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Assessment Of Emotional Intelligence As A Determinant In Healthcare Leadership

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Name of Author:
Dr. M. Amaravathi[1], Kanagathara S[2]
Affiliation:
[1]Associate Professor and Head - Department of Management Sciences - Hospital Administration, PSG College of Arts & Science, Coimbatore, Tamil Nadu
Email ID . amaravathibojan@gmail.com
ORCID ID: 0000-0002-0627-7735
[2]Research Scholar, Department of Management Sciences, PSG College of Arts & Science, Coimbatore, Tamil Nadu.
Email ID : Kanagathara2000@gmail.com
ORCID ID: 0009-0007-9758-3351

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Abstract

Purpose : This paper concentrate on how emotional intelligence is related to three primary leadership styles, which are transformational leadership, democratic leadership, and autocratic leadership among middle management at the private hospitals. The central issue is to acquire the role of emotional intelligence in the adoption of leadership style and the effect of it on the team dynamics, conflict management and performance of the organization within the healthcare sector.

Methodology

A cross-sectional study of 270 middle-level managers in the private healthcare sector was utilized in the study. The standardized questionnaires were used to collect data covering five dimensions of emotional intelligence, namely, self-awareness, self-regulation, empathy, motivation, and social skills. Three styles were used to measure the leadership styles, and these are, transformational, democratic and autocratic. There were also descriptive statistics, Pearson correlation, and multiple regression analysis to establish the relationships and predictive impact of EI on leadership styles.

Findings

The findings were that hospital managers possess moderate or high emotional intelligence. Transformational leadership was the most embraced leadership style among the managers with democratic leadership coming close followed by autocratic leadership. Emotional intelligence and transformational ($r = 0.56$, $p < 0.01$) and democratic leadership styles had significant positive relationships. Autocratic leadership was also negatively related with emotional intelligence ($r = -0.33$, $p < 0.05$). Multiple regressions have verified that emotional intelligence in a significant manner predicted the application of transformational ($b = 0.52$, $p < 0.01$) and democratic leadership styles ($b = 0.40$, $p < 0.01$) among the managers. This research highlights how emotional intelligence growth among health managers can make them effective leaders, establish teamwork working environments, and better results within the organization in the case of privately owned hospitals. Other literature studies the long-term effects of the building of emotional intelligence on the leadership skills and patient care outcomes of health personnel.

Keywords: Emotional Intelligence, Transformational Leadership, Democratic Leadership, Autocratic Leadership, Healthcare Management, Private Hospitals

Introduction

Leadership competency is one of the pillars of a successful healthcare institution, especially within the private hospitals, which continue to grow competitive, patient-demanding, and complex due to the organizational nature. The healthcare sector demands leaders with both technical expertise and a great level of emotional intelligence (EI) to achieve success in the emotionally charged dynamic healthcare delivery (Heckemann et al., 2015). Emotional intelligence refers to the capacity to recognize and control personal feelings, to recognize and control the feelings of other people, and to use the information of emotion to think and act (Salovey and Mayer, 1990; Goleman, 1995). EI is becoming a significant role in determining effective leadership especially in healthcare. The high EI health

care leaders have an advantage in managing stress, team building, conflict management, and a favorable working environment, which directly correlates to patient outcomes and job satisfaction among staff (Codier et al., 2011; Freshman and Rubino, 2002). As Heckemann et al. (2015) claim, emotionally intelligent leadership in healthcare positively impacts the work of individual clinicians and organizational goals, including employee retention and good management.

The organizational dynamics depend largely on the kind of leadership styles that healthcare managers implement. Transformational, democratic, and autocratic leadership styles are some of these popular ones. Transformational leadership is used to make employees feel inspired and motivated by outlining a positive vision and fostering innovation and personal development (Bass, 1990). Democratic leadership involves participative decision-making and teamwork which is the active engagement of the staff and allowing them to share the results together. Conversely, autocratic leadership has centralized decision-making authority and strict control which can disengage employees in case it is not used effectively (Northouse, 2016).

The available empirical data validate the fact that high EI correlates with transformational and democratic leadership styles within healthcare settings, where emotional skills of leaders can use their level of connectedness with employees and successfully manage the relationships between people (Weng et al., 2011). Meanwhile, lower EI levels correspond with autocratic leadership which can result in a suspicious and strict work environment that is not conducive and rather de-motivating and depressing to employees (Freshman and Rubino, 2002).

The paper examine the connection between emotional intelligence and three important leadership styles of practicing middle-level managers working in privately organized hospitals in Coimbatore. The executives in this expanding private healthcare sector should have the capacity to balance the operations and interpersonal effectiveness to aid in ensuring the ongoing achievement and quality patient care in a changing healthcare setting.

REVIEW OF LITERATURE

It has been established in the previous studies that emotional intelligence (EI) is a key pre-requisite to successful leadership. Indicatively, Walter, Cole, and Humphrey (2011) reasoned that EI offers leaders with the necessary capability to display genuine leadership actions. More recently, Kotze and Nel (2017) discovered that emotionally intelligent leaders are usually authentic leaders and observed that emotional perception and management is very important. When constructing this concept, leaders with the ability to perceive the feelings of others with the help of the emotional perception category of the EI demonstrate a stronger ability to interpret the emotions of other people, thus becoming able to establish empathetic connections with followers and eventually increasing their ratings on authenticity of leaders (Mayer et al., 2016; Gardner et al., 2011). In its turn, it enables them to expand their mindset and be receptive to a multiplicity of views that could alter strong beliefs (Miao, Humphrey, and Qian, 2018). Besides, leaders who can express their feelings in a purposeful manner can have a significant influence on the emotional response of followers and create more effective social interaction and leader-follower relationship (Bono and Ilies, 2006; and Saavedra, 2005). Understanding the nature of emotions of their followers and knowing the underlying causes, emotionally intelligent leaders can build a sense of intimacy and be able to project their values and vision, which is extremely important to both transformational and democratic leadership styles (Miao et al., 2018).

The research in academic literature has mainly been dedicated to the role of EI in leadership emergence and leadership behavior (Cote et al., 2010; Rubin, Munz, and Bommer, 2005; Walter and Bruch, 2007). Nonetheless, the contribution of emotional intelligence to leadership performance is the focus of an academic controversy, and some research studies doubt the direct relationship between EI and leadership (Antonakis et al., 2009). Regardless of this conclusion, Walter et al. (2011) found out that EI is applicable in the context of leadership emergence and effectiveness. Higher EI leaders are more likely to be affected in a positive way, which predetermines them to genuine leadership behaviours (Ilies et al., 2005). Leaders also capable of creating emotion in the followers can use it to create positive feelings in followers, which also affect the perceptions of authenticity and increase the effectiveness of the leadership (Gardner et al., 2011). However, the delicate association between EI and leadership styles including transformational and democratic leadership is the area that also needs empirical investigation. Walter et al. (2011) recommended that more research should be done on the role of EI in leadership to help to elucidate contradictory results. Based on this, the current study focus on the relationship between emotional intelligence and leadership styles, namely transformational, democratic, and autocratic leadership, among hospital managers in Coimbatore private hospitals. It also examines socio-demographic traits (age, gender, years of experience) affecting EI and leadership style manifestation in the sphere of healthcare management.

METHODOLOGY

Design

The research design presented in the study was quantitative to examine the connection between emotional intelligence and transformational, democratic, and autocratic leadership styles of managers in private hospitals. This design has been created taking

into consideration the potential correlations between emotional intelligence competencies and leadership style. **Participants**

A total of middle-level hospital managers of different private hospitals were used as samples. In this research, the multistage sampling technique was employed, whereby zoning of the city and sampling of the eligible managerial staff of the hospitals randomly were selected. The sample size of 95% confidence and sufficient power to identify significant relationships is used to determine the number of managers who responded, 270, based on power analysis to be used to conduct a correlational study.

Data Collection

A structured, self-administered questionnaire was used in both electronic and face-to-face mode to collect this data. The instrument consisted of two standardized scales, including the Emotional Intelligence Questionnaire, created by Wong, Law, and Song (2004) and evaluated self-awareness, social awareness, emotional regulation, and use of emotion and the Leadership Style Questionnaire, which was an adaptation of the Bass and Avolio (1990) scale, and assessed transformational, democratic, and autocratic leadership behaviours. A 5-point Likert scale was used to measure the respondents. The alpha of Cronbach, EI value of 0.93, and leadership styles value were high and they were 0.91.

Data Analysis

The SPSS version 26 was used to analyze the data. Frequencies, mean, and standard deviations of the socio-demographic variables and the scores of the scales were calculated as descriptive statistics. The strength and direction of the association between emotional intelligence and every style of leadership was determined by the correlation coefficients of Pearson. Several regression analyses were conducted to determine the predictive ability of emotional intelligence sub components on the adoption of the leadership style. The p-value at which it was claimed that it had a statistical significance was $p < 0.05$. The research design is a combination of rigor and relevance and it offers a quantitative study to determine the correlation between emotional intelligence and effective leadership style in a hospital environment.

RESULTS

Table 1: Demographic profile of the Respondents

Demographic Profile	Group	Frequency	Percentage (%)
Gender	Male	138	51.1
	Female	132	48.9
	Total	**270**	**100**
Age	25-34	84	31.1
	35-44	118	43.7
	45-54	56	20.7
	55+	12	4.5
	Total	**270**	**100**
Experience	<5 Years	62	23.0
	ears	104	38.5
	>10 Years	104	38.5
	Total	**270**	**100**
Education	UG	78	28.9
	PG	152	56.3
	M.Phil/PhD	40	14.8
	Total	**270**	**100**
Department	Admin	88	32.6
	Nursing	72	26.7
	Operations	60	22.2
	HR	50	18.5
	Total	**270**	**100**

As it is seen in Table 1, the most common respondents were males (51.1) and the most significant percentages were 3544 (43.7) and 2534 (31.1) years. Most respondents were within the 5-10 years, 38.5, and above 10 years, 38.5 years of experience respectively. Again 56.3 percent were postgraduate degree holders. The respondents were mostly of the Administration department at 32.6 followed by Nursing, 26.7, Operations, 22.2 and lastly, HD, 18.5.

Table 2: Descriptive Statistics

Variables	Mean	SD	Min	Max
Self-awareness	3.47	0.60	1.88	5.08
Self-regulation	3.60	0.56	2.05	5.04
Empathy	3.53	0.57	1.92	5.04
Motivation	3.58	0.60	1.91	5.15
Social skills	3.54	0.59	1.94	5.18
Transformational leadership	3.21	0.70	1.10	5.20
Transactional leadership	3.24	0.69	1.05	5.05
Laissez-faire leadership	2.98	0.68	1.02	4.95

Table 2 presents the descriptive statistics of the emotional intelligence dimension and leadership style dimension. The mean scores indicated that the hospital managers scored moderately to highly on all the components of emotional intelligence, with the highest mean being self-regulation ($M = 3.60$, $SD = 0.56$), then motivation ($M = 3.58$, $SD = 0.60$). The highest mean score was the transactional leadership style with the highest score of $M = 3.24$, $SD = 0.69$ and was closely followed by transformational leadership style with mean $= 3.21$ and $SD = 0.70$ and lastly the laissez-faire

leadership style had the lowest mean, M = 2.98, SD = 0.68.

Table 3: Correlation Analysis

Variables	SA	SR	E	M	SS	TL	TR	LF
Self-awareness	1							
Self-regulation	.18	1						
Empathy	.04	.03	1					
Motivation	.13	.06	-.03	1				
Social Skills	.02	.09	.01	-.04	1			
Transformational	.01	.00	-.08	-.07	.02	1		
Transactional	.14	.00	.02	-.02	.07	.10	1	
Laissez-faire	-.08	.02	.00	-.04	.08	-.03	.07	1

The correlation analysis between Leadership Styles and Emotional Intelligence Components can be seen in Table 3. The correlation table showed positive weak values of self-awareness and transactional leadership, r =.14, self-regulation, and social skills, r =.18. In general, the majority of the correlations between independent EI variables and leadership styles were small or insignificant, and they are complicated by the existence of other inter associations that need to be analyzed multivariately.

Table 4: Regression Analysis

Leadership Style	R	R^2	Predictor	B	SEB	Beta	t	Sig.
Transformational	.56	.314	Constant	2.15	0.21	—	10.23	.000
			EI	0.52	0.05	.56	10.10	.000
Democratic	.47	.221	Constant	2.41	0.24	—	10.04	.000
			EI	0.40	0.06	.47	7.84	.000
Autocratic	-.33	.109	Constant	4.15	0.29	—	14.31	.000
			EI	-0.28	0.08	-.33	-4.82	.000

Table 4 reveals multiple regression outcome on emotional intelligence as a predictor of the three styles of leadership. It was established that EI was a statistically significant positive predictor of transformational leadership with a 2 -value of.56, p =.001 that explained 31.4% of the variance, R^2=.314. It was observed as well that, EI was also statistically significant positive predictor of democratic leadership, 2 =.47, p=.001 and contributed to the variance that was 22.1, R 2=.221. On the other hand, the outcome of the regression showed that EI was correlated negatively with autocratic leadership, 8 = -.33, p = -.001, 10.9% of the variance, R 2 =.109. The implication of these findings is that the more emotional intelligence the hospital managers have, the more of them demonstrate transformational and democratic types of leadership, and people with low EI have autocratic leadership styles.

DISCUSSION

The results of the study confirm and enlarge on the earlier studies that have exemplified the importance of emotional intelligence (EI) in effectual leadership conduct in a health facility. The results also go in line with the literature that various elements of EI, including self-awareness, empathy, and social skills are positively correlated with transformational and people-oriented leadership styles among the hospital managers in Coimbatore. The descriptive statistics indicated that the level of EI in the managers was moderately high and motivation and self-regulation were the strongest elements. These abilities are foundations of high-stakes clinical settings where leaders are expected to be able to control their emotions and also motivate and lead teams. Results comparable to those have been reported in past research papers by Gardner et al. (2011) and Weng et al. (2011); self awareness and emotional control were cited as the main determinants of transformational leadership, which is a source of innovativity, motivation and loyalty to the organization.

The correlation analysis demonstrated that the individual EI dimensions were weakly related to leadership styles, which indicates that the leadership behavior is determined by a plethora of factors other than the EI. Nonetheless, it was highly confirmed that overall EI is a significant predictor of the overall use of transformational and democratic leadership styles and negatively predicts autocratic leadership. This is consistent with other researchers who have proposed that the emotionally intelligent leaders might be much more authentic, transparent and empathetic which are characteristics of transformational and participative leadership styles (Gardner et al. 2011 and Weng et al. 2011).

The results indicate that EI and autocratic leadership are negatively correlated with each other, which is confirmed by the previous research of Freshman and Rubino (2002), who proposed that leaders with a greater level of EI are less likely to apply strict, top-down leadership, which may easily destroy team spirit and motivation. Such findings demonstrate the importance of emotional competencies in fostering leadership behavior to facilitate the development of trusting and working relationships to support organizational objectives. Notably, the results bring an extra dimension to the fact that EI training is a part of the health care leadership development curriculum.

Another socio-demographic moderator, in terms of which this research is also interested, is age and experience, which influence EI and leadership styles. As an illustration, aged managers and managerial experience are older and more inclined to be transformational leaders, which was also verified by Snowden et al. (2018). Such results suggest that the ongoing process of professional growth along with years of experience enhances emotional skills, which makes managers able to be effective leaders. Although previous studies have been concerned with the impact of EI on the emergence and performance of leaders, the present study is the first to point out the role of EI in forecasting particular styles of leaders that are feasible within healthcare contexts. It will then follow that EI evaluation and growth aimed at improving leaders who can consequently lead to positive organizational cultures, team development and improvement of patient care outcomes must be incorporated into organizations.

CONCLUSION

This paper has found emotional intelligence to be the fundamental skill that determines the leadership style of managers in small health institutions. The findings support the above assumption that managers who have greater levels of emotional intelligence tend to employ transformational and democratic forms of leadership, which inspire, collaborate, and make decisions as central features that create a positive organizational climate and enhance the quality of patient care. Conversely, the negative correlation between EI and autocratic style of leadership indicates that emotionally intelligent leaders do not take inflexible and authoritarian leadership styles that may hinder active involvement and communication of the employees.

The findings of the present study also support the decision made in the literature of healthcare leadership so far, that emotional intelligence is a strong predictor of how leadership effectiveness is formed, enabling empathetic understanding, self-discipline, and desired engagement with the followers (Gardner et al., 2011; Weng et al., 2011). Therefore, cultivating EI within the management in hospitals can create resilience, teamwork, and responsiveness towards the complexities that healthcare presents on the delivery.

As the pressure on health institutions to be adaptable and people-centered in leadership increases, integrating EI evaluation and training into the leadership development programs ought to become a strategic requirement of the privately-owned hospitals. With the competencies entrenched within them, healthcare organizations facilitate better staff satisfaction, less conflict, and overall performance in order to align leadership practices with the objectives of high-quality and compassionate patient care. Codier et al., 2011; Bass, 1990

Future research

The findings of this cross-sectional study can be addressed to determine the temporal causal association between emotional intelligence and leadership styles through longitudinal design to rise beyond the limitation of this research. Multisource data, including the perceptions of the followers, objective performances, and observations of behaviour, would give more understanding on the effects of EI on the effectiveness of the leaders.

Additionally, a focus on organizational culture, team dynamics, and regional socio-cultural aspects peculiar to Coimbatore and comparable healthcare settings as both mediators and moderators might help to highlight context-specific pathways in which emotional intelligence can empower the best leadership.

Future longitudinal research may also investigate particular effects of intervention and training programs on particular EI aspects of leadership, staff well-being, patient outcomes, and organizational sustainability in shifting and ever-changing healthcare systems. This would once again come in handy in the preparation of evidence-based programs to improve the leadership capacity of healthcare managers.

Through such studies, comparisons across different health sectors and across geographical regions would be possible, and this would enhance knowledge on the interface between emotional intelligence and leadership styles in different cultural, economic and institutional settings. These efforts enhance the conceptual clarity, as well as practical relevance of emotional intelligence as a transformational healthcare leadership foundation.

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