelligence (independent variable) and leadership effectiveness (dependent variable) among medical doctors.

To further investigate the relationship between the dimensions of emotional intelligence including relationship management, self-motivation, empathy, self-awareness, and self-regulation, and leadership effectiveness, a multivariate analysis using Multiple Linear Regression (MLR) was conducted. Additionally, a hierarchical multiple regression analysis was performed to assess the predictive power of emotional intelligence on leadership effectiveness outcomes. Hypothesis six was analysed using t-test and ANOVA.

All statistical analyses were carried out using the Statistical Package for the Social Sciences (SPSS) version 24.0, with a significance level set at $\alpha = 0.05$. To address potential issues of multicollinearity among the predictor variables, variance inflation factors (VIFs) were calculated.

CHAPTER FOUR

DATA ANALYSES, PRESENTATION AND INTERPRETATION

This chapter presents and discusses the analysis of data collected from medical doctors working in two selected hospitals (University of Benin Teaching Hospital and Edo Specialist Hospital) in Benin City, Edo State. The data were obtained through structured questionnaire designed to capture relevant information on the research objectives. The Statistical Package for the Social Sciences (SPSS, Version 24) was employed as the primary tool for data analysis. The analyses are presented in a logical sequence to ensure clarity and alignment with the stated objectives of the study.

The chapter begins by describing the demographic characteristics of the respondents, such as gender, age, marital status, highest educational qualification, year of medical practice, hospital type, current position and department. This background information provides a useful context for understanding the perspectives of the participants. Following this, the chapter focuses on the main research variables which include emotional intelligence (relationship management, self-motivation, empathy, self-awareness and self-regulation) and leadership effectiveness. Each of these variables is presented and discussed to highlight their relevance to the study.

Furthermore, the chapter examines the relationships between the dependent and independent variables. To achieve this, statistical techniques such as Pearson correlation and multivariate regression analysis were applied. These methods help to establish the strength and direction of the associations among the variables. The final section of the chapter reports the outcomes

of the hypotheses testing and discusses the implications of the findings in relation to the study objectives.

4.1 Description of Demographic Information of Respondents

This section contains the summary of questionnaire administration and retrieval as well as respondents' demographic profile. The results are presented in Tables 4.1 to 4.3 below:

Table 4.1: Questionnaire distribution and retrieval

S/N	Description	Questionnaire		Valid Response Rate (%)
		Administered	Valid Responses	
1	University of Benin Teaching Hospital (UBTH)	272	266	97.8%
2	Edo Specialist Hospital	61	49	80.3%
Total		**333**	**315**	**94.6%**

Source: Researcher's computation (2025)

Table 4.1 shows that 333 copies of the questionnaires were administered and retrieved. Of these, 315 questionnaires were fully completed and found to be valid and usable for analysis. The response rates for the hospitals were 97.8% for the University of Benin Teaching Hospital (UBTH), and 80.3% for Edo Specialist Hospital (ESH), resulting in an overall response rate of 94.6%. This high response rate indicates a strong level of respondent participation and suggests that the data collected are adequate for meaningful analysis.

Table 4.2: Respondents' demographic information

Demographics	Category	Frequency	Percent	Cumulative Percent
Gender	Male	182	57.8	57.8
	Female	133	42.2	100.0
	Total	315	100.0	
Age (years)	25 – 34	180	57.1	57.1
	35 – 44	101	32.1	89.2
	45 – 54	26	8.3	97.5
	55 & Above	8	2.5	100.0
	Total	315	100.0	
Marital Status	Single	164	52.1	52.1

Demographics	Category	Frequency	Percent	Cumulative Percent
	Married	151	47.9	100.0
	Total	315	100.0	
Highest Educational Qualification	MBSS	196	62.2	62.2
	Fellowship	35	11.1	73.3
	Membership	84	26.7	100.0
	Total	315	100.0	
Years of Medical Practice	1 – 5	158	50.2	50.2
	6 – 10	65	20.6	70.8
	11 – 15	62	19.7	90.5
	16 & Above	30	9.5	100.0
	Total	315	100.0	
Hospital Type	UBTH	266	84.4	84.4
	ESH	49	15.6	100.0
	Total	315	100.0	
Current Position	House Officer	117	37.1	89.5
	Medical Officer	27	8.6	52.4
	Resident Doctor	138	43.8	43.8
	Consultant	33	10.5	100.0
	Total	315	100.0	

Table 4.2 presents the demographic profile of the respondents to provide important background information for understanding the composition of the study sample. Out of the 315 medical professionals surveyed, 57.8% were male (182 respondents) while 42.2% were female (133 respondents). This indicates a slightly higher representation of male participants in the study.

With respect to age distribution, Table 4.2 shows that majority of respondents (57.1%) fell within the 25–34 years category, followed by 32.1% who were between 35–44 years. A smaller proportion (8.3%) were aged 45–54 years, while only 2.5% were 55 years and above. This pattern suggests that the sample was largely made up of younger medical professionals in their early and mid-career stages. In terms of marital status, the participants were almost evenly distributed, with 52.1% single and 47.9% married.

Table 4.2 also shows the educational qualifications of the respondents. It reveals that a significant proportion (62.2%) held an MBBS degree, while 26.7% had attained Membership, and 11.1% had advanced to the Fellowship level. This indicates that most respondents were still in the early or intermediate phases of professional qualification with relatively fewer at the advanced specialist level.

The respondents' years of medical practice shows that half of the participants (50.2%) had practiced for 1–5 years, while 20.6% reported 6–10 years of experience, and 19.7% had been in practice for 11–15 years. Only 9.5% had practiced for 16 years or more. These results also highlighted the dominance of younger, less experienced professionals in the sample.

In terms of institutional distribution, Table 4.2 shows that majority of the respondents (84.4%) were drawn from the University of Benin Teaching Hospital (UBTH), while 15.6% were from the Edo Specialist Hospital (ESH). This shows the larger size and workforce capacity of UBTH compared to ESH.

Finally, the distribution of current positions shows that Resident Doctors constituted the largest group (43.8%), followed by House Officers (37.1%). Medical Officers made up 8.6%, while Consultants accounted for 10.5% of the sample. It can be deduced from the results that the respondents were predominantly early-career doctors with a smaller proportion occupying senior specialist positions.

Table 4.3: Respondents' demographic information

S/N	Category	Frequency	Percent (%)
1	Accident & Emergency (A&E)	3	1.0
2	Child Health	35	11.1
3	Dentistry	18	5.7
4	Family Medicine	14	4.4
5	Internal Medicine	37	11.7
6	Mental Health	2	0.6
7	Obstetrics and Gynaecology (O&G)	34	10.8
8	Orthopedics	10	3.2
9	Pathology	9	2.9
10	Surgery	153	48.6
Total		315	100

Table 4.3 shows that out of the 315 respondents, almost half (48.6%) were from the Surgery department. The department is made up of ENT, oncology, ophthalmology, anaethesiology, cardiothoracic, neurosurgery, plastic surgery, radiation oncology, trauma and urology. This makes the department most represented specialty in the study. Other specialties were represented to varying degrees. Internal Medicine (cardiology and gastro) accounted for 11.7%, followed closely by Child Health at 11.1%, and Obstetrics and Gynaecology (O&G) at 10.8%. These figures suggest that alongside surgery, medical disciplines dealing with general medicine, maternal health, and paediatrics were also prominent among the respondents.

In contrast, Table 4.3 shows that specialties such as Dentistry (5.7%), Family Medicine (4.4%), Orthopaedics (3.2%), and Pathology (2.9%) had smaller proportions of participants. The least represented departments were Accident and Emergency (1.0%) and Mental Health (0.6%), showing very limited participation from these units.

4.2 Description of Research Variables

This section presents the descriptive analyses of emotional intelligence (relationship management, self-motivation, empathy, self-awareness and self-regulation) and leadership effectiveness. The results are shown in Tables 4.4 to 4.9.

Table 4.4: Mean and standard deviation of relationship management

S/N	Statement	Mean	Std Dev
1	I communicate effectively with medical colleagues to foster a collaborative environment, sharing knowledge and best practices to enhance patient care.	4.44	0.596
2	I resolve conflicts among healthcare team members constructively and empathetically, minimising harm and enhancing care quality and collaboration.	4.16	0.688
3	I foster strong, respectful relationships with my healthcare team, built on trust and open communication, to drive collaboration, improve patient care, and enhance team performance.	4.39	0.578
Overall mean & standard deviation		4.33	0.491

Table 4.4 shows that the highest-rated statement was, “I communicate effectively with medical colleagues to foster a collaborative environment, sharing knowledge and best practices to enhance patient care” with a mean score of 4.44 (SD = 0.596). This implies that most doctors consider effective communication and knowledge-sharing as central to teamwork and improved patient outcomes. Similarly, the statement on fostering “strong, respectful relationships with my healthcare team, built on trust and open communication, to drive collaboration, improve patient care, and enhance team performance” scored highly (M = 4.39, SD = 0.578) to show the importance of trust, respect, and open communication in enhancing team performance.

The statement “I resolve conflicts among healthcare team members constructively and empathetically, minimising harm and enhancing care quality and collaboration” while still

rated positively, received a slightly lower mean score (M = 4.16, SD = 0.688) compared to the other statements or items. This suggests that although doctors generally view themselves as capable of handling conflicts constructively and empathetically, this may be relatively more challenging compared to communication and relationship-building. The higher standard deviation here also points to greater variability in respondents' experiences or confidence in conflict management.

The overall mean score of 4.33 (SD = 0.491) indicates a generally high level of competence among medical doctors in managing professional relationships in the healthcare setting. This suggests that, on average, respondents strongly agreed with the statements measuring this construct.

Table 4.5: Mean and standard deviation of self-motivation

S/N	Statement	Mean	Std Dev
1	I set clear clinical objectives and prioritise tasks to ensure efficient, high-quality patient care outcomes.	4.30	0.593
2	I am dedicated to delivering exceptional patient care and actively pursue opportunities to improve my clinical skills and knowledge.	4.47	0.554
3	Even when facing clinical challenges, I strive to find solutions and alternative approaches for optimal patient care.	4.20	0.770
Overall mean & standard deviation		4.32	0.502

The highest-rated item was dedication to delivering exceptional patient care and continuously improving clinical skills (M = 4.47, SD = 0.554). This suggests strong professional commitment and a drive for self-development. Setting clear clinical objectives and prioritising tasks also scored highly (M = 4.30, SD = 0.593) shows doctors' focus on efficiency and quality in care delivery. Although slightly lower, the statement on perseverance in the face of clinical challenges (M = 4.20, SD = 0.770) still indicates positive motivation, though with greater variability among respondents. The overall results (M = 4.32, SD = 0.502)

suggest that the doctors demonstrate strong self-motivation particularly in their dedication to patient care and continuous professional growth.

Table 4.6: Mean and standard deviation of empathy

S/N	Statement	Mean	Std Dev
1	I demonstrate empathetic competence in clinical interactions by effectively recognising and addressing the emotional needs and concerns of patients, families, and healthcare team members.	4.29	0.614
2	I recognise and respond to the emotional needs of patients, colleagues, and other healthcare stakeholders, creating a supportive and empathetic clinical environment.	4.21	0.697
3	I understand the patient's perspective, feelings, needs, and concerns, and I respond with empathy and compassion.	4.19	0.763
Overall mean & standard deviation		4.23	0.573

The results in Table 4.6 show that the respondents demonstrated a high level of empathy with an overall mean score of 4.23 (SD = 0.573). Among the items, the highest-rated was the ability to recognise and address the emotional needs of patients, families, and colleagues (M = 4.29, SD = 0.614). This highlights doctors' strong empathetic competence in clinical interactions. The recognition and response to emotional needs more broadly (M = 4.21, SD = 0.697) and understanding patients' perspectives with compassion (M = 4.19, SD = 0.763) were also rated positively, though with slightly greater variability. Overall, the findings suggest that the doctors possess well-developed empathetic skills which are essential for providing supportive relationships and enhancing the quality of patient care.

Table 4.7: Mean and standard deviation of self-awareness

S/N	Statement	Mean	Std Dev
1	I am consistently aware of and able to accurately identify my emotional states while interacting with patients and colleagues and during medical decision-making.	4.13	0.735
2	I possess a reflective understanding of my capabilities as a medical doctor, accurately assessing my clinical strengths, weaknesses, and areas for on-going professional growth and improvement.	4.36	0.570
3	I understand how my emotions impact my professional behaviour, including clinical judgment and communication with patients and colleagues.	4.23	0.726
Overall mean & standard deviation		4.24	0.527

The highest-rated item in Table 4.7 was reflective understanding of personal capabilities and professional growth (M = 4.36, SD = 0.570) which indicates that respondents are highly conscious of their strengths, weaknesses, and areas for improvement. Awareness of emotional impact on professional behaviour (M = 4.23, SD = 0.726) and the ability to identify emotional states in clinical interactions (M = 4.13, SD = 0.735) were also positively rated, though with slightly higher variability. In summary, the results in Table 4.7 reveal that medical doctors demonstrated a strong level of self-awareness with an overall mean score of 4.24 (SD = 0.527) that shows that the doctors possess a well-developed sense of self-awareness that supports effective decision-making, communication, and continuous professional development.

Table 4.8: Mean and standard deviation of self-awareness

S/N	Statement	Mean	Std Dev
1	I can regulate my emotional responses to stressful situations, such as managing a high-volume caseload or dealing with difficult patients, in a way that maintains my professional composure	3.86	0.893
2	I effectively manage clinical stress and pressure, maintaining my composure and focusing on patient care	3.92	0.762
3	I have the ability to maintain my composure and effectively manage my reactions, even in high-pressure clinical situations	3.84	0.855
Overall mean & standard deviation		3.87	0.698

Table 4.8 shows that respondents rated themselves highest on effectively managing clinical stress while maintaining composure and focus on patient care (M = 3.92, SD = 0.762). The ability to regulate emotional responses in stressful situations (M = 3.86, SD = 0.893) and to remain composed under high-pressure clinical conditions (M = 3.84, SD = 0.855) were also positively assessed, though with slightly greater variability. The results in Table 4.8 indicate a moderate-to-high level of self-regulation among the medical doctors with an overall mean score of 3.87 (SD = 0.698). Overall, the results suggest that while doctors generally exhibit good emotional self-regulation in demanding clinical contexts, there is some variation, indicating room for further strengthening of stress management and emotional control strategies.

Table 4.9: Mean and standard deviation of leadership effectiveness

S/N	Statement	Mean	Std Dev
1	I provide clear and timely guidance to my healthcare team, enabling them to prioritise tasks and deliver high-quality patient care.	4.17	0.617
2	I create a motivating work environment by empowering team members, recognising their strengths, and offering constructive feedback to support their professional growth	4.03	0.713
3	I demonstrate confident decision-making by applying my clinical expertise, critical thinking, and emotional intelligence to solve problems and achieve optimal patient outcomes	4.22	0.611
4	I demonstrate leadership by building collaborative relationships among team members, promoting active listening, and empowering colleagues to share their knowledge and participate in collective decision-making	4.15	0.690
5	I provide timely and specific feedback to my healthcare team, offering actionable insights that support professional growth, improve clinical performance, and encourage continuous learning	4.08	0.740
Overall mean & standard deviation		4.13	0.523

Table 4.9 shows that among the items, the highest-rated was confident decision-making based on clinical expertise and emotional intelligence (M = 4.22, SD = 0.611). This suggests strong problem-solving and judgment skills. Providing clear and timely guidance (M = 4.17, SD = 0.617) and fostering collaboration within the team (M = 4.15, SD = 0.690) were also rated highly to show effective communication and teamwork. While creating a motivating work environment (M = 4.03, SD = 0.713) and offering constructive feedback (M = 4.08, SD = 0.740) were slightly lower, they still indicate positive perceptions. The overall results in Table 4.8 show that respondents demonstrated a high level of leadership effectiveness with an

overall mean score of 4.13 (SD = 0.523). The results therefore suggest that the doctors exhibit strong leadership abilities, particularly in decision-making and guiding teams, though continuous improvement in motivation and feedback delivery could further enhance leadership effectiveness.

Table 4.10: Summary of descriptive statistics of the research variables

Variable	N	Mean	Std. Deviation	Skewness		Kurtosis	
				Statistic	Std. Error	Statistic	Std. Error
RMT	315	4.33	0.491	-0.188	0.137	-0.493	0.274
SMO	315	4.32	0.502	-0.311	0.137	-0.549	0.274
EMP	315	4.23	0.573	-0.295	0.137	-0.518	0.274
SAW	315	4.24	0.527	-0.022	0.137	-0.868	0.274
SRE	315	3.87	0.698	-0.424	0.137	-0.190	0.274
LEF	315	4.13	0.523	-0.148	0.137	-0.360	0.274
Note: RMT = Relationship management; SMO = Self-motivation; EMP = Empathy; SAW = Self-awareness; SRE = Self-regulation; LEF = Leadership effectiveness							

The descriptive statistics in Table 4.10 show that all the research variables were rated relatively high by respondents with mean scores ranging from 3.87 to 4.33 on a 5-point scale. Relationship management (M = 4.33, SD = 0.491) and self-motivation (M = 4.32, SD = 0.502) recorded the highest means, indicating that doctors perceived themselves as particularly strong in teamwork, collaboration, and professional drive. Empathy (M = 4.23, SD = 0.573) and self-awareness (M = 4.24, SD = 0.527) also scored highly, reflecting strong interpersonal sensitivity and reflective capacity. Leadership effectiveness (M = 4.13, SD = 0.523) was similarly rated positively to show doctors' confidence in guiding and supporting their teams. However, self-regulation (M = 3.88, SD = 0.698) was the lowest-rated dimension suggesting that while doctors generally maintain composure under stress, this remains a relatively weaker area compared to other emotional intelligence components.

The skewness values (all close to zero), indicate that responses were fairly symmetrical, while the negative kurtosis values suggest a flatter distribution which implies moderate variability in perceptions across respondents.

4.3 Model Estimation and Interpretation

In this section, correlation and regression analyses are statistical approaches used to investigate the relationship between the variables of interests in order to test the stated hypotheses. The results are shown as follows:

Table 4.11: Pearson's correlations coefficient

		LEF	RMT	SMO	EMP	SAW	SEF
LEF	Pearson Correlation	1	.533	.589	.451	.565	.594
	Sig. (2-tailed)		.000	.000	.000	.000	.000
	N	315	315	315	315	315	315
RMT	Pearson Correlation	.533	1	.586	.480	.438	.478
	Sig. (2-tailed)	.000		.000	.000	.000	.000
	N	315	315	315	315	315	315
SMO	Pearson Correlation	.589	.586	1	.498	.600	.520
	Sig. (2-tailed)	.000	.000		.000	.000	.000
	N	315	315	315	315	315	315
EMP	Pearson Correlation	.451	.480	.498	1	.479	.480
	Sig. (2-tailed)	.000	.000	.000		.000	.000
	N	315	315	315	315	315	315
SAW	Pearson Correlation	.565	.438	.600	.479	1	.444
	Sig. (2-tailed)	.000	.000	.000	.000		.000
	N	315	315	315	315	315	315
SRE	Pearson Correlation	.594	.478	.520	.480	.444	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	
	N	315	315	315	315	315	315

Note: RMT = Relationship management; SMO = Self-motivation; EMP = Empathy; SAW = Self-awareness; SRE = Self-regulation; LEF = Leadership effectiveness

. Correlation is significant at the 0.01 level (2-tailed).

Table 4.11 shows that there is a positive and significant relationship between leadership effectiveness and emotional intelligence dimensions such as relationship management (RMT) [r = 0.533, p = 0.000], self-motivation (SMO) [r = 0.589, p = 0.000], empathy (EMP) [r =

0.451, p = 0.000], self-awareness (SAW) [r = 0.565, p = 0.000], and self-regulation (SRE) [r = 0.594, p = 0.000]. All of the inter-correlation coefficients are less than 0.80, which is consistent with the standard established by Bryman and Cramer (1997) for serial correlation in a dataset. The results imply that the model has no indication of multicollinearity.

Table 4:12: Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.721[a]	.520	.512	.3649867	1.983

a. Predictors: (Constant), SRE, SAW, RMT, EMP, SMO
b. Dependent Variable: LEF

Table 4.12 presents the results of a regression analysis of the independent variables (relationship management (RMT), self-motivation (SMO), empathy (EMP), self-awareness (SAW) and self-regulation (SRE)) on leadership effectiveness in hospitals. The calculated coefficient of determination (R^2) value of 0.520 indicates that the independent variables account for 52% of the variation in the dependent variable. Taking into consideration the number of predictors in the model, the Adjusted R^2 value of 0.512 indicates that the independent variables explain 51.2% of the variation. Furthermore, the Durbin-Watson statistic of 1.983 reveals that there is no serial correlation in the dataset.

Table 4.13: ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	44.604	5	8.921	66.965	.000[b]
	Residual	41.164	309	.133		
	Total	85.767	314			

a. Dependent Variable: LEF
b. Predictors: (Constant), SRE, SAW, RMT, EMP, SMO

The statistical significance of the study model is indicated by the accompanying analysis of variance (ANOVA) in Table 4.13. The F-statistic, with a value of 66.965, is significant at the p = 0.000. This indicates that the dependent variable (leadership effectiveness) and the independent variables (relationship management (RMT), self-motivation (SMO), empathy

(EMP), self-awareness (SAW) and self-regulation (SRE)) as a group have a statistically significant association.

Table 4.14: Estimated model showing the relationship between emotional intelligence dimensions and leadership effectiveness

Independent Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
(Constant)	0.583	0.216	-	2.706	0.007	-	-
RMT	0.179	0.055	0.168	3.271	0.001	0.588	1.702
SMO	0.184	0.059	0.177	3.097	0.002	0.475	2.104
EMP	0.019	0.045	0.021	0.424	0.672	0.628	1.592
SAW	0.238	0.051	0.240	4.655	0.000	0.586	1.707
SRE	0.228	0.037	0.305	6.159	0.000	0.633	1.579
Note: RMT = Relationship management; SMO = Self-motivation; EMP = Empathy; SAW = Self-awareness; SRE = Self-regulation *Dependent Variable:* LEF = Leadership effectiveness							

The estimated model results in Table 4.14 show that positive and significant relationships exist between leadership effectiveness and emotional intelligence variables except empathy. The details of the relationship between the dependent variable and independent variables are shown as follows: leadership effectiveness and relationship management (RMT) [$\beta = 0.179$, $p = 0.001$], leadership effectiveness and self-motivation (SMO) [$\beta = 0.184$, $p = 0.002$], leadership effectiveness and self-awareness (SAW) [$\beta = 0.238$, $p = 0.000$], and leadership effectiveness and self-regulation (SRE) [$\beta = 0.228$, $p = 0.000$]. Although the relationship between leadership effectiveness and empathy (EMP) [$\beta = 0.019$, $p = 0.672$] is positive, it is not statistically significant.

Hair, Black, Babin, and Anderson (2010) created a criterion for determining the absence of multicollinearity in a dataset: the tolerance value should be considerably greater than 0.10, and the variance inflation factor (VIF) should be less than 5. Table 4.14 shows that the tolerance values varied from 0.475 to 0.633, suggesting significant scores much over the

minimal criterion. Furthermore, the VIF values varied from 1.579 to 2.104, which is less than the maximum allowable level of 5.

Table 4.15: Estimated model showing the relationship between emotional intelligence and leadership effectiveness

Table 4.15 presents the relationship between emotional intelligence (relationship management, self-motivation, empathy, self-awareness, and self-regulation) and leadership effectiveness.

Independent Variable	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	β	Std. Error	Beta		
(Constant)	0.535	0.204	-	2.621	0.009
EMI	0.856	0.048	0.707	17.701	0.000
R = 0.707; R^2= 0.500;; Adj R^2= 0.499; F-Statistic = 313.333; F-Statistic (Prob) = 0.000; Durbin-Watson = 2.031; Number of Observation = 315 Dependent Variable: Leadership Effectiveness (LEF); *Note:* Emotional Intelligence (EMI)					

The estimated model results in Table 4.15 show that there is a positive and significant relationships between emotional intelligence [β = 0.856, t = 17.701; p = 0.000] and leadership effectiveness. Table 4.15 also shows the calculated coefficient of determination (R^2) value of 0.500 which indicates that the independent variable account for 50% of the variation in the dependent variable. Furthermore, the Durbin-Watson statistic of 2.031 reveals that there is no serial correlation in the dataset. The statistical significance of the study model is indicated by the F-statistic of 313.333 with a p-value of 0.000. This indicates that the dependent variable (leadership effectiveness) and the independent variable (emotional intelligence) have a statistically significant association.

Table 4.16: Influence of gender on emotional intelligence among medical doctors

Demographic	Option	N	Mean	Std. Deviation	Independent Sample t-test	Comment
Gender	Male	182	4.21	0.439	*t(313) = 0.354; p = 0.723*	Not Significant
	Female	133	4.20	0.424		

The results in Table 4.16 examined the influence of gender on emotional intelligence among medical doctors. The results show the mean and standard deviation of male medical doctors (M = 4.21, SD = 0.439) and female medical doctors (M = 4.20, SD = 0.424). However, the independent sample t-test result, t(313) = 0.354, p = 0.723 indicates that the difference between male and female doctors' emotional intelligence scores was not statistically significant. This suggests that gender does not play a meaningful role in determining emotional intelligence levels among the doctors surveyed.

Table 4.17: Influence of age, education and year of medical practice on emotional intelligence among medical doctors

Demographic	Category	N	Mean	Std. Dev	ANOVA Results	Comment
Age	25 – 34	180	4.18	0.422	*F(3, 311) = 2.891, p = 0.036*	Significant difference exists
	35 – 44	101	4.18	0.450		
	45 – 54	26	4.26	0.436		
	55 & Above	8	4.62	0.117		
	Total	315	4.20	0.432		
Highest Educational Qualification	MBSS	196	4.17	0.426	*F(2,312) = 2.670, p = 0.071*	No significant difference
	Fellowship	35	4.34	0.403		
	Membership	84	4.22	0.448		
	Total	315	4.20	0.432		
Year of Medical Practice	1 – 5	158	4.15	0.418	*F(3,311) = 2.291, p = 0.078*	No significant difference
	6 – 10	65	4.21	0.453		
	11 – 15	62	4.22	0.463		
	16 & Above	30	4.37	0.354		
	Total	315	4.20	0.432		

The results in Table 4.17 examined the influence of age, educational qualification, and years of medical practice on emotional intelligence among medical doctors. For age, the ANOVA results (F(3, 311) = 2.891, p = 0.036) indicate a statistically significant difference in emotional intelligence across age groups. While doctors aged 25–34 and 35–44 reported

similar mean scores (M = 4.18), higher averages were observed among those aged 45–54 (M = 4.26) and especially those 55 years and above (M = 4.62). This suggests that emotional intelligence tends to increase with age. This likely reflects greater maturity, professional experience, and emotional resilience.

With respect to educational qualification, the ANOVA results (F(2, 312) = 2.670, p = 0.071) show no significant difference among respondents. Although mean scores were slightly higher for those with Fellowship (M = 4.34) compared to those with Membership (M = 4.22) and MBBS (M = 4.17), the differences were not statistically significant. This implies that formal educational attainment does not substantially influence emotional intelligence levels among doctors.

Similarly, the analysis of years of medical practice (F(3, 311) = 2.291, p = 0.078) revealed no significant difference. Although doctors with longer practice experience (16 years and above, M = 4.37) scored slightly higher than their less experienced counterparts (1–5 years, M = 4.15), these variations did not reach statistical significance. This suggests that while experience may contribute to emotional intelligence, the effect was not strong enough to establish a clear difference across practice groups.

Table 4.18: Post-hoc analysis for age and emotional intelligence (EMI) using Tukey LSD

(I)	(J)	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
25 – 34	35 – 44	0.000	0.053	1.000	-0.137	0.138
	45 – 54	-0.082	0.090	0.796	-0.314	0.150
	55 & Above	-0.435*	0.155	0.027	-0.834	-0.035
35 – 44	25 – 34	0.000	0.053	1.000	-0.138	0.137
	45 – 54	-0.083	0.094	0.817	-0.326	0.161
	55 & Above	-0.435*	0.157	0.030	-0.841	-0.029
45 – 54	25 – 34	0.082	0.090	0.796	-0.150	0.314
	35 – 44	0.083	0.094	0.817	-0.161	0.326
	55 & Above	-0.353	0.173	0.177	-0.800	0.095

55 & Above	25 – 34	0.435*	0.155	0.027	0.035	0.834
	35 – 44	0.435*	0.157	0.030	0.029	0.841
	45 – 54	0.353	0.173	0.177	-0.095	0.800

**. The mean difference is significant at the 0.05 level.*

The post-hoc analysis in Table 4.18 examined pairwise age group differences in emotional intelligence using Tukey LSD. The results indicate that significant differences exist between doctors aged 55 years and above and those in the younger age groups (25–34 and 35–44 years). Specifically, doctors aged 55+ reported significantly higher emotional intelligence scores compared to the 25–34 group (Mean Difference = 0.435, p = 0.027) and the 35–44 group (Mean Difference = 0.435, p = 0.030). However, no significant differences were observed among the other age groups (25–34 vs. 35–44; 25–34 vs. 45–54; 35–44 vs. 45–54; 45–54 vs. 55+). In summary, the results suggest that emotional intelligence is particularly higher among the oldest group (55 years and above). This shows the role of age-related maturity and accumulated professional experience in strengthening emotional competence.

Table 4.19: Summary of hypotheses testing

Hypotheses	**Causal Relationship**	**Outcome of Hypothesis Test**
H_{01}: Emotional intelligence (relationship management, self-motivation, empathy, self-awareness, and self-regulation) has no significant contribution to leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State.	Emotional intelligence and leadership effectiveness [β = 0.856, p = 0.000]	Reject H_{01}
H_{02}: Relationship management has no significant impact on leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State.	Leadership effectiveness and relationship management (RMT) [β = 0.179, p = 0.001]	Reject H_{02}
H_{03}: Self-motivation does not significantly influence leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo	Leadership effectiveness and self-motivation (SMO) [β = 0.184, p = 0.002]	Reject H_{03}

	State.		
$H_{04:}$	Empathy has no significant impact on leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State.	Leadership effectiveness and empathy (EMP) [β = 0.019, p = 0.672]	Do not reject H_{04}
H_{05}:	There is no significant relationship between self-awareness and leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State.	Leadership effectiveness and self-awareness (SAW) [β = 0.238, p = 0.000]	Reject H_{05}
$H_{06:}$	Self-regulation has no significant effect on leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State.	Leadership effectiveness and self-regulation (SRE) [β = 0.228, p = 0.000].	Reject H_{06}
H_{07}:	There is no significant relationship between demographic factors (gender, age, years of medical practice, educational qualification) and emotional intelligence among medical doctors in selected hospitals in Benin City, Edo State.	Demographic factors and emotional intelligence H_{07a}: Gender: [t(313) = 0.354; p = 0.723] H_{07b}: Age: [F(3, 311) = 2.891, p = 0.036] H_{07c}: Education: [F(2,312) = 2.670, p = 0.071] H_{07d}: Year of medical practice: [F(3,311) = 2.291, p = 0.078]	Do not reject $H_{07a,c,d}$ but Reject H_{07b}

4.4 Discussion of Findings

Based on the data analyses and test of the research hypotheses, the following findings are highlighted and discussed:

Firstly, the study established that emotional intelligence has a positive and significant relationship with leadership effectiveness among medical doctors in selected hospitals in Benin City. This finding is consistent with earlier empirical studies (Aimee, 2024; Koutsioumpa, 2023; Saha *et al*., 2023), which underscore the importance of emotional intelligence in leadership effectiveness. Aimee (2024) demonstrated that emotional intelligence significantly enhances leadership effectiveness by enabling leaders to regulate their emotions, communicate effectively, and positively influence others. Similarly,

Koutsioumpa (2023) reported that strengthening emotional intelligence among health professionals contributes to improved leadership effectiveness, higher job satisfaction, and better quality patient care. In the same vein, Saha et al. (2023) emphasised that emotional intelligence fosters key leadership attributes such as resilience, empathy, and self-awareness, which are critical for navigating the complex and high-pressure environments characteristic of modern healthcare organisations. Collectively, these findings suggest that emotional intelligence is a crucial competency for medical leaders, as it enhances their capacity to manage interpersonal relationships, make sound decisions under pressure, and sustain effective leadership practices within hospital settings. Consequently, improving emotional intelligence among medical doctors can serve as a strategic approach to strengthening leadership effectiveness and enhancing overall healthcare delivery.

Secondly, the study established that relationship management has positive and significant impact on leadership effectiveness among medical doctors in selected hospitals in Benin City. This aligns with earlier studies (White, Bledsoe, Hendricks, & Arroliga, 2019; Okoro, Akpotu, & Asiyai, 2024; Sarimah & Fazrin, 2024). White *et al*. (2019) developed a leadership education framework to enhance relationship management skills, mitigate burnout, and improve team trust among healthcare professionals, particularly in medical training settings. Their findings confirmed that such a framework strengthens relationship management competencies and builds team trust. Similarly, Okoro, Akpotu, and Asiyai (2024) demonstrated that academic relationship leadership practices significantly and positively influence lecturer productivity in Nigerian universities. This underscores the centrality of strong interpersonal connections in organisational performance. In the same vein, Sarimah and Fazrin (2024) affirmed that strong working relationships and effective communication foster improved organisational outcomes. Taken together, these studies indicate that intentional leadership education focusing on relationship management is vital in reducing

burnout, strengthening trust, and enhancing collaboration within healthcare teams. Communication remains a critical component of relationship management, as it facilitates information sharing, conflict resolution, and relationship building (Adham, 2023). Effective relationship management, therefore, enhances communication, builds trust, and promotes rapport (Dooshima, 2024).

Thirdly**,** the study revealed a positive and significant relationship between self-motivation and leadership effectiveness among medical doctors. This finding highlights that self-motivated leaders are able to sustain personal drive and inspire similar enthusiasm in their teams. The result is consistent with Ned and Umesi (2023), who explored the link between leadership approaches and employee motivation and found that leaders who demonstrate intrinsic motivation encourage higher levels of commitment and performance among subordinates. In the academic setting, Chiemeka-Unogu (2020) found that effective leadership fosters motivation among university employees, thereby shaping desirable workplace behaviours. Similarly, Onwe, Abah, and Nwokwu (2015) revealed that lapses in leadership motivation strategies contribute to persistent inefficiencies in Nigeria's health sector, despite heavy investment. This suggests that leaders who are self-motivated can model resilience, persistence, and determination, which not only enhance their personal effectiveness but also strengthen the morale and productivity of their teams.

Fourthly, the study found that empathy had a positive but not statistically significant influence on leadership effectiveness among medical doctors in Benin City. Although the influence was not significant, the finding still points to the importance of empathy as an element of leadership. Chibuzor (2024) observed that empathetic leadership enhances employee morale, job satisfaction, and retention, while Zivkovic (2022) argued that empathy improves leadership effectiveness across leaders, followers, and organisations. Empathy

equips leaders with the ability to recognise, understand, and respond appropriately to the emotions and concerns of their subordinates, which is essential for trust building and effective conflict resolution. However, the lack of statistical significance in this context may suggest that while empathy is valued, it may not be perceived as a decisive factor in leadership effectiveness in Nigerian healthcare settings, possibly due to the hierarchical nature of medical practice. This highlights the need for more research to explore cultural or contextual factors that may influence the role empathy plays in leadership effectiveness.

Moreover, the study confirmed a positive and significant relationship between self-awareness and leadership effectiveness among medical doctors. This suggests that leaders who are more conscious of their strengths, weaknesses, and emotional states are better positioned to make sound decisions and manage others effectively. This finding aligns with Kohn (2024), who showed that reflective practices improve leaders' self-awareness, which in turn enhances adaptability, decision-making, and emotional intelligence. Paulino (2023) also emphasised that self-leadership rooted in self-awareness and courage enables leaders to manage themselves effectively while shaping a positive organisational culture. Similarly, Steffens et al. (2021) stressed that leaders must be recognised as self-aware both individually and collectively to be perceived as authentic and gain the support of their followers. Hassan (2023) further noted that leaders with strong external self-awareness foster stronger interpersonal relationships, enhanced trust, and increased team cohesion. These findings highlight the fact that self-awareness is not merely an individual trait but a critical leadership competency that promotes authenticity, trust, and sustainable leadership effectiveness.

Furthermore, the study revealed a positive and significant relationship between self-regulation and leadership effectiveness. This indicates that leaders who can control their emotions, adapt under pressure, and respond constructively to challenges are more effective

in managing healthcare teams. This outcome supports Yeow and Martin (2013), who demonstrated that self-regulation training significantly improved leadership effectiveness, team performance, and academic results. Yousra (2024) further argued that self-regulated individuals perceive setbacks not as barriers but as opportunities for growth and learning. For medical doctors, who often work in high-stress environments, the ability to regulate emotions and maintain composure is vital for sustaining effective leadership. Self-regulated leaders are able to foster a stable work environment, improve team collaboration, and guide subordinates through complex healthcare challenges by modelling calmness and resilience.

Finally, the study revealed that age significantly influences emotional intelligence among medical doctors in selected hospitals in Benin City, Edo State, with older doctors demonstrating higher levels of emotional intelligence. However, no significant differences were observed based on gender, years of medical practice, or educational qualification. This finding aligns with Kelly (2023), who noted that emotional intelligence tends to increase with age due to greater life experience and emotional maturity. Similarly, Bembenutty (2022) observed that while aspects such as emotion regulation improve with age, others like empathy may decline. Research on gender differences in emotional intelligence has produced mixed results (Ahmad, Bangash, & Khan, 2009; Fernández-Berrocal, Cabello, Castillo, & Extremera, 2012; Oriaku, Ugwu, Adirika, & Maduka, 2020), despite stereotypes suggesting that women score higher in empathy and interpersonal sensitivity (Schunk & DiBenedetto, 2022). Although some studies argue that higher educational attainment fosters emotional competencies by enhancing self-reflection and interpersonal skills (Cabello *et al*., 2014; Ranasinghe & Ponnamperuma, 2017; Uwem *et al*., 2021; Bembenutty, 2022; Nwankwo *et al*., 2022; Thapa *et al*., 2024; Falade, Adebayo, & Fatusi, 2025), the relationship between education and emotional intelligence is not strictly linear.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION, AND RECOMMENDATIONS

The focus of this study was to examine the relationship between emotional intelligence and leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State. The emotional intelligence constructs investigated included relationship management, self-motivation, empathy, self-awareness and self-regulation. This chapter therefore, presents the summary of findings, contribution to knowledge, conclusion, recommendation, and suggestions for further studies.

5.1 **Summary of Findings**

The findings of this study were as follows:

1. There was a positive and statistically significant relationship between emotional intelligence and leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State.
2. Relationship management had positive and significant impact on leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State.
3. There was a positive and significant relationship between self-motivation and leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State.
4. Empathy had positive but not statistically significant influence on leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State.
5. Self-awareness had positive and significant impact on leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State.

6. There was a positive and significant relationship between self-regulation and leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State.
7. Age had a significant influence on emotional intelligence among medical doctors in selected hospitals in Benin City, Edo State. The study showed that the older the medical doctors were, the higher their level of emotional intelligence. However, no significant differences were found in the level of emotional intelligence based on demographic factors such as gender, years of medical practice and educational qualification.

5.2 Conclusion

This study examined the relationship between emotional intelligence (EI) and leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State. The primary objective was to understand how emotional competencies influence leadership effectiveness within the healthcare sector. Emotional intelligence has been recognised over the years as a critical indicator of leadership effectiveness, particularly among medical professionals. Since emotions are subjective experiences that permeate every aspect of human endeavour, it is essential for healthcare institutions to understand the link between emotional intelligence and leadership effectiveness.

In pursuit of the research objectives, this study employed a survey research design. The population comprised medical doctors (consultants, resident doctors, medical officers, and house officers) employed at two selected hospitals in Benin City, Edo State: the University of Benin Teaching Hospital (UBTH) and Edo Specialist Hospital. A sample size of 333 medical doctors was drawn, and copies of the questionnaire were administered to them. Of the questionnaires retrieved, 315 were found to be valid and usable, representing an overall

response rate of 94.6percent. The data collected were analysed using descriptive statistics to ascertain the respondents' perceptions of the variables of interest, while Pearson correlation coefficients and multivariate regression analysis were employed to examine the relationships among the research variables. All tests were conducted at a 5% level of significance using SPSS (version 24) software.

The study revealed that the core dimensions of emotional intelligence, relationship management, self-motivation, self-awareness, and self-regulation had a positive and statistically significant impact on leadership effectiveness. These findings suggested that physicians who demonstrated greater capacity to regulate their emotions and foster constructive interpersonal relationships were more likely to exhibit leadership effectiveness within healthcare organisations. Although empathy exhibited a positive but statistically non-significant effect, it remained a critical element in fostering effective doctor–patient and doctor–team relationships, indicating that its contribution to leadership effectiveness should not be overlooked. In addition, the study revealed that age significantly influenced emotional intelligence, with older doctors demonstrating higher levels of emotional intelligence (EI). Conversely, demographic variables such as gender, years of medical practice, and educational qualification did not yield significant differences in emotional intelligence among the respondents.

Overall, the study concluded that emotional intelligence was a critical determinant of leadership effectiveness among medical doctors. Consequently, hospitals and healthcare institutions are encouraged to integrate emotional intelligence training into their leadership development programmes. Implementing such initiatives has the potential to strengthen the leadership capacity of medical professionals, enhance organisational performance, and

ultimately improve the quality of healthcare delivery in hospitals within Benin City and beyond.

5.3 Contribution to Knowledge

This study made significant contributions to knowledge by empirically examining the relationship between emotional intelligence (EI) and leadership effectiveness among medical doctors in selected hospitals in Benin City. The major contributions of the study can be summarised as follows:

i. The study demonstrated that relationship management, self-motivation, self-awareness, and self-regulation were significant predictors of leadership effectiveness among medical doctors, filling a critical gap in Nigerian healthcare literature.
ii. Although empathy was widely regarded as important for leadership, this study found it did not have a significant effect in this context, suggesting that its influence may be shaped by cultural or organisational factors
iii. The study established that older doctors possessed higher levels of emotional intelligence than younger doctors. This finding reinforced the developmental perspective that emotional intelligence improves with age and professional experience, while providing context-specific evidence within the Nigerian healthcare sector.
iv. The study found no significant differences in emotional intelligence based on gender, years of practice, or educational qualification, indicating that EI is not constrained by these factors and can be developed by all doctors.

v. The study provided evidence that hospitals should invest in training programmes aimed at strengthening doctors' emotional intelligence skills, as this can enhance leadership effectiveness, teamwork, and the quality of patient care.

vi. It provided empirical evidence from federal and state-owned hospitals (UBTH and ESH) in Benin City, thereby enriching the global literature with insights from a developing country healthcare environment that is often underrepresented in leadership and emotional intelligence research.

5.4 Recommendations

Based on the findings and conclusion of this study, the following recommendations were proposed to strengthen leadership effectiveness through the development of emotional intelligence among medical doctors:

1. Hospital administrators and policymakers should integrate emotional intelligence training into leadership development programmes and continuing medical education (CME) to strengthen healthcare leadership and enhance patient care
2. Hospitals should organise regular workshops and seminars to help doctors strengthen their emotional intelligence skills such as self-awareness, self-regulation, motivation, empathy, and relationship management, as well as their overall leadership effectiveness.
3. Mentorship programmes should be encouraged in which older doctors with higher emotional intelligence guide younger colleagues, fostering knowledge transfer, leadership capacity, and professional growth.
4. Empathy training should be integrated into continuing medical education (CME) to strengthen patient care and enhance teamwork among doctors.

5. Hospitals should implement wellness programmes such as stress management, mindfulness, and resilience training, to support doctors in regulating their emotions during high-pressure situations.
6. All doctors, irrespective of gender, years of practice, or educational qualification, should be given equal access to leadership and emotional intelligence training opportunities.

5.5 Limitation of the Study

Although this study has provided valuable insights into the relationship between emotional intelligence and leadership effectiveness among medical doctors, certain limitations must be acknowledged:

1. The study was restricted to two hospitals in Benin City namely, the University of Benin Teaching Hospital (UBTH) and Edo Specialist Hospital (ESH). Consequently, the findings may not be generalisable to medical doctors across Nigeria or to other regions with different institutional structures, cultural contexts, or healthcare dynamics.
2. The study focused exclusively on medical doctors, excluding other healthcare professionals such as nurses, administrators, and allied health workers who also occupy leadership positions. Including a broader professional scope could have provided a more holistic understanding of leadership effectiveness within hospital settings.

3. Data on Emotional intelligence and leadership effectiveness were assessed using self-administered questionnaires, which may be subject to social desirability bias. Participants may have overstated their emotional intelligence or leadership abilities in order to present themselves more favourably. As such, absolute accuracy of the responses cannot be guaranteed.
4. Given the demanding schedules and clinical workload of medical doctors in the selected hospitals, access to participants was sometimes constrained. This affected the timeliness of responses and contributed to incomplete questionnaire returns, leading to participant attrition.

Nevertheless, these limitations presented valuable opportunities for further inquiry, underscoring the need for broader, multi-professional, and longitudinal studies to deepen understanding of the emotional intelligence–leadership nexus in diverse healthcare contexts.

5.6 Suggestions for Further Studies

In light of the scope and limitations of this study, the following suggestions were proposed for future research:

1. Further research should integrate additional or emerging dimensions of emotional intelligence such as emotional expression, perception, reasoning, optimism, stress tolerance, and impulse control drawn from models like Bar-On's EQ-i and the Trait EI model, to provide a more nuanced understanding of how emotional competencies influence leadership in healthcare.
2. Future studies should be conducted in other states and regions of Nigeria to allow comparison across different healthcare settings and to enhance the generalisability of findings within the healthcare sector.

3. Given that empathy did not show a significant effect in this study, further research should investigate the underlying reasons, with particular attention to cultural and organisational factors that may influence its role in leadership effectiveness.
4. Qualitative approaches, such as interviews or focus groups, could be employed to provide deeper insights into how doctors apply emotional intelligence in their day-to-day leadership roles.
5. Further research could examine other healthcare professionals, including nurses, pharmacists, and hospital administrators, to provide a more comprehensive and multidisciplinary understanding of the relationship between emotional intelligence and leadership effectiveness across different roles.
6. Longitudinal studies could be conducted to explore how emotional intelligence and leadership effectiveness evolve over time among medical doctors through different stages of their careers
7. Further research should examine demographic factors such as age, education, and gender across larger and more diverse samples, including other healthcare professionals, to determine whether the patterns observed in this study hold true in different contexts.

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APPENDICIES

QUESTIONNAIRE

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Faculty of Management Sciences,

University of Benin, Benin City,

9th May, 2025.

Dear Participant,

REQUEST FOR YOUR PARTICIPATION IN COMPLETING THIS QUESTIONNAIRE

I am a Ph.D. student of the above named Institution and Department, conducting a research on Emotional Intelligence and Leadership Effectiveness among Medical Doctors in Selected Hospitals in Benin City, Edo State. Your esteemed organisation has been identified as a valuable sample for inclusion in this study.

As part of this research, I am requesting your kind participation in completing this questionnaire designed to assess various aspects of emotional intelligence and leadership practices among medical professionals.

Please, be assured that all responses will be treated with the highest level of confidentiality. I sincerely appreciate your time and cooperation.

Thank you for your support in this academic endeavour.

Yours Faithfully,

_____
Rhoda ALIKA
Researcher

INSTRUCTION: Please tick [ ] appropriately the option that is applicable to you in the box provided.

SECTION A: DEMOGRAPHIC INFORMATION

1. Gender: Male [ ] Female [ ]
2. Age: 25 – 34 [ ] 35 – 44 [ ] 45 – 54 [ ] 55 and above [ ]

3. Marital Status: Single [ ] Married [ ]
4. Highest Educational Qualification: MBSS [ ] Fellowship [ ] Membership [ ]
5. Years of Medical Practice: 1 – 5 years [ ] 6 – 10 years [ ] 11-15 years [ ] 16 years and above [ ]
6. Hospital Type: UBTH [ ] ESH [ ]
7. Current Position: House Officer [ ] Medical Officer [ ] Resident Doctor [ ] Consultant[ ]
8. Department (Please specify): _____

SECTION B: EMOTIONAL INTELLIGENCE AND LEADERSHIP EFFECTIVENESS ASSESSMENT

Please tick in the appropriate box after each question as an indication of your choice or level of agreement with the following statements using the five-point Likert scale: Strongly Agree (SA); Agree (A); Undecided (U); Disagree (D); Strongly Disagree (SD).

S/N	ITEMS	SA	A	U	D	SD
	RELATIONSHIP MANAGEMENT					
9	I communicate effectively with medical colleagues to foster a collaborative environment, sharing knowledge and best practices to enhance patient care.					
10	I resolve conflicts among healthcare team members constructively and empathetically, minimising harm and enhancing care quality and collaboration.					
11	I foster strong, respectful relationships with my healthcare team, built on trust and open communication, to drive collaboration, improve patient care, and enhance team performance.					
	SELF-MOTIVATION	**SA**	**A**	**U**	**D**	**SD**
12	I set clear clinical objectives and prioritise tasks to ensure efficient, high-quality patient care outcomes.					
13	I am dedicated to delivering exceptional patient care and actively pursue opportunities to improve my clinical skills and knowledge.					
14	Even when facing clinical challenges, I strive to find solutions and alternative approaches for optimal patient care.					

S/N	ITEMS	SA	A	U	D	SD
	EMPATHY	**SA**	**A**	**U**	**D**	**SD**
15	I demonstrate empathetic competence in clinical interactions by effectively recognising and addressing the emotional needs and concerns of patients, families, and healthcare team members.					
16	I recognise and respond to the emotional needs of patients, colleagues, and other healthcare stakeholders, creating a supportive and empathetic clinical environment.					
17	I understand the patient's perspective, feelings, needs, and concerns, and I respond with empathy and compassion.					
	SELF-AWARENESS	**SA**	**A**	**U**	**D**	**SD**
18	I am consistently aware of and able to accurately identify my emotional states while interacting with patients and colleagues and during medical decision-making.					
19	I possess a reflective understanding of my capabilities as a medical doctor, accurately assessing my clinical strengths, weaknesses, and areas for on-going professional growth and improvement.					
20	I understand how my emotions impact my professional behaviour, including clinical judgment and communication with patients and colleagues.					
	SELF-REGULATION	**SA**	**A**	**U**	**D**	**SD**
21	I can regulate my emotional responses to stressful situations, such as managing a high-volume caseload or dealing with difficult patients, in a way that maintains my professional composure					
22	I effectively manage clinical stress and pressure, maintaining my composure and focusing on patient care					
23	I have the ability to maintain my composure and effectively manage my reactions, even in high-pressure clinical situations					
	LEADERSHIP EFFECTIVENESS	**SA**	**A**	**U**	**D**	**SD**
24	I provide clear and timely guidance to my healthcare team, enabling them to prioritise tasks and deliver high-quality patient care.					
25	I create a motivating work environment by empowering team members, recognising their strengths, and offering constructive feedback to support their professional growth					
26	I demonstrate confident decision-making by applying my clinical expertise, critical thinking, and emotional intelligence to solve problems and achieve optimal patient outcomes					

S/N	ITEMS	SA	A	U	D	SD
27	I demonstrate leadership by building collaborative relationships among team members, promoting active listening, and empowering colleagues to share their knowledge and participate in collective decision-making					
28	I provide timely and specific feedback to my healthcare team, offering actionable insights that support professional growth, improve clinical performance, and encourage continuous learning					

Thank you for taking out time to complete this questionnaire.

RELIABILITY RESULTS

Reliability

Scale: ALL VARIABLES

Case Processing Summary

	N	%

Cases	Valid	32	100.0
	Excluded[a]	0	.0
	Total	32	100.0

a. Listwise deletion based on all variables in the procedure.

```
RELIABILITY
  /VARIABLES= VAR00009 VAR0010 VAR00011
 /SCALE ('ALL VARIABLES') ALL
  /MODEL=ALPHA.
```

Question 9-11 (Relationship management)

Reliability Statistics

Cronbach's Alpha	N of Items
0.791	3

```
RELIABILITY
  /VARIABLES= VAR000012 VAR000013 VAR00014
  /SCALE('ALL VARIABLES') ALL
  /MODEL=ALPHA.
```

Question 12-14 (Self-motivation)

Reliability Statistics

Cronbach's Alpha	N of Items
0.759	3

```
RELIABILITY
  /VARIABLES= VAR000015 VAR000016 VAR00017
 /SCALE('ALL VARIABLES') ALL
  /MODEL=ALPHA.
```

Question 15-17 (Empathy)

Reliability Statistics

Cronbach's Alpha	N of Items
0.763	3

```
RELIABILITY
  /VARIABLES=VAR000018 VAR000019 VAR00020
  /SCALE('ALL VARIABLES') ALL
  /MODEL=ALPHA.
```

Question 18-20 (Self-awareness)

Reliability Statistics

Cronbach's Alpha	N of Items
0.787	3

```
RELIABILITY
  /VARIABLES=VAR000021 VAR000022 VAR00023
  /SCALE('ALL VARIABLES') ALL
  /MODEL=ALPHA.
```

Question 21-23 (Self-regulation)

Reliability Statistics

Cronbach's Alpha	N of Items
0.782	3

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RELIABILITY
  /VARIABLES=VAR000024 VAR000025 VAR00026 VAR00027 VAR00028
  /SCALE('ALL VARIABLES') ALL
  /MODEL=ALPHA.
```

Question 24-28 (Leadership Effectiveness)

Reliability Statistics

Cronbach's Alpha	N of Items
0.851	5

Regression result showing the relationship between emotional intelligence and leadership effectiveness

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.707[a]	.500	.499	.3700478	2.031

a. Predictors: (Constant), EMI

b. Dependent Variable: LEF

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	42.906	1	42.906	313.333	.000[b]
	Residual	42.861	313	.137		
	Total	85.767	314			

a. Dependent Variable: LEF

b. Predictors: (Constant), EMI

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.535	.204		2.621	.009
	EMI	.856	.048	.707	17.701	.000

a. Dependent Variable: LEF